Resilience Toolkit for Broome County Businesses

Helping small businesses impacted by COVID-19

Presented by:

LEADERSHIP ALLIANCE

THE AGENCY
BROOME COUNTY IDA / LDC

GREATER BINGHAMTON
CHAMBER OF COMMERCE

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Prevent.

Help prevent illness by prominently posting hygiene precautions and social distancing guidelines.

Make adjustments, such as canceling or postponing large or unnecessary gatherings, and curtailing travel to reduce the chance of infection.

Contain illness should it occur.

Detailed guidelines available at tinyurl.com/NYS-On-Pause.

Wash your hands often with soap and water for at least 20 seconds. Avoid touching your eyes, nose, and mouth with unwashed hands. Cover your cough or sneeze. Clean and disinfect frequently touched objects and surfaces.

Practice social distancing such as keeping six feet between yourself and others, avoid shaking hands, and avoid crowded areas. Have extra food, medical supplies, and emergency kits, but avoid hoarding. Develop an emergency plan.

If you have recently traveled in an area with coronavirus infections, have been in contact with someone who has tested positive, or are showing symptoms, please separate yourself from others. Monitor your health and talk to a medical professional. Seek medical help if needed.

Stay informed.

Comprehensive Medical Health Information

Broome County FAQ
tinyurl.com/BroomeCoronaFAQ

New York State Department of Health
health.ny.gov

White House
whitehouse.gov

U.S. Centers for Disease Control
tinyurl.com/CDC-COVID19

World Health Organization
tinyurl.com/WHO-COVID19

John Hopkins
coronavirus.jhu.edu

New York State is seeking help from businesses as they are in critical need of basic medical supplies such as gloves, gowns and masks. The state is paying a premium and offering funding to have these supplies made. For information call 212-803-3100 or email COVID19supplies@esd.ny.gov

Emotional Wellness Information

AHIP Guide to Addressing Loneliness During Social Distancing
tinyurl.com/AHIP-COVID19

CDC Guide to COVID-19 Related Stigma & Discrimination
tinyurl.com/COVID-Stigma-CDC

CDC Guide to Managing COVID-19 Related Anxiety & Stress
tinyurl.com/COVID-Anxiety-CDC

Mental Health America COVID-19 Information & Resources
mhanational.org/covid19

Call your doctor: If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.

IF YOU ARE SICK:
- Stay home except to get medical care
- Separate yourself from others at home
- Avoid sharing personal household items
- Clean "high touch" surfaces daily

Be Resilient.

Prioritize and Organize

- Clarify essential job functions, eliminate any redundancies, and cross-train personnel to perform essential functions if key staff members are absent.
- Revisit your business plan. Consider alternative business models, rebalance your sales and expense projections, adjust operations, while identifying various recovery and contingency options. Create a business continuity plan if you don't already have one and an infectious disease outbreak plan.
- Gather corporate documents, both in hardcopy and electronic formats. These might include corporate formation documents, lease and legal agreements, licenses and permits, insurance policies, financial statements, and tax records, among others.
- Review insurance policies, particularly business interruption insurance, and file claims as appropriate.

Make Necessary Adjustments

- Closely track inventory to avoid any interruption in your supply chain.
- Consider using teleconferencing, videoconferencing, live streaming, e-commerce solutions, and convenience options such as pick up, delivery and curbside service.
- Cancel and postpone events and meetings, as necessary, and adjust travel and transportation plans as needed. Offer information about safety practices of public transportation such as BCTransit with those who may be concerned.

Maintain Communication with Key Stakeholders

- Be the first to open the lines of communication and continue to convey your plans and request assistance, as appropriate.
- Ensure that employees are well informed about health and job considerations.
- Let customers know about any changes in services or schedules and let them know how they can continue to patronize your business.
- Review expectations with suppliers and contractors and diversify your base of vendors, as needed.
- Dialogue with your landlord, lender(s), and investors to discuss mutually-beneficial options.
- Reach out to professional advisors such as your attorney, accountant, bookkeeper, and insurance professionals for advice and assistance.

For Your Business.

Comprehensive Employer and Employee Information

The Agency Broome County IDA/LDC
theagency-ny.com

Greater Binghamton Chamber of Commerce
greaterbinghamtonchamber.com

Broome-Tioga Workforce
broometiogaworks.com

NYS Department of Labor
labor.ny.gov

NYS Department of Financial Services
dfs.ny.gov

NYS Empire Development
esd.ny.gov

U.S. Chamber of Commerce
uschamber.com/coronavirus

U.S. Department of Labor
dol.gov

U.S. Small Business Administration
sba.gov

Better Business Bureau
bbb.com

Use creative tactics for marketing. Engage with customers. Continue to communicate with them to provide reassurance. Market and promote protective measures you've implemented.

A List of Essential Businesses can be found here or at tinyurl.com/BCNYS-Essential.

Businesses can seek a waiver from Empire State Development, to remain operating, here or at esd.ny.gov.

Workers Impacted.

Benefits for Workers Impacted by COVID-19

Program	Why	What	Benefits	More Information	How to File/Contact
Disability Insurance	If you're unable to work due to medical quarantine or illness related to COVID-19 (certified by a medical professional).	Short-term benefit payments to eligible workers who have a full or partial loss of wages due to a non-work-related illness, injury, or pregnancy.	50% of a claimant's average weekly wage, but no more than the maximum benefit allowed, currently $170 per week.	Please Visit NYS Worker's Compensation Board –Disability Insurance tinyurl.com/WCB-DBI	NYS Request for COVID-19 Quarantine DB/PFL Submit form to your employer's DB/PFL Carrier tinyurl.com/NYS-DBI-App
Paid Family Leave	Used for employees caring for minor children under a mandatory or precautionary order of quarantine or isolation issued by the state of New York, the department of health, local board of health, or any government entity duly authorized to issue such an order due to COVID-19.	For eligible workers, 10 weeks of benefits from the Paid Family Leave System.	60% of average weekly wage up to the 2020 maximum benefit amount.	Please Visit NYS Paid Family Leave – COVID19 paidfamilyleave.ny.gov/covid19	NYS Request for COVID-19 Quarantine PFL Submit form to your employer's DB/PFL Carrier tinyurl.com/NYS-PFL-Application
Unemployment Insurance	If you have lost your job or have had your hours reduced for reasons related to COVID-19.	Partial wage replacement benefit payments to workers who lose their job or have their hours reduced, through no fault of their own.	Up to a maximum of $504 per week, based on average weekly wage. Increased by $600 under the federal stimulus bill for COVID-19.	Please Visit NYS Unemployment Assistance tinyurl.com/NYS-Unemployment	Please Watch COVID-19 Unemployment PSA for instructions on how to file. NYS File for Unemployment Online tinyurl.com/NYS-UI-COVID19-PSA tinyurl.com/NYS-File-UI-Claim
Shared Work Program	Employees can receive partial Unemployment Insurance benefits while working reduced hours. Employers need to be registered for the Shared Work Program through the NYS DOL.	For workers who experienced a 20-60% reduction in work. Shared Work lets you keep trained staff and avoid layoffs.	Up to a maximum of $504 per week, based on average weekly wage Increased by $600 under the federal stimulus bill for COVID-19.	Please Visit NYS The Shared Work Program	NYS File for Unemployment Online tinyurl.com/NYS-File-UI-Claim

Note: If you are out of work and seeking immediate employment in the Greater Binghamton Area, please visit the NYS DOL Job Postings or copy and paste this URL into your browser: tinyurl.com/Hiring-Now-Binghamton

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Families First Coronavirus Response Act (FFCRA or Act)	If you have COVID-19, taking care of someone with COVID-19, or are taking care of a child impacted due to closures from COVID-19.	All employees of covered employers are eligible for two weeks of paid sick time for specified reasons related to COVID-19 or up to 10 weeks at 2/3rds pay to take care of children who have been impacted by COVID-19.	Up to $511 per day and $5,110 in the aggregate (over a 2-week period).	Please Visit U.S. DOL FFCRA Employee Paid Leave tinyurl.com/US-FFRCA	Covered employers qualify for dollar-for-dollar reimbursement through tax credits for all qualifying wages paid under the FFCRA. Guidance coming from the US Treasury.
Broome County Department of Public Social Services	If you are experiencing economic hardship and are in need of assistance to obtain essential services such as healthcare and financial support.	Programs and services include cash assistance, Welfare to Work programs, in-home supportive services, child care, SNAP, HEAP and Medicaid.	The Department provides temporary financial assistance and employment services, free and low-cost health care insurance for families, food benefits for families and individuals, etc.	Please Visit Broome County DSS tinyurl.com/Broome-DSS	Apply for benefits at MyBenefits.NY.Gov
Visions Federal Credit Union	For members who have been directly impacted by a loss of income caused by the coronavirus.	Emergency no interest loan for members.	Loan 0% APR* Limits from $1,000 to $5,000 Terms up to 12 months.	Please Visit Visions FCU – Relief visionsfcu.org/relief	To Apply utilize the VCFU Internet Loan Application lending.visionsfcu.org
SEFCU	For members who have been directly impacted by a loss of income caused by the coronavirus.	Reduced-rate personal loan, newly established skip-a-pay program, mortgage relief options, and other services.	Loan rates as low as 4.49% APR** for 60 months and other personal financial benefits.	Please Visit SEFCU COVID-19 Financial Relief Programs sefcu.com/financial-relief-programs	SEFCU Skip-A-Pay Request Form sefcu.com/skip-a-pay-request SEFCU Online Loan Application tinyurl.com/SEFCU-Loan

