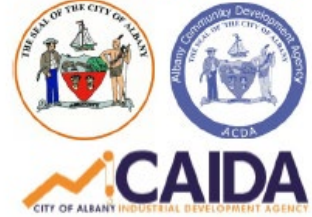




Funding Provided by:



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

**Reopening. Retraining. Restocking. Reorganizing. Reimagining.**

[www.CapitalizeAlbany.com](http://www.CapitalizeAlbany.com)



# Agenda

1. Staff Introduction
2. Program Timeline
3. CAIDA Program Overview
4. Executing the CAIDA Grant Agreement
  - a) Grant Agreement
  - b) Non-Collusive Agreement
  - c) Insurance Requirements
5. CDBG-CV Program Overview
6. Executing the CDBG-CV Grant Agreement
  - a) Grant Agreement
  - b) Non-Collusive Agreement
  - c) Job Creation & Retention Form
  - d) Insurance Requirements
7. Grant Administration (both awards)
  - a) National Objective Compliance
  - b) Reimbursement Process
  - c) Project Completion Report
8. Question & Answer





# Meet the Team

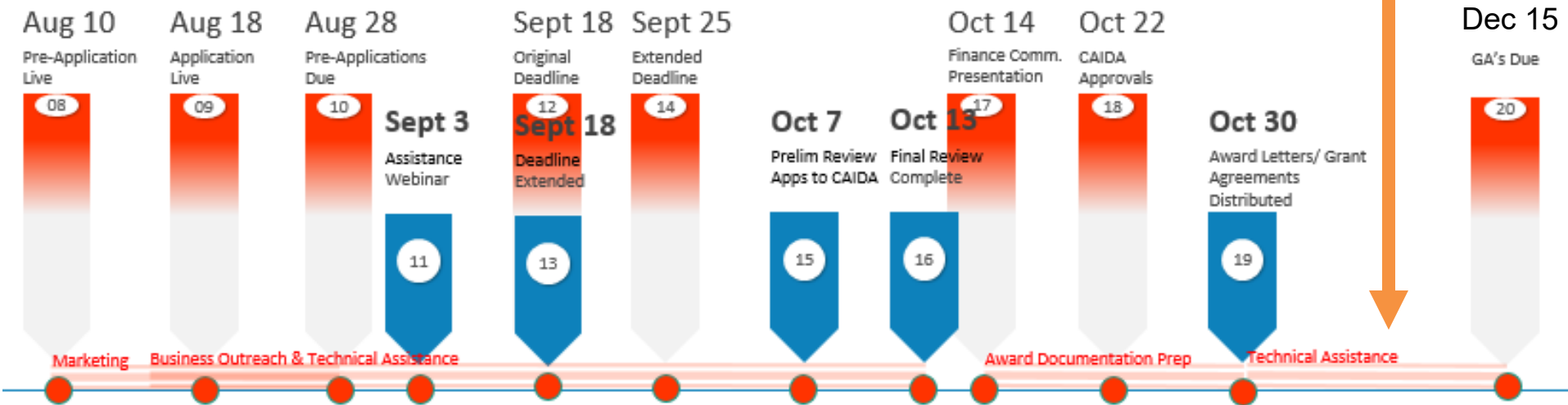
- **Ashley Mohl**, Director of Economic Development
- **Virginia Rawlins**, Economic Development Program Assistant
- **Nora Culhane Friedel**, Economic Development Specialist





# Program Timeline

You are  
here!





# Program Overview

- In order to advance your award, you must execute a grant agreement for **each applicable funding source**.
- The applicable grant agreement(s) outline all of the **terms and conditions** of your grant award(s).
- The agreement(s) must to be signed and returned to Capitalize Albany Corporation by **December 15, 2020 or prior to the commencement of the project**, whichever is sooner.
- This is a **reimbursement** grant. As such, you must provide proof of eligible expenses incurred prior to receiving funds.
- You will not be reimbursed for expenses incurred prior to **August 18, 2020**.
- You must complete your project prior to **June 30, 2021**.
- You must submit your request for reimbursement within **60 days of completing your project**.
- Reimbursement will be in **one, single draw upon completion** of all of eligible expenditures.
- You will not be reimbursed for **ineligible expenses (e.g. labor/construction/installation, alcohol/tobacco, religious activities, operating expenses.)**





# Program Overview

- Paid invoices you provide as part of a reimbursement request that include ineligible activities must show **eligible items (e.g. materials, perishable items, activities open to the general public, capital expenditures)** broken out clearly and specifically in order for partial reimbursement of the invoice to be processed.
- **You must be open** both at the time of reimbursement request and at the end of the one-year monitoring period.
- You must certify that you are **not delinquent on City, County or School District taxes** at the time of reimbursement.
- If you have been awarded CDBG-CV funds through ACDA, and have not pre-qualified as a Low-Moderate Income (LMI) Owner of a Microenterprise, **you must provide documentation of qualifying family income and employment status for the one full-time equivalent (FTE) LMI employee(s)** you have pledged to retain.
- If, however you pledged to create one LMI FTE job, **you will need to provide the same for the hired employee(s) as well as detailed documentation of how and to whom you solicited the position.** In all cases, this documentation will be required at the end of the one-year monitoring period.





# CAIDA Program Overview

- Capitalize Albany Corporation, through financial assistance from the **City of Albany Industrial Development Agency (CAIDA)**, will provide direct reimbursement grants through this program.
- Certain eligibility criteria must be met in order to be eligible for the program, **as determined by state regulations** pertaining to the funding source.





# CAIDA Program Overview

## The 5 “R”s

- **Reopening:** The purchase of personal protective equipment (PPE) 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







# CAIDA Program Overview

Applications for Reopening (PPE) activities funded by CAIDA were reviewed for:

- Creditworthiness prior to the emergency
- Level of negative impact of the emergency on operations & finances
- Proposed plan to use the funds
- Ties to their community & impact of their work in Albany
- Assurance that efforts will be made to retain jobs
- Other potential sources of funding available to the applicant





# Executing the CAIDA Grant Agreement

## Documents you received via email:

- CAIDA Grant Agreement
- SBAP Program Guidelines
- Your submitted SBAP Pre-Application
- Your submitted SBAP Application
- Your submitted SBAP Budget Worksheet
- SBAP Budget Eligibility Schedule
- SBAP Project Completion Report (Exhibit H)
- SBAP Reimbursement Form (Exhibit G) – please let us know if you did not receive this form





