City of Binghamton Small Business COVID-19 Emergency Grant Program Application

Legal Name Of Business Entity:

Business Owner's Name:

Contact Person: **Contact Person Title:**

Business Address:

(The physical location of the business must be located within the City of Binghamton

Phone Number: **Email Address:**

What is the Legal Status of your business? (Select from list) Choose One

Business Employer Identification Number:

Business DUNS Number:

Reason for which COVID-19 funding is requested:

Amount of COVID-19 Funding Requested:

Briefly describe the nature of your business:

Staffing levels as of January 1. 2020, including owner: **# F/T Emp.** **# P/T Emp.:**

Staffing levels as of March 31, 2020, including owner: **# F/T Emp.** **# P/T Emp.:**

Is the primary address for your business a residential address? ☐ Yes ☐ No

(If yes, your business is not eligible for funding under this program)

How long has your business been in operation?

(Your business must have been in operation before March 1, 2020 to be eligible for funding

You will be required to provide evidence that your business revenues have been affected by COVID-19. If selected for a grant, you will need to provide documentation showing that for the period March 1, 2020 through May 31, 2020, your revenue decreased more than 25% over the same period in 2019.

Did your business experience at least a 25% decline in revenue between March 1, 2020 and May 31, 2020?

☐ Yes ☐ No **(If no, your business is not eligible for this funding.**

Do you anticipate that your business will be operational 3 months following award? ☐ Yes ☐ No

Between March 22, 2020 and the date of this application, has your business been closed due to COVID-19?

What is the current status of your business? Are you currently operational? ☐ Yes ☐ No

If open, have the hours of operation been reduced? ☐ Yes ☐ No

If yes, please provide an explanation:

Funding is requested for the following categories (Check all that apply) Estimate amount for a 3-month period:

Rent for business location	☐	Amount	
Mortgage for business location	☐	Amount	
Property insurance for business location	☐	Amount	
Gas Service for business location	☐	Amount	
Electric Service for business location	☐	Amount	
Water/Sewer Service for business location	☐	Amount	
Property Taxes for business location	☐	Amount	
Cost of Personal Protective Equipment	☐	Amount	
Replacement of perishable goods	☐	Amount	
Cost of goods required for takeout service	☐	Amount	
Cost of COVID related cleaning supplies	☐	Amount	

Provide details for all other potential COVID-19 related funding sources that you applied for or plan to apply for

Grant Program	**Amount Requested**	**Amount Received**
Paycheck Protection Program (PPP)		
Economic Injury Disaster Loan (EIDL)		
Federal Emergency Management Agency (FEMA)		
New York Forward Loan Program		
Community Foundation For South Central NY		
Broome Funders Alliance		
United Way of Broome County		
Other:		
Other:		

Please note that funding for the City's grant program cannot duplicate awards made by other Federal, State, other government entities, or local private organizations or foundations.

Do you provide health insurance to your employees? ☐ Yes ☐ No

Is the business Certified by New York State as a minority-owned business? ☐ Yes ☐ No

Is the business Certified by New York State as a woman-owned business? ☐ Yes ☐ No

Applicant/Owner Information

Owner Race (Select from list): Choose One

Owner Ethnicity: ☐ Hispanic ☐ Not Hispanic

Is the applicant an employee of the City of Binghamton? ☐ Yes ☐ No

If yes, list Department and Title:

Does the applicant have a family tie, as defined below, to a current City of Binghamton employee or official?

☐ Yes ☐ No

"Family tie" means a person who is related to any public official or public employee, whether by blood, adoption or marriage, as any of the following: father, mother, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother or half-sister.

If yes, list the name and relationship to City employee:

city of Binghamton COVID-19
Small Business Emergency Grant Program
Certification Form

1. I certify that I own/co-own the for-profit business entity that is the subject of this application.
2. I certify that all information contained in this application and all supporting documentation is true and complete. I made no misrepresentation, nor did I omit any pertinent information. I fully understand that it is a federal crime, punishable by fine or imprisonment, or both to knowingly make any false statements when applying for federal assistance, as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.
3. I certify that I am current with all federal, state, and city taxes owed prior to March 22, 2020.
4. I certify that any CDBG assistance received in 2020 shall be declared on my business's 2020 federal and state tax returns, as applicable and in accordance with IRS and New York State Department of Taxation and Finance regulations and guidance.
5. I certify that, to the best of my knowledge, my business is in compliance with all federal and state laws and legislation, including regulations dealing with equal employment opportunity.
6. I grant the City of Binghamton the right to independently verify any or all of the information herein, and understand that the City may refuse to approve the application or may revoke a commitment made if there is any material misrepresentation in the application, including attachments thereto.
7. I authorize disclosure of information submitted in connection with this application to any government agency (federal, state, or local), quasi-governmental agency, and other third parties providing COVID-19 assistance, including, but not limited to, the U.S. Small Business Administration (SBA), and the Federal Emergency Management Agency (FEMA).
8. I certify that no more than one complete application for CDBG assistance shall be made by me as a business owner in 2020, and no more than one complete application for CDBG assistance shall be made on behalf of the business that is the subject of this application in 2020, unless this restriction is explicitly waived in writing by the City.
9. I certify that I will complete brief business update reports at the end of each quarter for one year after receipt of CDBG assistance.
10. I certify that neither I, nor my co-owners, nor my business are parties to litigation against the City.
11. I certify that to date, I have not received monies or award/approval from the Economic Injury Disaster Loans (EIDL) or the Paycheck Protection Program (PPP) or other federal sate or local grant programs that are not already listed on this application.
12. I certify that I am I am not a full-time student.
13. I certify that I received the attached Public Disclosure Notification.

Date:

Owner Name

Signature

City of Binghamton COVID-19
Small Business Emergency Grant Program
Public Information Disclosure Notification

Applicants are advised that any and all records (documents, correspondence, memoranda, etc.), regardless of the form provided, received or maintained by City, may be a matter of public record and subject to release under the U.S. Freedom of Information Act (FOIA). The City does however, have the right to redact any information which is exempt under the statute before releasing the documents. The exemptions that would most pertain to financing or grant applications include, but are not limited to, personal financial information, trade secrets, and commercial and financial information which is privileged or confidential.

As such, the City suggests that any portion of the application or materials provided by the applicant that contains such information (including for example, customer lists, processes, etc. or financial information) be clearly labeled with a legend or marking such as "Confidential information -- Not Public Record". This does guarantee that the information so marked will necessarily be exempt from public release, as the City will make any final determination about which information is to be made available to the public, this will be helpful in identifying any records which may be exempt.

I have read and understand this notification ☐

Click here to Submit

Click Here To Submit Application