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IRS – Economic Impact Payment	Payments, also referred to as stimulus payments, authorized by the CARES Act to provide financial assistance for eligible individuals.	Eligible individuals may receive up to $1,200 in stimulus payments; two eligible individuals filing a joint return can receive up to $2,400.	Eligible individuals may receive up to $1,200 in stimulus payments; two eligible individuals filing a joint return can receive up to $2,400.	Please Visit IRS – Economic Impact Payments to review eligibility, bank account information, and check on the status of your payment. irs.gov/coronavirus/economic-impact-payments	Payments are automatic for most taxpayers. No further action is needed by taxpayers who filed tax returns in 2018 and 2019 and most seniors and retirees. Check the status of your payment here. irs.gov/coronavirus/economic-impact-payments
Peoples Security Bank & Trust	Providing members Facing personal hardships due to the Coronavirus crisis with financial relief.* *At this time commercial business loan applications are being evaluated on a case by case basis.	For those who are directly affected by the COVID-19 pandemic, Peoples Security Bank & Trust is offering relief in a variety of formats for qualifying loans.	Some loans may be redesigned for interest only payments. Ability to defer your monthly loan payments for up to 90 days, for certain qualifying consumer and home loans.	Please Visit Peoples Security Bank & Trust Coronavirus Loan Relief Program tinyurl.com/PSBT-Loan-Relief	For more information on how to apply, please call your local branch. PSBT Branch Locations psbt.com/All-Locations.aspx
United Way of Broome County	Offers many different services to residents of Broome County suffering from financial hardship.	United Way fights for the health, education, and financial stability of every person in Broome County by strategically leveraging the collective resources of community partners.	They have benefits that include financial help, travel, and food, in addition to other benefits as well.	Please Visit United Way of Broome County uwbroome.org	United Way of Broome County – Get Help United Way of Broome County – Give Help uwbroome.org/gethelp uwbroome.org/givehelp
CDC Halt in Residential Evictions	To prevent spread of COVID-19 virus due to residential evictions.	Residential evictions are to be halted through December 31, 2020.	Violation of this order can result in a minimum $100,000 fine.	Please Visit The Federal Register to read the CDC Agency Order	N/A

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Program	Why	What	Benefits	More Information	How to File/Contact
SBA – Emergency Injury Disaster Loan (EIDL)**	If you are in need of economic support to help overcome the temporary loss of revenue. Small businesses in addition to faith-based organizations for any public service/secular operations are encouraged to apply.	Low interest Economic Injury Disaster Loans, to help businesses recover from declared disasters.	SBA's Economic Injury Disaster Loans offer up to $2 million in assistance. The interest rate is 3.75% for small businesses. Forgivable grants of up to $10,000 with the application of an EIDL are also available; these grants do not add cost and do not require an obligation in accepting the requested EIDL.	Please Visit Small Business Guidance & Loan Resources For questions about the EIDL Loan Program contact the Disaster Customer Service Center at 1-800-659-2955 or email disastercustomerservice@sba.gov. tinyurl.com/SBA-COVID19	File an SBA Disaster Loan application(s) sba.gov/funding-programs/disaster-assistance
SBA – Express Bridge Loan**	Enables small businesses who currently have a business relationship with an SBA Express Lender to access up to $25,000 quickly.	Loans to help overcome the temporary loss of revenue; can be a term loans or used to bridge the gap while applying for a direct SBA Economic Injury Disaster loan.	Up to $25,000 Fast turnaround Will be repaid in full or in part by proceeds from the EIDL loan	Please Visit Small Business Coronavirus Relief Options tinyurl.com/SBA-COVID19-Relief	File an SBA Disaster Loan application(s) sba.gov/funding-programs/disaster-assistance
Paycheck Protection Program* ** *See appendix for list of local participating lending institutions	If you are a business negatively impacted by the COVID-19 crises, that needs help making payroll.	Loans eligible for forgiveness designed to provide an incentive for small businesses to keep their workers on the payroll.	A borrower is eligible for loan forgiveness equal to the amount the borrower spent on payroll related items during an 8-week period.	Please visit U.S. Department of the Treasury Assistance for Small Businesses tinyurl.com/US-Treasury-SB-Assistance	Fill out the PPP Application located in this toolkit's appendix. Download the PPP Loan Calculation Spreadsheet Contact your local participating lending institution* tinyurl.com/PPP-Loan-Calculation-Sheet

Please note
The application period for the Paycheck Protection Program has reopened. Businesses are eligible to apply for a second round PPP loan. Visit the SBA website for more information on eligibility.

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Paycheck Protection Program (PPP) Loan Forgiveness*	PPP borrowers may be eligible to have their loan fully forgiven.	The loan will be fully forgiven if the funds are used for payroll costs, interest on mortgages, rent, and utilities. At least 75% of the forgiven amount must have been used for payroll.	Forgiveness is based on the employer maintaining or quickly rehiring employees and maintaining salary levels. Forgiveness will be reduced if full-time headcount declines, or if salaries and wages decrease.	Please Visit SBA Paycheck Protection Program tinyurl.com/SBA-PPP	Download the Paycheck Protection Program Loan Forgiveness Application "EZ" Loan Forgiveness Application tinyurl.com/SBA-PPP-LFA tinyurl.com/PPP-EZ-Loan-Forgiveness-App
SBA – Debt Relief	If you had a SBA Disaster Loan prior to March 1, 2020 you may be eligible to defer all principal, interest and fee payments.	Another opportunity for the SBA to provide a financial reprieve to small businesses during the COVID-19 pandemic.	The SBA will pay the principal, interest and fees of current 7(a), 504 and microloans for a period of six months.	Please visit SBA Debt Relief tinyurl.com/SBA-COVID19-Debt-Relief	Visit the SBA website and contact your current lender of your previous SBA Disaster Loan. sba.gov/funding-programs/disaster-assistance
Main Street Lending Program	The Federal Reserve, as a result of the CARES Act, has created the Main Street Lending Program to provide a total of $600 billion in financing for small and medium sized businesses.	Businesses established before March 13, 2020 with 500 to 15,000 employees, or 2019 annual revenues of no more than $5 billion, are eligible to apply. Unlike the PPP, Main Street loans are full-recourse loans and are not forgivable.	The Main Street Lending Program includes three different secured or unsecured 4-year term loan options, the Main Street New Loan Facility (MSNLF), the Main Street Priority Loan Facility (MSPLF), and the Main Street Expanded Loan Facility (MSELF), set at an adjustable rate of London Interbank Offer Rate (1 or 3 month) plus 300 basis points with principal and interest payments deferred for one year for eligible borrowers.	Please Visit US Chamber of Commerce Guide to the Main Street Lending Program Federal Reserve Main Street Lending Program FAQs tinyurl.com/USCC-MSLP tinyurl.com/FRB-MSLP-FAQ	At this time, the program's start date has yet to be announced. Eligible borrowers must submit an application and other documentation required to an eligible lender (U.S. federally-insured depository institutions, including banks, savings associations, and credit unions, as well as any U.S. branch or affiliate of a foreign bank). Further guidance to come about the application process.

*Please Note: The PPP Flexibility Act has modified the forgiveness provisions of PPP loans. Changes include:

- Coverage period extended to 24 weeks.
- 60% of PPP funding must be used on payroll
- Forgiveness will not be impacted if unable to re-hire employees
- Extends deferment of payments.

Read more here

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Benefits for Businesses Impacted by COVID-19

Program	Why	What	Benefits	More Information	How to File
US Chamber of Commerce - Save Small Business Fund	Grantmaking initiative offering short-term relief for small employers in the United States and its territories impacted by COVID-19.	To be eligible you must employ between 3 - 20 people, located in an economically vulnerable community, and have been harmed financially by the COVID-19 pandemic.	Each grant is for $5,000 and must be applied toward business expenses.	Please Visit US Chamber of Commerce Save Small Business Fund savesmallbusiness.com	A short application will go live on the Save Small Business Fund page on April 20, 2020, at 12:00PM PT. savesmallbusiness.com
IRS – Employee Retention Credit	If you are a business who has been financially impacted by COVID-19 while keeping employees on payroll, you can receive a refundable tax credit.	Eligible employers can receive a refundable tax credit of 50% up to $10,000 in wages.	The amount of the credit is 50% of qualifying wages paid up to $10,000 in total. Wages paid after March 12, 2020, and before Jan. 1, 2021, are eligible for the credit.	Please Visit IRS - Employee Retention Credit Instructions on eligibility for an Advance of Funds can be found here irs.gov/instructions/i7200 tinyurl.com/IRS-Retention-Credit	Employers can be reimbursed for the credit by reducing required deposits of payroll taxes that have been withheld from employees' wages by the amount of the credit. Certain eligible employers may apply for an Advance of Funds using the 7200 Form.* *(Can be found in appendix)
SBDC	If you are a small business and need assistance during the challenges brought on by the COVID-19 virus.	Provides small business owners and entrepreneurs in New York with the highest quality, confidential business counseling, training, and business research at no cost.	Small businesses need to be resilient and prepared to manage the challenges in the coming weeks and months. Click here for guidance and resources. nyssbdc.org/coronavirus.html	Please visit Binghamton Small Business Development Center tinyurl.com/Binghamton-SBDC	To make an appointment with your local SBDC click here. tinyurl.com/SBDC-Appointment
The Agency Broome County IDA/LDC	If you are in need of economic support to help overcome the temporary loss of revenue.	Low interest loans to help small businesses.	Principal and interest payments waived for a period of 1-year, expedite closing process, waive application and closing fees.	Please visit The Agency tinyurl.com/Agency-Business-Financing	Contact Tom Gray at tmg@theagency-ny.com or call (607) 584-9009 theagency-ny.gov

Businesses Impacted.

Benefits for Businesses Impacted by COVID-19

Program	Why	What	Benefits	More Information	How to File
SCORE	If you are a small business and need assistance during the challenges brought on by the COVID-19 virus.	Committed to helping businesses through the unprecedented challenges from the coronavirus outbreak.	Trusted business guidance and resources. Offer practical advice and insightful tips.	Please visit SCORE score.org/coronavirus	Greater Binghamton SCORE (607) 772-8860 greaterbinghamton.score.org
Broome-Tioga Workforce NY	If you need assistance in finding new workers, jobs, training new or current workforce, or need information about recruiting, hiring or training resources.	Providing the region's largest workforce efforts with our co-located partners NYS Department of Labor, BC DSS and Mental Health, CCE, SUNY Broome and Broome-Tioga BOCES. • Recruiting assistance and resources. • On-The Job Training funds. • Online learning for all residents of Broome and Tioga Counties. • ITA - Individual Training Assistance. • Provide resources for current and new employees including equipment and training, networking for government agencies, businesses, non-profits and job seekers. • Shared Work, Rapid Response and Unemployment services through NYS Dept of Labor. • CareerBound Youth Program for 18-24 year-olds	Assistance to employers and their workforce during time of layoffs, partial and full closures. • 50% reimbursement of wages during training period. • Free online learning portal. • Network for jobseekers and recruiters. • NYS job bank for job postings. • Funding for customized training. • Tax credits.	Please visit Broome-Tioga Works broometiogaworks.com	Bob Murphy, Director, 607-778-6499 Robert.Murphy@broomecounty.us Rebeca Harris, Contract Specialist 607-778-2230 Rebecca.Harris@broomecounty.us Preston Hertzog, Employment & Training Coordinator 607-778-6405 Preston.Hertzog@broomecounty.us

Businesses Impacted.