# Executing the CAIDA Grant Agreement

Your  
information

## GRANT AGREEMENT

THIS GRANT AGREEMENT dated as of October 30, 2020 (the "Grant Agreement") between CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY (the "Agency"), a public benefit corporation organized and existing under the laws of the State of New York having an office for the transaction of business located at 21 Lodge Street, Albany, New York 12207, and [redacted] ("Company"), having an office for the transaction of business located at [redacted]

Award  
Agreement  
Date

## WITNESSETH:

WHEREAS, City of Albany Industrial Development Agency (the "Agency") is authorized and empowered by the provisions of Chapter 1030 of 1969 Laws of New York, constituting Title 1 of Article 18-A of the General Municipal Law, Chapter 24 of the Consolidated Laws of New York, as amended (the "Enabling Act") and Chapter 325 of the Laws of 1974 of the State of New York, as amended, codified as Section 903-a of the General Municipal Law (said Chapter and the Enabling Act being hereinafter collectively referred to as the "Act") to promote, develop, encourage and assist in the acquiring, constructing, reconstructing, improving, maintaining, equipping and furnishing of manufacturing, warehousing, research, commercial or industrial facilities, among others, for the purpose of promoting, attracting and developing economically sound commerce and industry to advance the job opportunities, health, general prosperity and economic welfare of the people of the State of New York, to improve their prosperity and standard of living, and to prevent unemployment and economic deterioration; and

WHEREAS, to accomplish its stated purposes, the Agency is authorized and empowered under the Act to promote, develop, and encourage one or more "projects" (as defined in the Act) and thereby advance the job opportunities, health, general prosperity and economic welfare of the people of the City of Albany and to improve their recreation opportunities, prosperity and standard of living; and

WHEREAS, on June 17, 2020, the Governor of the State of New York signed into law Senate Bill 8181-A (the "Special Act"), which made certain amendments to the Act, including the authorization of industrial development agencies to make certain grants and loans and the creation of a "State Disaster Emergency Loan Program"; and

WHEREAS, in order to implement the provisions of the Special Act, Capitalize Albany Corporation (the "CAC") has created a program entitled "The City of Albany COVID-19 Small Business Adaptation Program" (the "Program"); and

WHEREAS, the Agency has agreed to fund a portion of the Program by allocating an amount up to \$114,983 to fund certain grants to be provided to small businesses and not-for-profit corporations in the City of Albany, New York; and

WHEREAS, the Agency has contracted with the CAC to administer the Agency's participation in the Program; and

WHEREAS, the Company has submitted an application (the "Application") to the Agency seeking a grant (the "Grant") to reimburse the Company for the costs of acquiring personal protective equipment or installing fixtures necessary to prevent the spread of novel coronavirus, COVID-19 (the "PPE Project"); and

WHEREAS, the CAC has reviewed the Application and, following such review, has forwarded the Application to the Agency with a recommendation for approval by the Agency; and



# Executing the CAIDA Grant Agreement

WHEREAS, at a meeting of the Agency held on October 22, 2020, the Agency reviewed the Application, reviewed and discussed the recommendation by the CAC, and provided at such meeting the opportunity of the general public to comment on the Application; and

WHEREAS, following the review by the Agency of the Application, the Agency then adopted a resolution (the "Approval Resolution") approving the making of the Grant and the execution and delivery of this Grant Agreement;

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the Agency and the Company agree as follows:

Grant  
Award  
Amount



1. **Company Representations.** The Company hereby represents as follows:
  - (a) That the representations made by the Company in the Application are true and correct.
  - (b) That a copy of the executed Application is attached as Exhibit A.
2. **Grant.** The Agency and the Company agree as follows:
  - (a) That the Agency will make available to the Company the Grant in an amount up to \$ [REDACTED]
  - (b) That the Grant will be used for the express purpose of reimbursing the Company for the purchase by the Company of the PPE Project.
3. **Reimbursement.** The Company will provide the Agency and the CAC with copies of receipts and other necessary proofs of payment evidencing the purchase of the PPE Project, in form and substance satisfactory to the Agency and the CAC.
4. **Disbursement.** The Grant shall be paid by the Agency to the Company upon the Agency receiving the documentation described in Section 3. The Grant shall be disbursed in a single disbursement.
5. **Compliance with Law.** The Company covenants that it is aware of the laws governing the Agency and the use of the Grant, including, but not limited to, the Special Act, and the Company agrees to use the moneys disbursed under this Grant Agreement only in the manner so allowed.
6. **Clawback.** The Agency and the Company agree as follows:
  - (a) That in the event the Agency determines that the Grant has not been spent in accordance with the terms and conditions of this Grant Agreement, the Company shall be obligated to repay the full amount of the Grant to the Agency.
  - (b) The Agency shall provide the Company with notice of its determination, and an opportunity to make a presentation to the Agency why the repayment should not be made to the Agency pursuant to the Agency's Recapture of Benefits Policy.



# Executing the CAIDA Grant Agreement

[Execution Page of the Grant Agreement]

IN WITNESS WHEREOF, the parties hereto have entered into this Grant Agreement as of the day and date first written above.

CITY OF ALBANY INDUSTRIAL  
DEVELOPMENT AGENCY

BY: \_\_\_\_\_  
Authorized Officer

[ \_\_\_\_\_ ]

BY: \_\_\_\_\_  
Authorized Officer

Sign here!





# Executing the CAIDA Grant Agreement

## Budget Eligibility Schedule

Funding allocated by the **City Of Albany Industrial Development Agency (CAIDA)** can only be used solely for reimbursement of the purchase of Personal Protective Equipment (PPE).

Adaptation Project Type	Examples of Qualifying Project Expenditures
<b>Reopening:</b> The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19	<ul style="list-style-type: none"><li>• Face coverings (including N95 masks, cloth, disposable, face shields)</li><li>• Disposable gloves</li><li>• Protective gowns or uniforms</li><li>• Protective eyewear</li><li>• Hand sanitizer</li><li>• Cleaning materials and disinfecting supplies</li><li>• No-contact thermometers for employees and customers</li><li>• Specialized packaging for shipping</li><li>• COVID testing kits</li><li>• Other forms of PPE, as approved by Capitalize Albany and the CAIDA Board</li></ul>

### **NOTE:**

You have a Budget Eligibility Schedule in your award packet that details exactly what you have been approved for.





# Executing the CAIDA Grant Agreement

## Budget Eligibility Schedule

CITY OF ALBANY COVID-19 SMALL BUSINESS ADAPTATION PROGRAM Budget Eligibility Schedule																																						
Grantee Name:																																						
Project Street Address:																																						
<p><b>Award based on eligibility:</b> A review was performed of the Grantee's submitted Application questionnaire, Budget Worksheet and additional documentation to determine eligibility of requested activities per the Program Guidelines. Ineligible items (e.g. alcohol, working capital, expenditures made prior to August 18, 2020, requests amounting to more than the Program maximum limits) were removed from the project approvals. Activities requested which were ineligible for the funding source specified in the application, but were eligible for the other source as part of the program were re-allocated accordingly.</p> <p>Based upon that review, the following activities requested were approved up to the amounts seen below. Total awards available to the Grantee for each funding source and the cumulative total will be up to the below:</p>																																						
<table border="1"><thead><tr><th colspan="3">CAIDA FUNDING</th></tr><tr><th>Category</th><th>Line Item Description</th><th>Amount Approved</th></tr></thead><tbody><tr><td>Reopening</td><td>Face coverings</td><td>\$378</td></tr><tr><td>Reopening</td><td>Hand Sanitizer</td><td>\$432</td></tr><tr><td>Reopening</td><td>Hand Sanitizer Refill</td><td>\$270</td></tr><tr><td></td><td><b>Total</b></td><td><b>\$1,080</b></td></tr><tr><td colspan="3">CDBG-CV FUNDING</td></tr><tr><th>Category</th><th>Line Item Description</th><th>Amount Approved</th></tr><tr><td>Reimagining</td><td>Live Streaming Equipment</td><td>\$3,770</td></tr><tr><td>Reimagining</td><td>Tablet</td><td>\$927</td></tr><tr><td>Reimagining</td><td>Advertising of Live Streaming Service</td><td>\$4,223</td></tr><tr><td></td><td><b>Total</b></td><td><b>\$8,920</b></td></tr></tbody></table>			CAIDA FUNDING			Category	Line Item Description	Amount Approved	Reopening	Face coverings	\$378	Reopening	Hand Sanitizer	\$432	Reopening	Hand Sanitizer Refill	\$270		<b>Total</b>	<b>\$1,080</b>	CDBG-CV FUNDING			Category	Line Item Description	Amount Approved	Reimagining	Live Streaming Equipment	\$3,770	Reimagining	Tablet	\$927	Reimagining	Advertising of Live Streaming Service	\$4,223		<b>Total</b>	<b>\$8,920</b>
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# Executing the CAIDA Grant Agreement

## Insurance Requirements

Grantee will obtain and maintain, at its own expense, commercial general liability insurance with a liability limit of no less than One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) aggregate, insuring against any claim or liability arising from or relating to the Project, and insuring against the losses and liabilities encompassed by Grantee indemnity obligations contained in paragraph 14 of this Agreement. Such policies shall name CAC as additional insured and shall contain a provision that forbids any cancellation, change or material alteration in the coverage without providing thirty (30) days written notice to CAC. Grantee will provide certificates of insurance to CAC upon execution of this Agreement.

This policy shall name:

- Capitalize Albany Corporation (21 Lodge Street, Albany, NY 12207)
- the City of Albany Industrial Development Agency (21 Lodge Street Albany NY 12207)
- the Albany Community Development Agency (200 Henry Johnson Boulevard, Albany, NY 12210)

As additional insured and alteration in the coverage Corporation. Grantee will

**Note:** We have received an update from Agency counsel regarding the insurance requirements. CAIDA grantees do not need to provide insurance documentation for the CAIDA grant requirements. Please disregard this slide.







# Executing the CAIDA Grant Agreement

Submittal Package and Critical Deadlines

## Due by December 15<sup>th</sup> 2020:

- Signed Grant Agreement

## Other important dates:

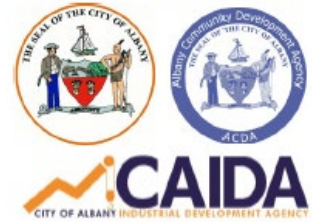
- Complete your project prior to **June 30, 2021**
- Reimbursement Request submitted within **60 days of project completion**
- Final closeout prior to **October 30, 2021**





# CDBG-CV Program Overview

Funding Provided by:



- Funding through Albany Community Development Agency (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.**
- Certain eligibility criteria must be met in order to be eligible for the program, **as determined by federal and/or state regulations** pertaining to the funding source.





# CDBG-CV Program Overview

## The 5 “R”s

- **Reopening:** The purchase of personal protective equipment (PPE) 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





# CDBG-CV Program Overview

Applications for non-PPE activities funded by ACDA/ CDBG-CV were reviewed for:



- Reasonable costs
- Financing commitments from other sources;
- Not substituting non-Federal financial support;
- Financially feasibility;
- Owner's return on equity investment will not be unreasonably high;
- Disbursement is pro-rata with other sources;
- Benefit to any of ACDA's target neighborhoods, Arbor Hill, West Hill/West End, North Albany, and The South End; and/or
- Meets a HUD National Objective by benefiting low- to moderate- income individuals





# Executing the CDBG-CV Grant Agreement

**You received via email:**

- CDBG Grant Agreement
- SBAP Program Guidelines
- Your submitted SBAP Pre-Application
- Your submitted SBAP Application
- Your submitted SBAP Budget Worksheet
- SBAP Budget Eligibility Schedule
- Job Creation and Retention form (Exhibit D)
- SBAP Non-Collusive Agreement (Exhibit F)
- SBAP Reimbursement Form (Exhibit G)
- SBAP Project Completion Report (Exhibit H)





# Executing the CDBG-CV Grant Agreement

## CITY OF ALBANY COVID-19 SMALL BUSINESS ADAPTATION PROGRAM RECIPIENT GRANT AGREEMENT

This GRANT AGREEMENT ("Agreement"), dated the 30th day of October, 2020 ("Effective Date") is made by and between CAPITALIZE ALBANY CORPORATION, a New York not for profit corporation, located at 21 Lodge Street, Albany New York, 12207 ("CAC") and \_\_\_\_\_, located at \_\_\_\_\_, \_\_\_\_\_ ("Grantee").