Benefits for Businesses Impacted by COVID-19

Program	Why	What	Benefits	More Information	How to File
Binghamton Local Development Corporation	If you are a small business and need assistance during the challenges brought on by the COVID-19 virus.	Providing COVID-19 Emergency Small Business Loans to cover ongoing expenses, help prevent staff reductions, offset losses and help companies sponsor sick pay for workers as necessary.	Offering up to $15,000 in short-term, no-interest loans to businesses with 50 employees or less.	Please visit Binghamton Local Development Corporation tinyurl.com/Binghamton-LDC	To Apply Emergency Small Business Loan Application tinyurl.com/BLDC-Application
Town of Union LDC	For small businesses located in Union/Endicott/Johnson City with 15 or fewer employees that will be retaining employees on their payroll during this economic crisis/recovery.	Local Development Corporation Loan programs including the newly administered National Disaster Assistance Recovery Loan Program (NDARP) in response to COVID-19	Max amount is $15k per applicant. 0% no interest loan. Term is 15 months with first 3 months no payments balance paid over the remaining 12 months.	Please Visit Town of Union Economic Development tinyurl.com/Union-ED	To apply for NDARP or other Town of Union LDC loan programs please contact Joe Moody at jmoody@townofunion.com or call (607) 786-2945
Town of Union COVID Small Business Urgent Need Grant	Small businesses in the Town of Union can apply for grant money to assist them with short term costs related to the COVID-19 shutdown. Home-based businesses or start-ups will not be eligible.	The Town of Union Local Development Corporation (LDC) has set aside $125,000 for the Small Business Urgent Need Grant. To be eligible, a business must have 50 or fewer employees and have been in business and profitable prior to March 22nd, 2020.	The maximum amount a business can receive is $10,000.	Please Visit Town of Union Economic Development tinyurl.com/Union-ED	Eligible small businesses must fill out an online form and email it back to the town's Economic Development Director Joe Moody at jmoody@townofunion.com.
SEFCU	For businesses that are forced to shut their doors or decrease operations due to COVID-19	Relief programs for commercial business SEFCU members. Commercial Business Relief Loan Program. With expedited underwriting process and expedited funding with no SEFCU fees.	From $5,000 to $50,000 for up to 66 months. Interest only payments for the first six months then principal and interest payments for up to 60 months. Low rate of Prime minus 50 bps, with a floor of 3%.	Please Visit SEFCU COVID-19 Financial Relief Programs sefcu.com/financial-relief-programs	To apply, call the dedicated SEFCU hotline at 518-464-5322 or email businessbanking@sefcu.com

Businesses Impacted.

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Program	Why	What	Benefits	More Information	How to File
Assistance for MWBE - Entrepreneurship Assistance Center	Provides resources and assistance to entrepreneurial ventures through various types of services.	Received funding to assist MWBE and small businesses with loan applications, workshops to define their new normal, one on one assistance with financial impacts, etc.	Providing up to date information and financial resources for small businesses and start-ups amidst the COVID-19 pandemic. Please contact them directly for more information.	Please Visit Entrepreneurship Assistance Center tinyurl.com/SUNY-Broome-EAC	Please contact Darlene Kanuk at (607) 777-4022 or email her at kanukda@sunybroome.edu
New York Forward Loan Fund (NYFLF)	If your business has been impacted by the Coronavirus and you have not received any SBA loans.* Priority given to industries that are reopening *Businesses that received SBA assistance in the form of an EIDL or a PPP Loan in an amount of $50,000 or less are eligible to apply for the New York Forward Loan Fund	Small businesses and nonprofits must employ 20 or fewer full-time equivalent (FTE) employees; have gross revenues of less than $3 million per year.	Loan designed to support businesses as they reopen and have upfront expenses to comply with guidelines (e.g., inventory, marketing, refitting for new social distancing guidelines) under the New York Forward Plan.	Please Visit New York Forward Loan Fund esd.ny.gov/nyforwardloans-info	Pre-application for the New York Forward Loan Fund will be open on May 26, 2020 at Noon Eastern Daylight Time. NYFLF Pre-application Applications will be reviewed on a rolling basis as regions and industries reopen. tinyurl.com/NYFLF-Pre-App

In order to access the loan pool generated by the partnership between the National Development Council (NDC) and The Agency, select NDC as the CDFI when filling out the NYFLF application. Read more about the program and how to apply here.

Resources Available for Non-Profits Impacted by COVID-19

For Non-Profits.

Program	Why	What	Benefits	More Information	How to File/Contact
COVID-19 Community Response Fund	United Way of Broome County, Community Foundation for South Central New York and The Conrad and Virginia Klee Foundation have launched the Community Response Fund to address the urgent and long-term needs of Broome County's most vulnerable residents affected by the Coronavirus	The fund will support programs and organizations addressing the effects of the coronavirus outbreak across Broome County.	Beginning with $250,000, the fund is open to receive additional donations and make emergency grants.	Please Visit COVID-19 Community Response Fund uwbroome.org/covid-19-community-response-fund	Make a donation or apply here uwbroome.org/covid-19-community-response-fund
IRS – Employee Retention Credit *7200 Form Can be found in appendix	If you are a nonprofit who has been financially impacted by COVID-19 while keeping employees on payroll, you can receive a refundable tax credit.	Refundable payroll tax credit of up to $5K quarterly for each employee on payroll subject to certain material conditions. For nonprofits who have not otherwise received CARES economic relief.	The amount of the credit is 50% of qualifying wages paid up to $10,000 in total. Wages paid after March 12, 2020, and before Jan. 1, 2021, are eligible for the credit. Credit continues each quarter until nonprofit's revenue exceeds 80% of the same quarter in 2019.	Please Visit IRS - Employee Retention Credit Instructions on eligibility for an Advance of Funds can be found here irs.gov/instructions/i7200 tinyurl.com/IRS-Retention-Credit	Employers can be reimbursed for the credit by reducing required deposits of payroll taxes that have been withheld from employees' wages by the amount of the credit. Certain eligible employers may apply for an Advance of Funds using the 7200 Form.*
SBA – Emergency Injury Disaster Loan (EIDL)**	If you are in need of economic support to help overcome the temporary loss of revenue. Small businesses in addition to faith-based organizations for any public service/secular operations are encouraged to apply.	Low interest Economic Injury Disaster Loans, to help businesses recover from declared disasters.	EIDL offers up to $2 million in assistance. The interest rate is 3.75% for small businesses. Forgivable grants of up to $10,000 with the application of an EIDL are also available; these grants do not add cost and do not require an obligation in accepting the requested EIDL.	Please Visit Small Business Guidance & Loan Resources For questions about the EIDL Loan Program contact the Disaster Customer Service Center at 1-800-659-2955 or email disastercustomerservice@sba.gov. tinyurl.com/SBA-COVID19	File an SBA Disaster Loan application(s) sba.gov/funding-programs/disaster-assistance

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Paycheck Protection Program* ** *See appendix for list of local participating lending institutions	If you are a business negatively impacted by the COVID-19 crises, that needs help making payroll.	Loans eligible for forgiveness designed to provide an incentive for small businesses to keep their workers on the payroll.	A borrower is eligible for loan forgiveness equal to the amount the borrower spent on payroll related items during an 8-week period.	Please visit U.S. Department of the Treasury Assistance for Small Businesses tinyurl.com/US-Treasury-SB-Assistance	Fill out the PPP Application located in this toolkit's appendix. Download the PPP Loan Calculation Spreadsheet Contact your local participating lending institution* tinyurl.com/PPP-Loan-Calculation-Sheet
SBA – Express Bridge Loan**	Enables small businesses who have a business relationship with an SBA Express Lender to access up to $25,000 quickly.	Loans to help overcome the temporary loss of revenue; can be a term loans or used to bridge the gap while applying for a direct SBA Economic Injury Disaster loan.	Up to $25,000 Fast turnaround Will be repaid in full or in part by proceeds from the EIDL loan	Please Visit Small Business Coronavirus Relief Options tinyurl.com/SBA-COVID19-Relief	File an SBA Disaster Loan application(s) sba.gov/funding-programs/disaster-assistance
SBA – Debt Relief	If you had a SBA Disaster Loan prior to March 1, 2020 you may be eligible to defer all principal, interest and fee payments.	Another opportunity for the SBA to provide a financial reprieve to small businesses during the COVID-19 pandemic.	The SBA will pay the principal, interest and fees of current 7(a), 504 and microloans for a period of six months.	Please visit SBA Debt Relief tinyurl.com/SBA-COVID19-Debt-Relief	Visit the SBA website and contact your current lender of your previous SBA Disaster Loan sba.gov/funding-programs/disaster-assistance

Please note
The application period for the Paycheck Protection Program has reopened. Businesses are eligible to apply for a second round PPP loan. Visit the SBA website for more information on eligibility.

For Non-Profits.