### WITNESSETH:

WHEREAS, CAC has a contract with the Albany Community Development Agency ("ACDA") to serve as a subrecipient to administer Community Development Block Grant - Coronavirus ("CDBG-CV") funds from the United States Department of Housing and Urban Development ("HUD"), and has been authorized to assist businesses respond to the negative economic impact of the coronavirus ("COVID-19"), pursuant to 24 CFR Part 570.203 and is acting on ACDA's behalf; and CAC has developed the City of Albany COVID-19 Small Business Adaptation Program ("the Program") to provide grants to certain qualified business owners with qualified projects ("the Project") for the purpose of mitigating the adverse effects to their respective businesses as a result of the COVID-19 pandemic, whether caused directly or indirectly by the state of emergency initiated on March 7, 2020 by the Governor of New York State, or public safety measures initiated related thereto; and

WHEREAS, Grantee has applied for assistance from the Program, and relying on the information provided by Grantee, CAC has determined that Grantee has been impacted as a result of the COVID-19 and is eligible for Program assistance under one (1) of the two (2) categories below:

1. ☐ Grantee qualifies as a microenterprise. To be eligible under this category, the majority of owner(s) of the Grantee must earn equal to or less than 80% of the Area Median Income, and the Grantee must be a for-profit commercial enterprise consisting of five or fewer employees including the owner(s) at the time of application; or
2. ☐ Grantee qualifies as a small business or qualifying not-for-profit enterprise and will document the retention or creation of at least one full-time equivalent job held/made available to a person earning equal to or less than 80% of the area median income as a result of this assistance.

WHEREAS, CAC and ACDA staff have reviewed testimony provided by Grantee, that there is no duplication of benefits from other sources of federal funds, e.g. SBA Paycheck Protection, EIDL, etc. at the time of application disclosed by Grantee; and

WHEREAS, upon review of the Application, CAC has agreed to provide a Program grant, pursuant to CAC Board Resolution 16-2020, to reimburse Grantee for certain Grantee expenses as detailed below for completing a project ("Project") in compliance with (i) the terms and conditions of this Agreement; and (ii) CAC's applicable rules, regulations, policies and procedures, as amended from time to time, including but not limited to the "City of Albany COVID-19 Small Business Adaptation Program Guidelines" (attached to this Agreement as Exhibit A, and made a part hereof); and (iii) all applicable State and Federal guidelines; and

Award  
agreement  
date

Your  
information

Your  
National  
Objective  
qualification



# Executing the CDBG-CV Grant Agreement

applicable to the Project. Any litigation arising from, concerning or relating to this Agreement shall be resolved by a court of competent jurisdiction in Albany County, New York. The parties waive the right to trial by jury in any dispute or litigation arising from, concerning or relating to this Agreement.

9. **Subrogation:** In consideration of Grantee's receipt of Grant funds from CAC or the commitment by CAC to evaluate Grantee's application for the receipt of Grant funds, Grantee hereby assigns to CAC all of its future rights to reimbursement and all payments received from any grant, subsidized loan, or insurance policies of any type or coverage or under any reimbursement or relief program related to or administered by the Federal Emergency Management Agency ("FEMA") or the Small Business Administration ("SBA") or other program to the extent of proceeds paid to Grantee (and collectively, the "Disaster Programs") under this Agreement and that are determined in the sole discretion of CAC to be a **duplication of benefits ("DOB")**. DOB shall be defined as financial assistance, available to the Grantee that can be used to pay for the Project expenditures identified on Exhibit C.

The proceeds or payments referred to in the preceding paragraph, whether they are from insurance, FEMA or the SBA or any other source, and whether or not such amounts are a DOB, shall be referred to herein as "Proceeds," and any Proceeds that are a DOB shall be referred to herein as "DOB Proceeds." Upon receiving any Proceeds, Grantee agrees to immediately notify CAC. If Grantee fails to report additional Proceeds, then CAC may require immediate repayment in full of the entire Grant provided by CAC. If some or all of the proceeds are determined to be a DOB, the portion that is a DOB shall be paid to CAC forthwith, to be retained and/or disbursed as provided in this Agreement.

Grantee agrees to assist and cooperate with CAC if CAC elects to pursue any of the claims Grantee has against the insurers for reimbursement of DOB Proceeds under any such policies. Grantee's assistance and cooperation shall include but shall not be limited to allowing suit to be brought in Grantee's name(s) and providing any additional documentation with respect to such consent, giving depositions, providing documents, producing record and other evidence, testifying at trial and any other form of assistance and cooperation reasonably requested by the CAC. Grantees further agrees to assist and cooperate in the attainment and collection of any DOB Proceeds that Grantee would be entitled to under any applicable Disaster Programs.

If requested by CAC, Grantee agrees to execute such further and additional documents and instruments as may be requested to further and better assign to CAC, to the extent of the Grant/Loan Proceeds paid to Grantee under the Program, the Policies, any amounts received under the Disaster Programs that are DOB Proceeds and/or any rights thereunder, and to take, or cause to be taken, all actions and to do, or cause to be done, all things requested by CAC to consummate and make effective the purposes of this Agreement.

10. **Anti-Lobbying:** Grantee certifies that to the best of its knowledge and belief:
  - a. No federal-appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the



# Executing the CDBG-CV Grant Agreement

Sign here!



## 14. Exhibits:

- A. City of Albany COVID-19 Small Business Adaptation Program Guidelines
- B. Grantee Application
- C. Budget Eligibility Schedule
- D. Job Creation/Retention Report
- E. Property Owner Declaration and Consent Form
- F. Non-Collusive Agreements
- G. Reimbursement Form
- H. Project Completion Report

IN WITNESS THEREOF, CAC and Grantee have executed this Agreement as of the Effective Date above written.

## GRANTEE

By: \_\_\_\_\_  
(Signature)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Office or position)

State of New York     )  
                                  ) SS:  
County of Albany     )

Notarize  
here!



On the \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public





# Executing the CDBG-CV Grant Agreement

## Non-Collusive Agreement



CAPITALIZE ALBANY  
CORPORATION

### CITY OF ALBANY COVID-19 SMALL BUSINESS ADAPTATION PROGRAM (SBAP) EXHIBIT F – NON-COLLUSIVE AGREEMENT

Grantee certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

1. The prices in the proposals submitted to CAC have been arrived at independently, without collusion, consolation, communication or agreement, for the purpose of restricting competition as to any matter relating to such prices with any other proposer or with any competitor; and
2. No attempt has been made or will be made by the Grantee to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition. Additionally, Grantee has no knowledge of any attempt by another person to restrict competition.

Sign here!

Date

Signature

Signature

Printed Name and Title

Name of Firm

Notarize  
here!

STATE OF NEW YORK     )  
  )  
COUNTY OF ALBANY    )SS.:

On the \_\_\_ day of \_\_\_\_\_ in the year \_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evident to be the individual(s), whose name(s) is (are) subscribed to the within instrument and acknowledged to me that by he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public/Commissioner of Deeds



# Executing the CDBG-CV Grant Agreement

## Budget Eligibility Schedule

Funding allocated by the **Albany Community Development Agency (ACDA)** can only be used for fixtures, furniture and equipment and other non-PPE adaptation projects/activities.

### NOTE:

You have a Budget Eligibility Schedule in your award packet that details exactly what you have been approved for.

Adaptation Project Type	Examples of Qualifying Project Expenditures
Retraining: The development and implementation of programs to train new employees, or re-train existing workforce on new business practices	<ul style="list-style-type: none"><li>• Registration fees and/or supplies costs to complete approved disinfection, health, and safety training programs or certifications (such as ServSafe, Barbicide or other similar trainings or certifications relevant to the industry of the Applicant and prevention of COVID-19)</li></ul>
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	<ul style="list-style-type: none"><li>• Food and beverage service inventory (not including alcohol or tobacco products)</li><li>• Personal care products inventory (including those for hair, face, nails, etc.)</li></ul>
Reorganizing: The purchase of furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19	<ul style="list-style-type: none"><li>• Physical barriers/sneeze guards</li><li>• Hand sanitizer stations</li><li>• Respiratory devices such as air purifier systems installed in the business</li><li>• Signage</li><li>• Café tables and chairs or planter boxes/barriers required to define and/or protect a cafe space</li><li>• Point of Sale (POS) payment equipment</li><li>• Other expenses related to the reconfiguring of the business to meet required or recommended health and safety guidelines, and as approved by Capitalize Albany</li></ul>
Reimagining: The development and implementation of new programs or product lines to expand/adapt operations to meet new market demands	<ul style="list-style-type: none"><li>• Equipment and/or materials and supplies costs for new product lines or services</li><li>• Costs of developing a website and/or online payment platform to enable contactless orders, payment and/or delivery</li><li>• Marketing expenses related to reopening and/or restoring consumer confidence</li></ul>



# Executing the CDBG-CV Grant Agreement

## Budget Eligibility Schedule

CITY OF ALBANY COVID-19 SMALL BUSINESS ADAPTATION PROGRAM Budget Eligibility Schedule																																						
Grantee Name:																																						
Project Street Address:																																						
<p><b>Award based on eligibility:</b> A review was performed of the Grantee's submitted Application questionnaire, Budget Worksheet and additional documentation to determine eligibility of requested activities per the Program Guidelines. Ineligible items (e.g. alcohol, working capital, expenditures made prior to August 18, 2020, requests amounting to more than the Program maximum limits) were removed from the project approvals. Activities requested which were ineligible for the funding source specified in the application, but were eligible for the other source as part of the program were re-allocated accordingly.</p> <p>Based upon that review, the following activities requested were approved up to the amounts seen below. Total awards available to the Grantee for each funding source and the cumulative total will be up to the below:</p>																																						
<table border="1"><thead><tr><th colspan="3">CAIDA FUNDING</th></tr><tr><th>Category</th><th>Line Item Description</th><th>Amount Approved</th></tr></thead><tbody><tr><td>Reopening</td><td>Face coverings</td><td>\$378</td></tr><tr><td>Reopening</td><td>Hand Sanitizer</td><td>\$432</td></tr><tr><td>Reopening</td><td>Hand Sanitizer Refill</td><td>\$270</td></tr><tr><td colspan="2">Total</td><td>\$1,080</td></tr><tr><th colspan="3">CDBG-CV FUNDING</th></tr><tr><th>Category</th><th>Line Item Description</th><th>Amount Approved</th></tr><tr><td>Reimagining</td><td>Live Streaming Equipment</td><td>\$3,770</td></tr><tr><td>Reimagining</td><td>Tablet</td><td>\$927</td></tr><tr><td>Reimagining</td><td>Advertising of Live Streaming Service</td><td>\$4,223</td></tr><tr><td colspan="2">Total</td><td>\$8,920</td></tr></tbody></table>			CAIDA FUNDING			Category	Line Item Description	Amount Approved	Reopening	Face coverings	\$378	Reopening	Hand Sanitizer	\$432	Reopening	Hand Sanitizer Refill	\$270	Total		\$1,080	CDBG-CV FUNDING			Category	Line Item Description	Amount Approved	Reimagining	Live Streaming Equipment	\$3,770	Reimagining	Tablet	\$927	Reimagining	Advertising of Live Streaming Service	\$4,223	Total		\$8,920
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# Executing the CDBG-CV Grant Agreement

## Job Creation and Retention Form Part 1

- **Low- to Moderate-Income Microenterprise:** 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.
- Awardees seeking to qualify under this track must be microenterprises majority-owned by low- to moderate- income individuals, as defined as at or below 80% of area median income (AMI).

*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.





# Executing the CDBG-CV Grant Agreement

## Job Creation and Retention Form Part 1

- **Low and Moderate Income Job Creation and Retention:** Awardees seeking to qualify under this track must commit to retaining or employing low- to moderate-income individuals, as defined as at or below 80% of area median income (AMI).

### 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.





# Executing the CDBG-CV Grant Agreement

## Job Creation and Retention Form Part 1

CITY OF ALBANY COVID-19 SMALL BUSINESS ADAPTATION PROGRAM (SBAP) EXHIBIT D - COMMUNITY DEVELOPMENT BLOCK GRANT JOB CREATION AND RETENTION FORM										
Form 1: Commitment - all CDBG grantees not pre-qualified as an eligible microenterprise must complete at time of Grant Agreement execution										
<b>FORM INSTRUCTIONS:</b> Prior to returning your signed grant agreement, complete the form below with your Grantee (business) name, project address, and employer identification number. Then complete the chart below for each job title to be created and/or retained. If additional charts are required, copies may be produced. Please return this completed form with your signed grant agreement to Capitalize Albany Corporation. Please fill all yellow fields below. *List the total number of full-time and part-time jobs to be created or retained. Of each full-time and part-time job, identify how many will be "made available to" or "filled by" low- to moderate-income (LMI) persons. For all part-time jobs, identify the average number of hours to be worked per week. Note: created or retained jobs are only considered to be "made available to" low-to-moderate-income persons when: 1. Special skills that can only be acquired with substantial training or work experience or education beyond high school are not a prerequisite to fill such jobs, or the business agrees to hire unqualified persons and provide training; and 2. The grantee and the assisted business take actions to ensure that LMI persons receive first consideration for filling such jobs. Note: Created or retained jobs are only considered to be held by LMI persons when the job is actually held by a LMI person. To be considered full-time, a job must provide at least 2,080 hours per year.										
Grantee Name: _____					Project Address: _____					
Employer Identification Number (EIN): _____					City: _____					
Total Full-Time Equivalent LMI Jobs Committed: 1					National Objective - Retention or Creation?		Creation		Retention	
Job Title	Skills Required (Provide a brief description of all required skills and/or education.)	C/R (Identify if the position is to be created (C) or retained (R).)	Wage (to be paid on an annual basis)	Full-Time Jobs**			Part-Time Jobs**			Average Number of Hours Worked Per Week
				Total	To be retained	To be created	Total	To be retained	To be created	
Ex. 1 Waitstaff	Customer service experience pref.	C	\$31,200.00	1		1				40
Ex. 2 Host	No special skills or experience	R	\$15,600.00				2	2		20
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Totals:				0	0	0	0	0	0	
For job creation activities, provide a description below of how first consideration will be given to low- and moderate-income persons, including an explanation of the hiring process to be utilized.										
PLEASE RETURN TO CAPITALIZE ALBANY AT TIME OF GRANT AGREEMENT EXECUTION										