Resources Available for Non-Profits Impacted by COVID-19

Program	Why	What	Benefits	More Information	How to File
Paycheck Protection Program (PPP) Loan Forgiveness*	PPP borrowers may be eligible to have their loan fully forgiven.	The loan will be fully forgiven if the funds are used for payroll costs, interest on mortgages, rent, and utilities. At least 75% of the forgiven amount must have been used for payroll.	Forgiveness is based on the employer maintaining or quickly rehiring employees and maintaining salary levels. Forgiveness will be reduced if full-time headcount declines, or if salaries and wages decrease.	Please Visit SBA Paycheck Protection Program tinyurl.com/SBA-PPP	Download the Paycheck Protection Program Loan Forgiveness Application "EZ" Loan Forgiveness Application tinyurl.com/SBA-PPP-LFA tinyurl.com/PPP-EZ-Loan-Forgiveness-App
Community Foundation for South Central NY	Non-profits with annual operating budgets under $250,000 in need of supplies for reopening.	Mini-grants to be used to purchase PPE, signage and other COVID-19 related materials to reopen safely.	$500 mini-grant to purchase COVID-19 related equipment; eligible applicants include nonprofits with annual operating budgets under $250,000 who have not received other COVID related funding.	Please Visit Community Foundation for South Central NY donorswhocare.org/	Download the Micro-Grant Application for Non-Profits. tinyurl.com/Micro-Grant-App
New York Forward Loan Fund (NYFLF)	If your organization has been impacted by the COVID-19 pandemic. Businesses now may have received SBA Loans and still be eligible for the NYFLF	Small businesses and nonprofits must employ 20 or fewer full-time equivalent (FTE) employees; small businesses must have gross revenues of less than $3 million per year. Nonprofits must provide direct services and have an annual operating budget of less than $3 million per year	Loan designed to support businesses as they reopen and have upfront expenses to comply with guidelines (e.g., inventory, marketing, refitting for new social distancing guidelines) under the New York Forward Plan.	Please Visit New York Forward Loan Fund esd.ny.gov/nyforwardloans-info	Pre-application for the New York Forward Loan Fund will be open on May 26, 2020 at Noon Eastern Daylight Time. NYFLF Pre-application Applications will be reviewed on a rolling basis as regions and industries reopen. tinyurl.com/NYFLF-Pre-App

In order to access the loan pool generated by the partnership between the National Development Council (NDC) and The Agency, select NDC as the CDFI when filling out the NYFLF application. Read more about the program and how to apply here.

*Please Note: The PPP Flexibility Act has modified the forgiveness provisions of PPP loans. Changes include:

- Coverage period extended to 24 weeks.
- 60% of PPP funding must be used on payroll
- Forgiveness will not be impacted if unable to re-hire employees
- Extends deferment of payments.

Read more here

For the Arts & Cultural Organizations.

Resources Available for the Arts & Cultural Organizations Impacted by COVID-19

Program	Why	What	Benefits	More Information	How to File/Contact
2020 Rauschenberg Medical Emergency Grants	The New York Foundation for the Arts has partnered with the Robert Rauschenberg Foundation to administer a medical emergency grant program.	This program will assist professional artists of all disciplines in need.	The program will provide visual and media artists and choreographers with one-time grants of up to $5,000 for medical emergencies beginning in early June 2020.	Please Visit Rauschenberg Emergency Grants tinyurl.com/NYFA-RRF-Medical-Grants	Funding for the March/April Cycle has closed. The next round of applications will open on May 18, 2020 and close on June 15, 2020. Apply on the NYFA website here. tinyurl.com/NYFA-Medical-App
Sweet Relief Musician's Fund	Provides financial assistance to all types of career musicians and music industry workers who are struggling to make ends meet while facing illness, disability, or age related problems.	A specific donor-directed COVID-19 Fund has been created by the organization to be used specifically for musicians and music industry workers affected by the Coronavirus.	Funds raised will go towards medical expenses, lodging, clothing, food and other vital living expenses to those impacted due to sickness or loss of work.	For information on how to apply or how to donate to the fund Please Visit Sweet Relief. sweetrelief.org/covid-19-fund.html	Fill out the application and apply online here. sweetrelief.org/covid-19-fund.html

For a more conducive and frequently updated list of resources and guidance specifically for Arts & Cultural Organizations, please visit the Broome County Arts Council.
broomearts.org/who-we-are/covid-19-response/
For your convenience, their COVID-19 Artist Resources Alert has been included in the appendix of this toolkit.

For Farms/Agricultural Enterprises.

Benefits for Farms Impacted by COVID-19

Program	Why	What	Benefits	More Information	How to File/Contact
SBA – Emergency Injury Disaster Loan (EIDL)**	If you are in need of economic support to help overcome the temporary loss of revenue. Small businesses in addition to faith-based organizations for any public service/secular operations are encouraged to apply.	Low interest Economic Injury Disaster Loans, to help businesses recover from declared disasters. ***The *Paycheck Protection Program and Health Care Enhancement Act* has expanded the SBA EIDL program to include agricultural enterprises with less than 500 employees.	SBA's Economic Injury Disaster Loans offer up to $2 million in assistance. The interest rate is 3.75% for small businesses. Forgivable grants of up to $10,000 with the application of an EIDL are also available; these grants do not add cost and do not require an obligation in accepting the requested EIDL.	Please Visit Small Business Guidance & Loan Resources For questions about the EIDL Loan Program contact the Disaster Customer Service Center at 1-800-659-2955 or email disastercustomerservice@sba.gov. tinyurl.com/SBA-COVID19	File an SBA Disaster Loan application(s) sba.gov/funding-programs/disaster-assistance
Paycheck Protection Program* ** *See appendix for list of local participating lending institutions	If you are a business negatively impacted by the COVID-19 crises, that needs help making payroll.	Loans eligible for forgiveness designed to provide an incentive for small businesses to keep their workers on the payroll.	A borrower is eligible for loan forgiveness equal to the amount the borrower spent on payroll related items during an 8-week period.	Please visit U.S. Department of the Treasury Assistance for Small Businesses tinyurl.com/US-Treasury-SB-Assistance	Fill out the PPP Application located in this toolkit's appendix. Download the PPP Loan Calculation Spreadsheet Contact your local participating lending institution* tinyurl.com/PPP-Loan-Calculation-Sheet
Paycheck Protection Program Loan Forgiveness	PPP borrowers may be eligible to have their loan fully forgiven. *See the Business Impacted section of this toolkit to review changes made by the PPP Flexibility Act	The loan will be fully forgiven if the funds are used for payroll costs, interest on mortgages, rent, and utilities. At least 75% of the forgiven amount must have been used for payroll.	Forgiveness is based on the employer maintaining or quickly rehiring employees and maintaining salary levels. Forgiveness will be reduced if full-time headcount declines, or if salaries and wages decrease.	Please Visit SBA Paycheck Protection Program tinyurl.com/SBA-PPP	Download the Paycheck Protection Program Loan Forgiveness Application "EZ" Loan Forgiveness Application tinyurl.com/SBA-PPP-LFA tinyurl.com/PPP-EZ-Loan-Forgiveness-App

Please note
The application period for the Paycheck Protection Program has reopened. Businesses are eligible to apply for a second round PPP loan. Visit the SBA website for more information on eligibility.

Benefits for Farms Impacted by COVID-19

For Farms/Agricultural Enterprises.

Program	Why	What	Benefits	More Information	How to File/Contact
Coronavirus Food Assistance Program (CFAP)	If you are a farm/agricultural enterprise affected by COVID-19 and can show adequate price damage from the pandemic.	A $19 billion emergency aid package to support farmers and ranchers and bolster food security. The USDA plans to provide $16 billion in direct support to family farmers and ranchers	Cattle, dairy and hog farmers will get $9.5 billion in aid, with the rest divided among row crops ($3.9B), specialty crops ($2.1B) and "other" crops ($500 million).	Please Visit U.S. Department of Agriculture CFAP tinyurl.com/USDA-CFAP	At this time, information has not yet been released regarding how to apply for aid funds. Guidance is coming from the USDA.
F.A.R.M.S Farmers Emergency Fund	Assistance for small farmers in the U.S. who operate less than 500 acres, have limited resources. Special preference to aging farmers in need.	Covers immediate emergency expenses related to daily operations and necessities.	$500 in funds for payments of utility, medical, farm labor, equipment repair, or the purchase of seed.	Please Visit 30,000 Acres 30000acres.org/farmers-fund	Fill out the online application at 30,000 Acres 30000acres.org/farmers-fund
Farm Service Agency Emergency Loan*	Help farmers and ranchers recover from production and physical losses due to drought, flooding, other natural disasters or quarantine.	For farmers and ranchers who have suffered at least a 30 percent loss in crop production or a physical loss to livestock, livestock products, real estate or chattel property.	Producers can borrow up to 100 percent of actual production or physical losses to a maximum amount of $500,000.	Please Visit USDA Farm Service Agency Emergency Farm Loan Fact Sheet tinyurl.com/FSA-EFL tinyurl.com/FSA-EFL-Fact-Sheet	Download the application from the Farm Service Agency website. tinyurl.com/FSA-EFL
Farm Storage Facility Loan Program (FSFL)*	The Farm Service Agency's Farm Storage Facility Loan provides low-interest financing so producers can build or upgrade storage facilities.	Eligible facility types include grain bins, hay barns, bulk tanks, and facilities for cold storage. Other eligible equipment includes drying and handling equipment and storage and handling trucks.	Rates for FSFL loans are currently very low; maximum loan amount for storage facilities is $500,000, and for storage and handling trucks is $100,000. Microloans for loans with an aggregate balance up to $50,000 are also available.	Please Visit USDA Farm Service Agency tinyurl.com/FSA-FSFL	Download the application from the Farm Service Agency website. tinyurl.com/FSA-FSFL-Application

***Please Note:**
The FSA is extending deadlines, preparing direct loan documents and adding flexibilities for servicing direct and guaranteed loans to provide credit to producers in need. Learn more.

tiny.url.com/FSA-Press-Release

Beware of Scams.

- The Small Business Administration would like businesses to be aware of reports of scammers on the rise with respect to their PPP and EIDL programs. Below is some information regarding the scams that have been reported thus far.
  - Emails impersonating SBA to a borrower regarding PPP loan applications. SBA DOES NOT communicate with borrowers regarding specific PPP loan applications. All PPP loan correspondence should be between the lender and the borrower.
  - Emails impersonating SBA asking for borrowers to complete and sign attached documents to "complete" their disaster "Grant Application." SBA does not process grants. All EIDL loan processing now occurs through the EIDL portal, and legitimate loan approval emails clearly reference the original confirmation #. If additional documentation is required (95% of loans do not require more documentation), it is electronically handled in the portal. EIDL Advances process with NO action required on the part of the applicant.
  - These phishing emails are sophisticated, with SBA logos and styling consistent with legitimate SBA communications. If in doubt, the borrower may contact the SBA office.

- More information can be found online on the SBA website at https://www.sba.gov/document/report--sba-programs-scams-fraud-alerts

- Report any suspected fraud to Office Inspector General's Hotline at 800-767-0385 or online at, https://www.sba.gov/about-sba/oversight-advocacy/office-inspector-general/office-inspector-general-hotline

*An infographic summarizing SBA Scam and Fraud schemes can be located in the Appendix of this toolkit.

Beware of Scams.

- The Office of New York State Attorney General Letitia James has put out *5 Steps You Can Take to Protect Yourself and Your Business from Fraud When Applying for a PPP Loan*:

1. Deal only with trusted lenders – and don't be a victim to phony PPP lenders
   - Don't take out a PPP loan from a lender you do not trust or recognize without conducting appropriate due diligence. To find a lender eligible to issue PPP loans, visit the SBA's website at https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp. Click the "FIND A LENDER" link to find an eligible lender located near you.
   - PPP rules allow the loans to be arranged by agents, including attorneys, accountants, and consultants. However, an agent is not required, and you should be wary of promises from parties who are not authorized lenders to expedite a loan on your behalf. To minimize the risk of fraud, you should contact an eligible, trusted lender yourself and not rely on agents or lenders that cold-call your business.
   - If you do decide to work with an agent, make sure the agent is a person or company you recognize and trust. Confirm in writing that the agent is working with specific lenders eligible to participate in the PPP program, and confirm in writing the agent's full name, phone number, and mailing address. Do not pay the agent any fees (see below).
   - Some lenders may advertise PPP loans even though they have no authority from the U.S. government to do so. They may also advertise loans "administered" by the SBA, even though true PPP loans are administered only by lenders, not the SBA itself.
   - If an unauthorized lender promises a PPP loan or a loan "administered" by the SBA, that promise may be a sham, and the lender may be trying to sell you a different type of loan or funding – possibly with higher interest than permitted for PPP loans and with improper fees. Always confirm that a lender is eligible to issue PPP loans and that you are being offered a product consistent with terms of the PPP program described above.
2. Make sure the information in your loan application is 100% correct, and don't let anyone add information that isn't accurate
   - Unscrupulous agents or lenders may encourage borrowers to put false information in their loan applications in order to get the biggest loan possible (and to maximize their fees).
   - Don't be a victim to this fraudulent practice. A fraudulent loan application can result in criminal liability for the borrower. To avoid this risk, make sure that everything in your application is correct, and don't let any agent or lender put inaccurate information in it.
3. Don't pay fees to get a PPP loan
   - Lenders and agents may not charge borrowers fees or commissions in order to issue and service PPP loans.
   - Lenders will be paid fees only by the SBA, not by borrowers. The SBA will pay lenders processing fees of 5% (for loans up to $350,000), 3% (for loans more than $350,000 but less than $2 million), or 1% (for loans of $2 million or more).
   - If you are working with an agent, the agent's fees are to be paid only by the lender, and the agent is not allowed to charge you anything or take any amounts from the principal of your loan.

Beware of Scams.

- The Office of New York State Attorney General Letitia James has put out *5 Steps You Can Take to Protect Yourself and Your Business from Fraud When Applying for a PPP Loan*:

4. Don't pay above 1% annual interest for a PPP loan
   - PPP loans are low-interest loans, with annual interest rates of just 1% per year. Do not agree to any PPP loan that carries an interest rate higher than 1%.
5. Watch the Small Business Administration's website for new developments
   - This Consumer Alert from the OAG reflects guidance from the U.S. government as it exists on April 14, 2020. But the PPP is a brand-new program, and its rules could change from day to day. Be sure to regularly check the Small Business Administration's website at https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp for new developments concerning PPP loans.

- If you believe you have been defrauded by someone offering, issuing, or servicing a PPP loan, or if you have been offered a PPP loan by a lender that does not appear on the SBA.gov website as an eligible lender:
  - You may file a complaint with the OAG's Office of Consumer Frauds and Protection, either online at https://ag.ny.gov/consumer-frauds/Filing-a-Consumer-Complaint or by phone at (800) 771-7755.
  - You may also submit a complaint to the U.S. Federal Trade Commission at https://www.ftccomplaintassistant.gov.
  - Be sure to save all documents and communications concerning the loan, including agreements, emails, and advertising.

Real-time Policy.

Stay informed on updated policy changes			
City	City of Binghamton COVID-19 FAQ tinyurl.com/COB-COVID-FAQ		
County	Broome County Executive gobroomecounty.com/countyexec	Broome County Health Department gobroomecounty.com/hd	Broome County Emergency Service Department gobroomecounty.com/e911
State	Office of the Governor governor.ny.gov	New York State Department of Health coronavirus.health.ny.gov	
Federal	Coronavirus.gov	U.S. Department of Health & Human Services hhs.gov	FEMA.gov

Checklist.

Emergency response checklist

Health and Wellness

- ❑ Practice and post hygiene measures
- ❑ Access health information as necessary
- ❑ Consider emotional wellness
- ❑ Contain sickness if it occurs

Business Resilience

- ❑ Get organized
- ❑ Engage:
  - ❑ Employees
  - ❑ Customers
  - ❑ Landlords
  - ❑ Lender(s)
  - ❑ Suppliers/Contractors
- ❑ Access employees benefits

Business Assistance

- ❑ Consider Government Assistance including:
  - ❑ Business consulting and loan packaging
  - ❑ Loans and loan guarantees
  - ❑ Layoff aversion
  - ❑ Post-layoff transition
  - ❑ City services

Stay Informed About Policy Changes

- ❑ Federal
- ❑ State
- ❑ County
- ❑ City

COVID-19 Vaccine Information.

Vaccine related information is updated on a rolling basis as more information becomes available from New York State. Any questions regarding the vaccine and eligibility should be directed to qualified heath care professionals, Department of Health officials, or the NYS COVID-19 Vaccination Hotline 1-833-NYS-4-VAX (1-833-697-4829).

About the Vaccine

Two vaccines have been authorized by the FDA and approved by New York State's independent COVID-19 Clinical Advisory Task Force. One that was developed by Pfizer and BioNTech and another that was developed by Moderna. Both vaccines require two doses.

- Information about the Moderna COVID-19 Vaccine: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Moderna.html
- Information about the Pfizer and BioNTech COVID-19 Vaccine: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Pfizer-BioNTech.html

Where Can I Receive the Vaccine?

- Vaccines are available at pharmacies, hospitals and through local health departments statewide – please contact your provider of choice to schedule your vaccine appointment. . View all COVID Vaccination sites in Broome County as of 2.17.21 here: https://www.nyuhs.org/sites/default/files/2021-02/broome2-17-21.pdf
- There is a network of State-run sites distributing vaccines statewide. To receive a vaccine from a State-run vaccination site, New Yorkers are required to schedule an appointment after determining eligibility through New York State's "Am I Eligible" application → https://am-i-eligible.covid19vaccine.health.ny.gov/
- You will receive both doses of the vaccination from the same site you have chosen. Second dose appointments will be booked at the site where you receive your first shot. Remember: Both vaccines require two doses for effectiveness. Both doses of the vaccination should be from the same manufacturer.
- Local COVID-19 Vaccination Sites Currently Include:
  - State Mass Vaccination site in Johnson City – 10 Gannett Drive Johnson City NY 13790
  - Broome County COVID-19 vaccination site at SUNY Broome Ice Center
- Please note: The Broome County Health Department is currently providing the COVID-19 Vaccine ONLY to NYS eligible groups. Proof of eligibility will need to be provided at the appointment.
  - For more information from the Broome County Health Department regarding the vaccine please visit: https://www.gobroomecounty.com/hd/coronavirus/vaccine

Who is Eligible?

The COVID-19 Vaccine is scheduled be rolled out in a phased distribution plan. Consult the New York State Phased Distribution Plan to learn what phase you will become eligible to receive the COVID-19 Vaccine.

- https://covid19vaccine.health.ny.gov/phased-distribution-vaccine

Currently NYS is in Phase 1a & 1b of the Distribution Plan. Over seven million New Yorkers are currently eligible for the vaccine. As of (1/15/2021) eligible groups include:

- Doctors, nurses and other health care workers
- People age 65 and over
- First responders
- Teachers
- Public transit workers
- Grocery store and other face to face front-line workers
- Public safety workers
- For a full list of those eligible visit the Distribution Plan website

COVID-19 Vaccine Information.

Vaccine related information is updated on a rolling basis as more information becomes available from New York State. Any questions regarding the vaccine and eligibility should be directed to qualified heath care professionals, Department of Health officials, or the NYS COVID-19 Vaccination Hotline 1-833-NYS-4-VAX (1-833-697-4829).

What Should I Do After Scheduling my COVID-19 Vaccine?

After scheduling an appointment, all New Yorkers must complete the New York State COVID-19 Vaccine Form which includes a self-attestation under penalty of law that the individual is a member of a priority group eligible for vaccination.

- To access the New York State COVID-19 Vaccine Form visit here: https://forms.ny.gov/s3/vaccine

Be sure to wear a mask to your vaccination appointment and bring any necessary proof of eligibility to the vaccination site. This may include a government-issued ID displaying date of birth, an employee ID card, a letter from an employer or affiliated organization, or a pay stub, depending on the specific priority status.

What Should I do if there are no Appointments Available?

COVID-19 Vaccinations are being made available to New York State by the Federal Government on a rolling basis. Due to limited supply of the COVID vaccine from the federal government, it could take up to 14 weeks for eligible New Yorkers to schedule their vaccination. You must have an appointment to receive the COVID-19 Vaccine. Walk-ins are not permitted.

Do I Need to Quarantine if I have been Exposed to COVID-19 After Receiving the Vaccination?

According to the CDC, those who have received both doses of the COVID-19 vaccine, are asymptomatic after exposure, and have had at least two weeks have passed since the second shot, are no longer required to quarantine within 3 months of the second shot.

What are My Responsibilities as a Vaccine Provider?

The New York State Department of Health has release guidance for facilities participating in the COVID-19 Vaccination Program. Guidance reviews provider responsibilities, groups eligible for vaccinations, vaccination requirements, answers questions regarding additional or extra vaccinations, and more.

- To view Guidance for The New York State COVID-19 Vaccination Program visit here: https://coronavirus.health.ny.gov/system/files/documents/2021/01/covid19guidanceforfacilitiesreceivingvaccine1.15.21.pdf

What is the Status of Vaccine Distribution in My Region?

The New York State Department of Health has developed an online dashboard tracking the distribution of both the 1st and 2nd COVID-19 vaccines in NYS. The dashboard breaks down the information by state and region, as well as doses administered and received.

- To view the COVID-19 Vaccine Tracker visit here: https://covid19vaccine.health.ny.gov/covid-19-vaccine-tracker

Where Can I Get Tested if I Suspect I have COVID-19?