# Executing the CDBG-CV Grant Agreement

## Insurance Requirements

Grantee will obtain and maintain, at its own expense, commercial general liability insurance with a liability limit of no less than One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) aggregate, insuring against any claim or liability arising from or relating to the Project, and insuring against the losses and liabilities encompassed by Grantee indemnity obligations contained in paragraph 14 of this Agreement. Such policies shall name CAC as additional insured and shall contain a provision that forbids any cancellation, change or material alteration in the coverage without providing thirty (30) days written notice to CAC. Grantee will provide certificates of insurance to CAC upon execution of this Agreement.

This policy shall name:

- Capitalize Albany Corporation (21 Lodge Street, Albany, NY 12207)
- the City of Albany Industrial Development Agency (21 Lodge Street Albany NY 12207)
- the Albany Community Development Agency (200 Henry Johnson Boulevard, Albany, NY 12210)

As additional insured and shall contain a provision that forbids any cancellation, change or material alteration in the coverage without providing thirty (30) days written notice to Capitalize Albany Corporation. Grantee will provide certificates of insurance to CAC upon execution of this Agreement.





# CDBG-CV Program Overview

## Submittal Package and Critical Deadlines

### Due by December 15<sup>th</sup> 2020:

- Signed and notarized Grant Agreement
- Signed and notarized Non-collusive Agreement
- Completed Insurance documentation
- Job creation and retention form (not applicable for microenterprises) and retained employee Family Income Form (if not previously submitted)

### Other important dates:

- Complete your project prior to **June 30, 2021**
- Reimbursement Request submitted within **60 days of project completion**
- Final closeout prior to **October 30, 2021**







# Grant Administration

## Reimbursement Process

- The direct grants will be paid out to the business when the project is complete, reimbursement documentation and any final reporting has been submitted and approved by Capitalize Albany, and **the business is open and operating.**
- Unless requested in writing and explicitly approved by Capitalize Albany, **grant funds will not be provided to an awardee prior to all project costs being incurred and the project completed/business open and operating.**





# Grant Administration

## Reimbursement Process

- Grants may be required to be repaid, if the terms of the grant agreement are not met.
- Grants will be on a reimbursement basis for expenses incurred on or after August 18, 2020.





# Grant Administration

## Reimbursement Process

**Review this checklist.  
Please include your  
invoices/receipts and proof  
of payment for all grant  
expenses!**

CITY OF ALBANY COVID-19 SMALL BUSINESS ADAPTATION PROGRAM Reimbursement Request Cover Sheet			
Grantee Name:			
Grantee Mailing Address:			
City:		State:	Zip Code:
Project Street Address:			
Employer Identification Number (EIN):		DUNS Number:	
Name and Phone Number of Person Completing This Form:			
<p>Payee certification: I hereby warrant and represent to Capitalize Albany Corporation that the expenditures for which the entity named above (Grantee) is seeking payment and/or reimbursement comply with the requirements of the Grant Agreement between the Granting Entity (e.g. Capitalize Albany Corporation and/or City of Albany Industrial Development Agency) and the Grantee, are eligible expenses, and that the payment and/or reimbursement of expenditures identified on the attached Reimbursement Request Form(s) for which it is seeking payment and/or reimbursement from the Granting Entity does not duplicate reimbursement or disbursement of costs and/or expenses from any other source.</p>			
Signature of Authorized Individual:		Date:	
Print Name of Signatory:		Title:	
Identify the documents included with the reimbursement request.			
<p><input type="checkbox"/> Project Completion Report</p> <p><input type="checkbox"/> Supporting documentation for project expenditure &amp; proof of payment:</p> <ul style="list-style-type: none"><li>(1) Such verification/documentation is necessary for requested reimbursement.</li><li>(2) Receipts/invoices and cancelled checks/credit card statements/bank statements must be provided to substantiate project costs and proof of payment.</li><li>(3) Eligible receipts and invoices must, at a minimum, include the invoice date, scope of work, vendor name and contact information, cost, and be marked as paid or a zero balance must be indicated.</li><li>(4) The invoices must clearly indicate the nature of the expense and that such expense is related to the approved project and grantee.</li></ul> <p><input type="checkbox"/> Additional Information (specify below):</p>			
FOR OFFICE USE ONLY			
Reviewer and Date Approved:		CAIDA Amount Approved for Disbursement:	
Director of Economic Development and Date Approved:			
Controller and Date Approved:		CDBG-CV Amount Approved for Disbursement:	
President/Vice President and Date Approved:			



# Grant Administration

## Reimbursement Process

CITY OF ALBANY COVID-19 SMALL BUSINESS ADAPTATION PROGRAM (SBAP) Reimbursement Request Form								
Grantee Name:			FOR OFFICE USE ONLY					
Project Address:			Total SBAP Award:			CAIDA Award:	CDBG-CV Award:	
City:								
Funding Request:								
Invoice Date or Number	Proof of Payment: Check # or Statement Date	Supplier/Vendor	Project Expenditure e.g. Face Coverings, Hand Sanitizer Stations, Physical Barriers	Date of Order / Purchase	Invoice Amount	Amount Requested - Reopening/PPE (CAIDA funded)	Amount Requested - Other/Non-PPE (CDBG-CV funded)	
Ex. 1	9/20/2020	102	Masks, Inc.	Purchase of face coverings (500)	9/20/2020	\$600.00	\$600.00	
Ex. 2	10067	9/18/2020	OnlineRetailer.com	Purchase of clear partitions	9/18/2020	\$700.00	\$0.00	
1								
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23								
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25								
Disbursement Request Sheet # _____ of _____				Page Total:		\$0.00	\$0.00	\$0.00



# Grant Administration

## Project Completion Report



CAPITALIZE ALBANY  
CORPORATION

Date of Report: \_\_\_\_\_

Date Received (for office use only): \_\_\_\_\_

Grantee Name:	
Employer Identification Number (EIN):	
DUNS Number:	
Project Address:	

### Person Completing This Report:

Name:	
Title:	
Phone:	
Email:	

Provide a brief narrative describing how the SBAP grant assistance (from all funding sources) benefited your business. Please provide specific examples as to how the project assisted with keeping the business open and retaining/creating jobs. Where possible, please provide numeric values for any increases in foot traffic, sales, or other metrics. If certain project expenditures were particularly impactful, please explain.