Two New York State testing sites are located within Broome County. Please check their websites for testing requirements. You may also get a test at participating CVS locations and doctor's offices.

- Drive thru testing available at Binghamton University Events Center Parking Lot located at 4400 Vestal Pkwy E, Vestal, NY 13850. Appointment is required.
- UHS Walk-In Vestal located at 4417 Vestal Pkwy E, Vestal, NY 13850. Referral is required.

Appendix.

For your convenience, in the pages that follow please find the available sample forms and key summaries of federal legislation.

CARES Act

- The Small Business Owner's Guide to the CARES Act
  - US Senate Committee on Small Business & Entrepreneurship
  - tinyurl.com/SBC-CARES-Guide
- Coronavirus Emergency Loans Small Business Guide and Checklist
  - U.S. Chamber of Commerce
  - tinyurl.com/US-Chamber-CARES-Guide
- Paycheck Protection Program Forgivable Loans Fact Sheet
  - National Federation of Independent Business
  - tinyurl.com/NFIB-PPP-Fact-Sheet

Sample Forms Included

- NYS Request for COVID-19 Quarantine Disability Insurance/Paid Family Leave
- NYS COVID-19 Unemployment Insurance Guidelines
- NYS How to File for Unemployment Generic Guidance
- SBA Paycheck Protection Program Application
- A Comparison of SBA Loan Programs For Economic Injury Disaster Loan (EIDL) and Paycheck Protection Program (PPP)
- IRS – Form 7200 Advance Payment of Employer Credits Due to COVID-19
- BCIDA Emergency Loan Fund Application
- Binghamton COVID-19 Emergency Small Business Loan Application
- Town of Union National Disaster Assistance Recovery Loan Program (NDARP)
- List of Lending Institutions which hold an SBA Participation Agreement for the 7(a) Loan Guaranty Program
- Broome County Arts Council Resource Alert
- SBA – Beware of Scams and Fraud Schemes

NEW YORK STATE | Paid Family Leave

Request for COVID-19 Quarantine DB/PFL – Self
(Form SCOVID19)

Instructions for taking Disability and/or Paid Family Leave for yourself due to COVID-19 Quarantine/Isolation

1. Complete Sections 1 – 2 of this form and Part A of the ***Request for Paid Family Leave (Form PFL-1)***.
   a. Leave Questions 11 and 12 blank on *Form PFL-1* and instead complete Section 1 below.
2. Give completed forms to your employer.
   a. Employer completes Section 3 of this form and Part B of *Form PFL-1*, within 3 business days.
3. Attach mandatory or precautionary order of quarantine or isolation.
4. Submit all forms and order of quarantine/isolation to your employer's PFL insurance carrier listed on Part B of *Form PFL-1*.

For further guidance, visit the PFL website at **PaidFamilyLeave.ny.gov**.

SECTION 1 - PAID FAMILY LEAVE (PFL) REQUEST (to be completed by the employee)

You may be eligible to take BOTH disability benefits and Paid Family Leave benefits up to a maximum disability benefit of $2,043.92 and up to a maximum Paid Family Leave benefit of $840.70, for a TOTAL of $2,884.62 per week.

Reason for PFL request: ☐ Disability and/or Paid Family Leave benefits due to COVID-19 Quarantine/Isolation

SECTION 2 - EMPLOYEE ATTESTATION (to be completed by the employee)

My signature affirms that I have exhausted any paid sick leave and that I am not physically able to perform work for my employer through remote access or similar means during a mandatory or precautionary order of quarantine or isolation.

Employee Signature: _____ Date: _____

Print Employee Name: _____

SECTION 3 - EMPLOYER ATTESTATION (to be completed by the employer)

My signature affirms that this employee has exhausted any paid sick leave and that he or she is not physically able to perform their work through remote access or similar means during a mandatory or precautionary order of quarantine or isolation.

Employer Signature: _____ Date: _____

Print Employer Name/Entity: _____

The insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request. Your request cannot be considered incomplete solely because your employer failed to fill out Section 3 above or Part B of *Form PFL-1*.

If you disagree with the insurance carrier's decision, or if payment is untimely, you may request arbitration with NAM (National Arbitration and Mediation) at nyspfla.com.

Request For Paid Family Leave (Form PFL-1) Instructions

- To request PFL, the employee requesting PFL must complete Part A of the *Request For Paid Family Leave (Form PFL-1)*. All items on the form are required unless noted as optional. The employee then provides the form to the employer to complete Part B.
- The employer completes Part B of the *Request For Paid Family Leave (Form PFL-1)* and returns it to the employee within three days.
- Additional forms are required depending on the type of leave being requested. The employee requesting leave is responsible for the completion of these forms.
- **The employee submits the completed *Request For Paid Family Leave (Form PFL-1)* with the required additional form to the employer's PFL insurance carrier listed on Part B of *Request For Paid Family Leave (Form PFL-1)*. The employee should retain a copy of each submitted form for their records.**

PART A - EMPLOYEE INFORMATION (to be completed by the employee)

The employee requesting PFL must complete all required information.

Paid Family Leave (PFL) Request (to be completed by the employee)

Question 12: A child is defined as a biological, adopted, or foster son or daughter, a stepson or stepdaughter, a legal ward, a son or daughter of a domestic partner, or the person to whom the employee stands in loco parentis. A parent is defined as a biological, foster, or adoptive parent, parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

Questions 13: If dates are "Continuous", the employee must provide the start and end dates of the requested PFL. These dates should be the actual dates that the PFL will begin and end. If uncertain, estimate the start and end dates and indicate "Dates are estimated". If dates are "Periodic", enter the dates PFL will be taken. Please be as specific as possible. If the dates are unknown or estimated, indicate "Dates are estimated".

If dates are estimated, the PFL carrier may require you to submit a request for payment **after** the PFL day is taken. Payment for approved claims will be due as soon as possible but in no event more than 18 days from the date of the completed request.

Question 14: If the employee is submitting the PFL request to their employer with less than 30 days' advance notice from the start date of the PFL, the employee must explain why 30 days' notice could not be given. If the explanation will not fit in the space provided on the form, enter "See Attached" and add an attachment with the explanation. Be sure to include the employee's full name and their date of birth at the top of the attachment.

Employment Information (to be completed by the employee)

Question 16: Enter the date of hire to the best of the employee's recollection. If it has been more than a year since the date of hire, entering the year in which employment started is sufficient.

Question 18: Enter the best estimate of average gross weekly wage. Include only the wages earned from the employer listed on this request form. **The gross weekly wage is the total weekly pay - including overtime, tips, bonuses and commissions - before any deductions are made by the employer,** such as federal and state taxes. If the employer is not able to supply this information, the employee can calculate their gross weekly wage as follows:

Step 1: Add all gross wages received (before any deductions) over the last eight weeks prior to the start of PFL, including overtime and tips earned. *(See Step 3 for instructions for calculating bonuses and/or commissions.)*

Step 2: Divide the gross wages calculated in step one by eight (or the number of weeks worked if less than eight) to calculate the average weekly wage.

Step 3: If the employee received bonuses and/or commissions during the 52 weeks preceding PFL, add the prorated weekly amount to the average weekly wage. To determine the prorated weekly amount, add all bonuses/commissions earned in the preceding 52 weeks and then divide by 52.

Example of a gross weekly wage calculation:

Week 1 - Gross wage including overtime		$550
Week 2 - Gross wage		$500
Week 3 - Gross wage		$500
Week 4 - Gross wage		$500
Week 5 - Gross wage		$500
Week 6 - Gross wage		$500
Week 7 - Gross wage, including overtime		$600
Week 8 - Gross wage, including overtime	+	$550
Total =		$4,200
Divide by 8	÷	8
Average Weekly Wage =		$525
Bonus earned in preceding 52 weeks		$2,600
Divide by 52	÷	52
Prorated Weekly Bonus =		$50

Form PFL-1 Instructions continued on next page

If you need assistance, please call (844) 337-6303
www.ny.gov/PaidFamilyLeave

DO NOT SCAN

PART A - EMPLOYEE INFORMATION (to be completed by the employee) - continued from prior page

Form PFL-1 Instructions continued from prior page

Average Weekly Wage		$525
Prorated Weekly Bonus	+	$50
Average Weekly Wage (including bonus) =		**$575**

Please note that the employer is also required to provide this information in Part B of the *Request For Paid Family Leave (Form PFL-1)*.

If you are pre-submitting form: Indicate if the employee is pre-submitting their PFL request. Pre-submitting is defined as submitting the application in advance of an upcoming qualifying event, with certain required information missing due to the information being unknown at the time of the submitting. If pre-submitting is permitted by the carrier or self-insured employer, the missing information must be supplied as soon as it is known. Benefits cannot be determined until all of the required information is provided.

The PFL insurance carrier or self-insured employer will provide the employee a notice within five days which 1) states the claim is pending; 2) identifies what information is missing; 3) instructs how to submit the missing information. **Once all information is supplied, the PFL insurance carrier or self-insured employer has 18 days to pay or deny the claim.**

If the carrier or self-insured employer does not permit pre-submitting, the carrier or self-insured employer must return the Request for Paid Family Leave within five days to the employee with an explanation that the claim should be re-submitted when all information is available.

Employee signs and dates, before giving this form to their employer to complete Part B.

PART B - EMPLOYER INFORMATION (to be completed by the employer)

The employer of the employee requesting PFL must complete all information in Part B.

Question 2: If a Social Security Number is used for the Federal Employer Identification Number (FEIN), enter the Social Security Number.

Question 3: Enter the employer's Standard Industrial Classification (SIC) Code. Contact your carrier if you don't know your SIC code.

Question 8: The employee occupation code can be found at: www.bls.gov/soc/2018/major_groups.htm

Question 9: Enter the wages earned by the employee during the last eight weeks preceding the PFL start date. The gross amount paid is the employee's gross weekly pay, including any overtime and tips earned for that week, plus the weekly prorated amount of any bonus or commission received during the preceding 52 weeks. (For detailed steps, see Question 18 starting on page 1 of the instructions.) Calculate the gross average weekly wage by adding up the gross amounts paid, and then divide by eight (or number of weeks worked if less than eight).

Question 10: Failure to select "Yes" for requesting reimbursement from the insurance carrier, will result in a waiver of the right to reimbursement.

Question 11a: 'Disability' refers to NYS statutory required disability. If the answer is "none," enter a "0" for total weeks and days in Question 12b.

Question 11b: The maximum number of weeks available for NYS statutory disability and PFL in any 52 week period is 26 weeks. Specify the total number of weeks, as well as the number of additional days if the leave includes a partial week, taken for NYS statutory disability and PFL during the preceding 52 weeks.

Question 13, 14 & 15: Enter the Paid Family Leave or Disability/PFL insurance carrier's name, address and PFL policy number. If this employer is self-insured, enter the name and address of where the PFL request should be submitted for processing.

Affirmation employee is eligible for PFL: An employee who regularly works 20 hours or more per week must have been in employment for at least 26 consecutive weeks. An employee who regularly works less than 20 hours per week must have worked 175 days.

Employer signs and dates, and then returns to the employee requesting PFL within three business days.

Be sure to complete the appropriate additional PFL form(s) based on the type of PFL leave being requested.

Notification Pursuant to the New York Personal Privacy Protection Law (Public Officers Law Article 6-A) and the Federal Privacy Act of 1974 (5 USC 552a).

The Workers' Compensation Board's (Board's) authority to request that employees provide personal information, including their social security number or tax identification number, is derived from the Board's administrative authority under Workers' Compensation Law section 142. This information is collected to assist the Board in investigating and administering claims in the most expedient manner possible and to help it maintain accurate records. Providing your social security number or tax identification number to the Board is voluntary. The Board will protect the confidentiality of all personal information in its possession, disclosing it only in furtherance of its official duties and in accordance with applicable state and federal law.

NEW YORK STATE | Paid Family Leave

Request For Paid Family Leave (Form PFL-1)

INSTRUCTIONS INCLUDED WITH FORM

PART A - EMPLOYEE INFORMATION (to be completed by the employee)

1. **Employee's legal name** (first name, middle initial, last name)

2. **Other last names, if any, under which employee has worked**

3. **Employee's mailing address**
   - Street address
   - City, State
   - Zip code
   - Country (if not U.S.A.)

4. **Employee's Social Security Number or TIN**
   ☐☐☐ - ☐☐ - ☐☐☐☐

5. **Employee's date of birth** (MM/DD/YYYY)
   ☐☐ / ☐☐ / ☐☐☐☐

6. **Employee's primary telephone number**
   (☐☐☐) ☐☐☐ - ☐☐☐☐

7. **Employee's preferred email address while on PFL** (if available)

8. **Employee's gender**
   ☐ Male ☐ Female ☐ Not designated/Other

9. **Employee's preferred language**
   ☐ English ☐ Español ☐ Русский ☐ Polski
   ☐ 中文 ☐ Italiano ☐ Kreyòl ayisyen ☐ 한국어
   ☐ Other

Optional (for research purposes)

10. **Employee's ethnicity/race**
    For purposes of health demographic only. (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0.)

Is employee of Hispanic, Latino/a, or Spanish origin?
(One or more categories may be selected.)

- ☐ Mexican
- ☐ Mexican American
- ☐ Chicano/a
- ☐ Puerto Rican
- ☐ Dominican
- ☐ Cuban
- ☐ Another Hispanic, Latino/a, or Spanish origin
- ☐ Not of Hispanic, Latino/a, or Spanish origin
- ☐ Unknown

What is employee's race?
(One or more categories may be selected.)

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ White
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ Other race

Paid Family Leave (PFL) Request (to be completed by the employee)

11. **Reason for PFL request:** ☐ Bond with child ☐ Care for family member ☐ Military qualifying event

12. **The family member is employee's:**
    ☐ Child ☐ Spouse ☐ Domestic partner ☐ Parent ☐ Parent-in-law ☐ Grandparent ☐ Grandchild

Form PFL-1 continued on next page

If you need assistance, please call (844) 337-6303
www.ny.gov/PaidFamilyLeave

PFL-1 11-17

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth (MM/DD/YYYY)

PART A - EMPLOYEE INFORMATION (to be completed by the employee) - continued from prior page

Form PFL-1 continued from prior page

13. Will PFL be for a continuous period of time and/or periodic?

☐ Continuous — PFL start date (MM/DD/YYYY) / / — PFL end date (MM/DD/YYYY) / / — ☐ Dates are estimated

☐ Periodic — Identify dates periodic PFL will be taken: — ☐ Dates are estimated

14. If providing less than 30 day's advance notice to the employer, please explain:

Employment Information (to be completed by the employee)

15. Business name

16. Employee's date of hire (MM/DD/YYYY) / /

17. Employee's work location

Street address

City, State | Zip code | Country (if not U.S.A.)

18. Employee's average gross <u>weekly</u> wage (This data will be requested of both employee and employer)

19. Employer's telephone number for contact regarding this request ( ) -

20a. Does employee have more than one employer? ☐ Yes ☐ No

20b. If yes, is employee taking PFL from the other employer? ☐ Yes ☐ No

21. Is employee currently receiving Workers' Compensation Lost Wage Benefits? ☐ Yes ☐ No

Disclosure statement: Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.

Declaration and signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee's signature

Date signed (MM/DD/YYYY) / /

☐ I am submitting this form in advance (see instructions about pre-submitting). I understand the insurance carrier will contact me to advise how to submit the required missing information.

If you need assistance, please call (844) 337-6303
www.ny.gov/PaidFamilyLeave

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth (MM/DD/YYYY) / /

PART B - EMPLOYER INFORMATION (to be completed by the employer)

1. **Business's full legal name and mailing address**

Business name

Mailing address

City, State | Zip code | Country (if not U.S.A.)

2. **Employer's FEIN** -

3. **Employer's Standard Industrial Classification (SIC) Code**

4. **Employer's contact name for questions related to PFL**

5. **Employer's contact telephone number** ( ) -

6. **Employer's contact email address**

7. **Employee's date of hire** (MM/DD/YYYY) / /

8. **Employee's occupation** Codes are available at: www.bls.gov/soc/2018/major_groups.htm -

9. **Enter the last 8 weeks of gross wages for the employee and calculate the average gross weekly wage**

Week no.	Week ending date (MM/DD/YYYY)	Number of days worked	Gross amount paid
1			
2			
3			
4			
5			
6			
7			
8			
Calculated average gross weekly wage:			

10. **If employee received or will receive full wages while on PFL, will employer be requesting reimbursement?** ☐ Yes ☐ No

Form PFL-1 continued on next page

If you need assistance, please call (844) 337-6303
www.ny.gov/PaidFamilyLeave

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth (MM/DD/YYYY)

PART B - EMPLOYER INFORMATION (to be completed by the employer) - continued from prior page

Form PFL-1 continued from prior page

11a. In the preceding 52 weeks has the employee taken leave for: ☐ NYS Disability ☐ PFL ☐ Both Disability and PFL ☐ None

11b. Enter the total number of weeks and days taken for both Disability and PFL in the last 52 weeks:

Disability: Weeks / Days — Please provide specific dates for Disability:

PFL: Weeks / Days — Please provide specific dates for PFL:

12. Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL? ☐ Yes ☐ No

13. PFL insurance carrier's name and mailing address

PFL insurance carrier's name

Mailing address

City, State | Zip code | Country (if not U.S.A.)

14. PFL insurance carrier's telephone number ( ) -

15. PFL policy number

Declaration and signature

☐ **I affirm the employee regularly works 20 or more hours per week and has been in employment for at least 26 consecutive weeks OR the employee regularly works less than 20 hours per week and has worked at least 175 days.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

Employer's authorized signature

Date signed (MM/DD/YYYY)

Title

RELIEF FOR WORKERS AFFECTED BY CORONAVIRUS ACT

WHAT YOU NEED TO KNOW AND DO ABOUT THE CARES ACT

NEW YORK STATE MAKING PROGRESS HAPPEN for WORKERS

The federal CARES Act was signed into law March 27, 2020. The Act provides enhanced Unemployment Insurance (UI) benefits and Pandemic Unemployment Assistance (PUA) for New Yorkers. Here's what you need to know.

IF YOU ARE ALREADY APPROVED FOR UI BENEFITS:

WHAT YOU SHOULD DO

- **Do nothing except continue to certify weekly.** Your benefits will automatically be updated. **Please do not call**, it will only make it difficult for others to reach an agent.

WHAT YOU MAY QUALIFY TO RECEIVE

- 39 weeks of UI benefits.
- An additional $600/week until 7/31/2020. (Payments begin 4/5/2020)

IF YOU ARE FILING A NEW UI CLAIM:

WHAT YOU SHOULD DO

- Apply online at **labor.ny.gov/signin**.
- You may also call **1-888-209-8124** if you do not have access to a computer.

WHAT YOU MAY QUALIFY TO RECEIVE

- 39 weeks of UI benefits.
- An additional $600/week until 7/31/2020. (Payments begin 4/5/2020)

IF YOU ARE NOT TRADITIONALLY ELIGIBLE FOR UI BENEFITS:

WHAT YOU SHOULD DO

- Check your eligibility for PUA **labor.ny.gov/ui/pdfs/pandemic-unemployment-assistance.pdf**
- If you believe you are eligible, apply online at **labor.ny.gov/signin**.
- You may also call **1-888-209-8124** if you do not have access to a computer.

WHAT YOU MAY QUALIFY TO RECEIVE

- 39 weeks of PUA benefits.
- An additional $600/week until 7/31/2020. (Payments begin 4/5/2020)

IF YOU'VE EXHAUSTED 26 WEEKS OF BENEFITS AFTER 7/1/2019:

WHAT YOU SHOULD DO

- Apply online at **labor.ny.gov/signin**.
- You may also call **1-888-209-8124** if you do not have access to a computer.

WHAT YOU MAY QUALIFY TO RECEIVE

- 13 weeks of benefits.
- An additional $600/week until 7/31/2020. (Payments begin 4/5/2020)

MORE INFORMATION:

See Frequently Asked Questions About UI During the Coronavirus Emergency:
labor.ny.gov/ui/pdfs/ui-covid-faq.pdf

To apply for UI benefits file on these days:
Filing for UI benefits is based on your last name.
A - F file on Monday | G - N file on Tuesday | O - Z file on Wednesday
Missed your day? File on Thurs-Fri-Sat

Revised v3 (4/1/20)

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Unemployment Insurance Division

Record of Employment

(For Unemployment Insurance purposes only.)