--

Reopening – PPE (CAIDA) Grant Reimbursement Award:	
Other/Non-PPE (CDBG-CV) Grant Reimbursement Award:	

### ATTESTATIONS:

\_\_\_\_\_  
(Initials of Authorized Signatory) The Grantee attests that the business is not delinquent on any City, County or School District taxes.

\_\_\_\_\_  
(Initials of Authorized Signatory) The Grantee attests that the business is open and operating.

\_\_\_\_\_  
(Initials of Authorized Signatory) The Grantee attests that the business is not requesting reimbursement for activities/items paid for by any other Federal, State, Local or private disaster-recovery grant or loan program.



# Grant Administration

## Project Completion Report

### CDBG-CV ONLY CERTIFICATION:

If you have received a CDBG-CV award, please complete the following certification by entering your initials on the applicable line below.

*I hereby certify to Capitalize Albany Corporation:*

#### Low- to Moderate-Income Microenterprise Projects

(Initials of Authorized Signatory) \_\_\_\_\_ The Grantee acknowledges that the Program requires the business to qualify as a microenterprise and the majority of business owner(s) to qualify as low- to moderate-income persons at the time of application. \* Closeout reporting will be required.

\*Note: 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. In order to select yes to the above statement, the Grantee must both qualify as a microenterprise and must have demonstrated that the business qualifies as a Low- to Moderate-Income (LMI) owned Microenterprise. To do so, the majority of owners must qualify as low- to moderate-income at the time of application.

#### Job Creation Projects

(Initials of Authorized Signatory) \_\_\_\_\_ The Grantee acknowledges that the Program will require one (1) full-time equivalent job be created and maintained during the one-year period ending on October 30, 2021. Closeout reporting documenting job creation including an applicant log, hiring procedures, and income verification will be required.

#### Job Retention Projects

(Initials of Authorized Signatory) \_\_\_\_\_ The Grantee acknowledges that the Program will require one (1) full-time equivalent job be retained during the one-year period ending on October 30, 2021. Closeout reporting documenting job retention and income verification will be required.

Please refer to the Grant Agreement between each funding source and the Grantee for details on the potential ramifications of failure to meet the terms and conditions of the Grant.

Please sign the certification below and attach the following to this Project Completion Report:

- Reimbursement Request Form and supporting documentation (invoices, proof of payment, etc.)
- Pictures and other documentation of the Project (submitted on a flash drive or via email)

Upon completion, please return to:

Capitalize Albany Corporation | 21 Lodge Street, Albany, New York 12207 | [Development@CapitalizeAlbany.com](mailto:Development@CapitalizeAlbany.com)

If you have any questions about completing this report, please do not hesitate to contact us at (518) 434-2532 or [Development@CapitalizeAlbany.com](mailto:Development@CapitalizeAlbany.com).

### GRANTEE CERTIFICATION (ALL GRANTEES):

I (print authorized representative name) \_\_\_\_\_ authorized representative of  
(print organization) \_\_\_\_\_ at (print address) \_\_\_\_\_

Under penalty of perjury declare that I have given the above information, and to the best of my knowledge and belief, that it is true, correct and complete.

Signature of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_



# Grant Administration

## Job Creation and Retention Form Part 2

CITY OF ALBANY COVID-19 SMALL BUSINESS ADAPTATION PROGRAM (SBAP)														
EXHIBIT D - COMMUNITY DEVELOPMENT BLOCK GRANT JOB CREATION AND RETENTION FORM														
Form 2: Creation Hiring Process - only grantees committing to Job Creation must complete and submit with reimbursement request or at applicant(s) hire.														
<b>FORM INSTRUCTIONS:</b> During the hiring process for the job(s) to be created, complete the form below with your Grantee (business) name, project address, and employer identification number. All job applicants should be requested to complete the provided Family Income Form. With the information collected from all job applicants, complete the chart below for each job title of jobs created. Please return the completed form to Capitalize Albany Corporation at project closeout. Please fill all yellow fields below.														
<b>APPLICANT LIST:</b>														
<b>General Instructions:</b> This Job Applicant List is a continuous roster, which accounts for every applicant for a covered job from the beginning of the project (technically the date of the grant agreement between the grantee and the Capitalize Albany) to the present.														
<b>Applicant:</b> Each applicant's name and address should be immediately added to the Job Applicant List.														
<b>Income Status:</b> Enter a "Y" in the column headed "Low/Mod Income Status" if the applicant's family income as shown on the Family Income Form is below the threshold for the corresponding family size. If above income qualification, enter a "N".														
<b>Employment Status:</b> In the column headed "Status", place a checkmark in the column which best describes the applicant's current status regarding employment with the company. "Hired" means the applicant has been hired; "Pending" means the application is pending and a decision to hire or reject the applicant has not been made; "Rejected" means the applicant will definitely not be hired in the foreseeable future.														
At the end of the regulatory period, the entire roster of applicants from Control # 1 through the present should be submitted. If a previously hired applicant is no longer employed in a covered job, do not make any changes to the list.														
<b>Rejected Applicants:</b> The final column on the form should be used to list the job title(s) for which each applicant was considered, and to state the reason(s) for which each rejected applicant will no longer be considered. <b>General Instructions:</b> This hiring report is where CDBG grantees are required to report all covered jobs created during the regulatory period. Covered jobs are those employment positions, which have been newly created as a direct result of the project undertaken with the CDBG financing. Only positions created during this regulatory period need to be shown.														
<b>POSITIONS HIRED SUMMARY:</b>														
<b>Required Skills, Education and Experience:</b> This column should list any skills (technical skills, licenses, certifications), education (any formal education or training beyond high school), or experience (specialization and number of years), which is a requirement of the employment position, created. If there were no such requirements, or if the company in lieu of such requirements will provide training, so indicate.														
Note: created or retained jobs are only considered to be "made available to" low-to-moderate-income persons when: 1. Special skills that can only be acquired with substantial training or work experience or education beyond high school are not a prerequisite to fill such jobs, or the business agrees to hire unqualified persons and provide training; and 2. The grantee and the assisted business take actions to ensure that LMI persons receive first consideration for filling such jobs.														
<b>Low/Mod Hired:</b> Enter a "Y" in the column headed "Low/Mod Hired" if an applicant whose family income as shown on the Employee Family Income Form is at or below the 80% threshold for the corresponding family size filled the employment position. If above income qualification, enter a "N".														
<b>Applicants Considered:</b> Indicate the number of applicants considered whose family income is very low income, low income and moderate income and total number of applicants considered listed on Form # 2 (Job Applicant List) who were given consideration of hiring for the listed position.														
<b>Applicants Hired:</b> Indicate the number of applicants hired whose family income is very low income, low income and moderate income and total number of applicants hired as listed on Form # 2 (Job Applicant List) for the listed position.														
Grantee Name:						Project Address:								
Employer Identification Number (EIN):						City:								
APPLICANT LIST														
Applicant Name	Applicant Address	Job Title Applied For	Low/Mod Income Status (Y or N)	Employment Status			Rejection Reason (if rejected)							
				Hired	Pending	Rejected								
Ex. 1 Mary Smith	123 Main Street, Albany, NY 12200	Waitstaff	N				X	Did not meet National Objective Income Status						
Ex. 2 John Doe	456 Broadway, Menands, NY 12200	Host	Y	X				N/A						
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
POSITIONS HIRED SUMMARY														
Job Title	Skills Required (Provide a brief description of all required skills and/or education.)	Hours Per Week	Wage (to be paid on an annual basis)	Low/Mod Hired (Y or N)	Income Status of Applicants Considered					Income Status of Applicants Hired				
					Very Low Income (<30% of Area Median Income)	Low Income (30%-50% of Area Median Income)	Moderate Income (50%-80% of Area Median Income)	Not LMI (>80% of Area Median Income)	Total	Very Low Income (<30% of Area Median Income)	Low Income (30%-50% of Area Median Income)	Moderate Income (50%-80% of Area Median Income)	Not LMI (>80% of Area Median Income)	Total
Ex. 1 Waitstaff	Customer service experience pref.	40	\$31,200.00	Y	1		1		2	1				1
Ex. 2 Host	No special skills or experience	20	\$15,600.00	Y	3	1	1	1	6		1			2
1									0					0
2									0					0
3									0					0
4									0					0
5									0					0
Totals:						0	0	0	0	0	0	0	0	0
NOTE: for the above charts - for the purposes of the SBAP, you need only submit information related to one full time position or enough part-time positions to equal a full-time equivalent position (2,080 hr/year)														
PLEASE RETURN TO CAPITALIZE ALBANY AT TIME OF REIMBURSEMENT REQUEST OR TIME OF APPLICANT(S) HIRE														



# Grant Administration

## Job Creation and Retention Form Part 2

### City of Albany COVID-19 Small Business Adaptation Program Family Income Form

The employment position for which you are applying/currently hold has been made available/retained with financial assistance from the City of Albany COVID-19 Small Business Adaptation Program using U.S. Department of Housing and Urban Development (HUD) Federal Community Development Block Grant – Coronavirus (CDBG-CV) Funding. As a result, the employer is required to obtain the following information.

The information provided herein will be confidential and will be used to provide statistical data, as required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the Capitalize Albany Corporation, Albany Community Development Agency, and the U.S. Department of Housing and Urban Development.

Name of Business: \_\_\_\_\_ EIN: \_\_\_\_\_

Address: \_\_\_\_\_

Employee/Applicant Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

#### INSTRUCTIONS

Determine your family size by counting yourself and each family member who *currently* resides with you within the same housing unit. A family member is a person who is related to you by birth, marriage, or adoption. Circle the appropriate family size below. Next, total the income from all sources received during the last calendar year (January - December) by yourself and each member of your family who *currently* resides with you. Income includes wages, salaries, tips, business income, interest, dividends, the taxable portion of pensions and annuities, IRA distributions, rents, royalties, partnerships, unemployment compensation, and social security; less alimony paid and unreimbursed employee business expenses calculated consistent with IRS Form 2106. Compare this total to the figure listed for the circled family size and indicate which range your family income falls within by checking the appropriate box.

My Family Income is (check one)					
Family Size (circle one below)	<30% Median	30-50% Median	50-80% Median	>80% Median	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	\$20,400	\$20,401 \$33,950	\$33,951 \$54,350	\$54,351	
2	\$23,300	\$23,301 \$38,800	\$38,801 \$62,100	\$62,101	
3	\$26,200	\$26,201 \$43,650	\$43,651 \$69,850	\$69,851	
4	\$29,100	\$29,101 \$48,500	\$48,501 \$77,600	\$77,601	
5	\$31,450	\$31,451 \$52,400	\$52,401 \$83,850	\$83,851	
6	\$33,800	\$33,801 \$56,300	\$56,301 \$90,050	\$90,051	
7	\$36,100	\$36,101 \$60,150	\$60,151 \$96,250	\$96,251	
8	\$38,450	\$38,451 \$64,050	\$64,051 \$102,450	\$102,451	

9 or more \_\_\_\_\_ Actual Income \$ \_\_\_\_\_

#### Race:

- ☐ White
 ☐ Black/African American
 ☐ Asian  
☐ American Indian/Alaskan Native
 ☐ Native Hawaiian/Other Pacific Islander
 ☐ American Indian/Alaskan Native and White  
☐ Black/African American and White
 ☐ Asian and White
 ☐ American Indian/Alaskan Native and Black/African American  
☐ Other/Multi-Racial
 ☐ Hispanic\*

Ethnicity: \* Hispanic - 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.

- ☐ Female Head of Household
 ☐ Elderly Persons
 ☐ Disabled Persons

Currently Employed? ☐ Yes or ☐ No

I certify that the information provided herein is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Grant Administration

## Submittal Package and Critical Deadlines

### Due by December 15<sup>th</sup> 2020:

- Signed and notarized Grant Agreement (s) package with all required documentation

### Other important dates:

- Complete your project prior to **June 30, 2021**
- Reimbursement Request submitted within **60 days of project completion**
- Final closeout prior to **October 30, 2021**





# Questions?

- Please type any questions into the chat box now.
- Questions will be responded to live and/or addressed personally after the webinar via email.
- Following the completion of this webinar, if you have any remaining questions, please contact us:

[development@capitalizealbany.com](mailto:development@capitalizealbany.com)

(518) 434-2532 ext. 25.