Employer: Complete the following and give this form to every employee who quits, is laid off, or is discharged:

Date given to employee:
☐☐/☐☐/☐☐☐☐

NYS Employer Registration No.:
☐☐-☐☐☐☐☐

Federal Employer Identification No.:
☐☐-☐☐☐☐☐☐☐

Employer Name:_____

Payroll Records are kept at:_____

Street:_____

Street:_____

City:_____ State:_____ Zip:_____

Optional if needed by employer to locate employee record:

Payroll or Clock No.: _____ Location of employment or code: _____

Employee: Keep this certificate. Have it with you if you apply for Unemployment Insurance (UI) benefits. This certificate shows that your job was insured. It does not necessarily mean you qualify for benefits. The UI Claims Center will make that determination if you apply. Please complete the following:

Your Name: _____ Social Security No.:☐☐☐-☐☐-☐☐☐☐

This may not be used as an identification card.

IA 12.3 (01/18)

How to Apply For New York State Unemployment Insurance

Unemployment Insurance is temporary income for eligible workers who are out of work through no fault of their own. It provides them a weekly benefit while they look for work. If you become unemployed and want to apply for Unemployment Insurance benefits, apply online at www.labor.ny.gov for a quick and convenient way to file your claim or call the Telephone Claim Center toll free at (888) 209-8124.

Have the following information available when you apply:

1. Your Social Security Number.
2. Your NYS Driver License or Motor Vehicle ID card (if you have either one).
3. Your complete mailing address and zip code.
4. A phone number, including area code, where we can reach you from 8:00 am – 5:00 pm, Monday – Friday.
5. Your alien registration card (if you are not a US citizen and have a card).
6. Employer information (even employers in other states) for the last 18 months which includes:
   - Employer names, addresses, and phone numbers.
   - NYS Employer Registration Number or Federal Employer Identification Number (FEIN). The FEIN is on your W-2 form(s).
   - Your total gross earnings (before any deductions) for each employer. You may be asked for pay stubs, W-2 forms, or other payment records.
7. Your copies of "Notice to Federal Employee about Unemployment Insurance" (Form SF8) and "Notification of Personnel Action" (Form SF50) if you were a federal employee.
8. Your most recent separation form (DD214) and any DD215 forms you have received from military service. You can request a DD 214 through the U.S. National Archives and Records Administration website at: http://www.archives.gov/st-louis/military-personnel/standard-form-180.html.
9. A check from your personal checking account so you can provide your bank's routing number and your checking account number if you choose Direct Deposit of your weekly benefits.

You can file a claim without all of these documents. However, missing information could delay your first payment.

Paycheck Protection Program
Borrower Application Form

OMB Control No.: 3245-0407
Expiration Date: 09/30/2020

Check One: ❑ Sole proprietor ❑ Partnership ❑ C-Corp ❑ S-Corp ❑ LLC ❑ Independent contractor ❑ Eligible self-employed individual ❑ 501(c)(3) nonprofit ❑ 501(c)(19) veterans organization ❑ Tribal business (sec. 31(b)(2)(C) of Small Business Act) ❑ Other	**DBA or Tradename if Applicable**	
Business Legal Name		
Business Address	**Business TIN (EIN, SSN)**	**Business Phone**
		( ) -
	Primary Contact	**Email Address**

Average Monthly Payroll:	$	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	$	Number of Employees:	
Purpose of the loan (select more than one):	☐Payroll ☐Lease / Mortgage Interest ☐Utilities ☐Other (explain):_____				

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	☐	☐
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	☐	☐
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	☐	☐
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	☐	☐

If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → _____	☐	☐
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → _____	☐	☐
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	☐	☐
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	☐	☐

Paycheck Protection Program
Borrower Application Form

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

_____ The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.

_____ Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

_____ The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.

_____ The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.

_____ I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.

_____ During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.

_____ I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than $1,000,000.

_____ I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

_____ _____
Signature of Authorized Representative of Applicant Date

_____ _____
Print Name Title

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Paycheck Protection Program
Borrower Application Form

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and ***submitted to your SBA Participating Lender***. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect thatdetermination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over $100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over $100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over $100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to : Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

A Comparison of SBA Loan Programs For Economic Injury Disaster Loan (EIDL) and Paycheck Protection Program (PPP) Updated April 3,2020

	Economic Injury Disaster Loan (EIDL)	Paycheck Protection Program (PPP)
SUMMARY	Low-interest loans (capped at 3.75%) for working capital to small businesses suffering substantial economic injury due to COVID-19. Borrowers can request $10,000 payable three days after application. If the EIDL loan is denied, the advanced funds do not need to be returned.	Low-interest loans (capped at 1%) to pay Payroll Costs (defined below) for the eight-week period after the PPP is originated.
COVERED PERIOD	January 31, 2020 – December 31, 2020	February 15, 2020 – June 30, 2020
BORROWER ELIGIBILITY	Any small business or private nonprofit organization that meets **SBA's Size Standard** (predicated or NAICS code and annual revenue) that has suffered **Substantial Economic Injury** due to COVID-19. A business has suffered "**substantial economic injury**" when it is unable to meet its financial obligations, pay ordinary and necessary operating expenses or has a reduction in working capital. Businesses are ineligible that have not complied with a previous SBA loan.	Any business in operation before February 15, 2020, that (1) has fewer than 500 employees or (2) otherwise meets the SBA's existing **Size Standard** (predicated or NAICS code and annual revenue). Recipients of SBA Disaster Loans made after January 31, 2020, may receive a PPP loan for purposes other than what was borrowed under the SBA Disaster Loan (no "double dipping"). Nonprofits, independent contractors and self-employed qualify.
AFFILIATION	When determining eligibility, the SBA aggregates and reviews the applicant and all of its "**affiliates**" as one entity. In determining affiliation, SBA will consider whether ownership, ownership options and changes of legal structure, management, identity of interest and licensing agreements.	Standard SBA Size and affiliation rules. However, the SBA's affiliation rules have been waived for businesses in the hospitality and restaurant industries, franchises approved by the SBA, and small businesses that receive financing through a Small Business Investment Company.
AMOUNT OF LOAN AND PERMITTED USE	Up to $2,000,000 Proceeds may be used to pay fixed debts, payroll, accounts payable, rent, utilities and other bills that cannot be paid because of the disaster's impact.	The lesser of (i) 2.5 times the average total monthly **Payroll Costs** for the prior year or (ii) $10 million. **Payroll Costs** include: employee compensation; payments for vacation, parental, family, medical or sick leave; severance payments; group health care benefits and insurance premiums; retirement benefits; and state and local employment taxes. Commissions are included for self-employed and independent contractors. Payroll Costs **DO NOT** include compensation to employees in excess of $100,000. Excludes employees outside the U.S. Proceeds may be used to pay payroll costs, mortgage interest, rent, utilities and interest on pre-existing loans.
INTEREST RATE	Not to exceed 3.75% for business and 2.75% for nonprofits.	Not to exceed 1% Payments of principal, interest and fees will be deferred for at least six months, but not more than one year. Interest will continue to accrue.

TERM	Up to 30 years	The remaining balance (the unforgiven portion) will have a maximum maturity of 2 years.
DEBT FORGIVENESS	Not applicable.	Borrowers are eligible to forgive costs paid during the eight- week period after the PPP is originated (**Covered Period**) on account of (1) Payroll Costs, (2) payment of interest owing on covered and pre-existing mortgage obligations, (3) covered rent obligations, and (4) utility payments that were in place prior to February 15, 2020 (the **Amount of Loan Forgiveness**). The maximum **Amount of Loan Forgiveness** will be reduced (but not increased) proportionally in accordance with any reduction in the number of employees or salaries during the Covered Period when compared to the prior calendar year. Borrowers who re-hire workers previously laid off from February 15, 2020 through 30 days after the enactment of the CARES Act, shall not have those numbers counted against them for loan forgiveness purposes, so long as those workers are rehired no later than June 30, 2020.
COLLATERAL	Yes, for loans over $25,000	None
GUARANTEE	Yes, for loans over $200,000	None
APPLICATION PROCESS	Applicants exclusively deal with the SBA. Applications are submitted electronically. Initial application only requires revenue and operations cost. The following documents may be required at a later date. • Business tax returns for three prior years • Personal tax returns for each principal owning 20% or more of the applicant • 2019 Federal Tax Returns (or an explanation if not available) • Personal Financial Statements (SBA Form 413) for each applicant and principal owning 20 % or more of the applicant • Applicant's debt Schedule (SBA Form 2202) The SBA determines final loan terms on a case-by-case basis after evaluating each applicant's needs. Ultimately, loan terms are predicated on the economic injury sustained and an applicant's ability to payback its obligations.	Applicants apply through third-party private lenders. This includes most national and local lenders. Copies of payroll tax reports filed with the IRS (including Forms 941, 940, state income and unemployment tax filing reports) for the most recent twelve (12) months. • Copies of payroll reports for each pay period for the most recent twelve (12) months*. Such reports should include gross wages including paid time off, vacation, sick time, and Family Medical Leave. • Documentation reflecting the health insurance premiums paid by the company under a group health plan including owners of the company for the most recent twelve (12) months. • Documentation of retirement plan funding by the company for the most recent twelve (12) months*. • For seasonal businesses, documents dated between February 15, 2019 and June 30, 2019 will • Suffice. For new businesses, documents dated January 1, 2020 will suffice.

The natural resource for business development
SCOPED
Schuyler County Partnership For Economic Development

Form **7200**
(March 2020)
Department of the Treasury
Internal Revenue Service

Advance Payment of Employer Credits Due to COVID-19

▶ **Go to *www.irs.gov/Form7200* for instructions and the latest information.**

OMB No. 1545-0029

Name (not your trade name)	**Employer identification number (EIN)**
Trade name (if any)	Applicable calendar quarter (check one) **(2)** ☐ April, May, June **(3)** ☐ July, August, September **(4)** ☐ October, November, December
Number, street, and apt. or suite no. If a P.O. box, see instructions.	
City or town, state, and ZIP code. If a foreign address, also complete spaces below. (See instructions.)	
Foreign country name / Foreign province/county / Foreign postal code	
Does a third-party payer file your employment tax return? (See instructions.) If "Yes," enter its name.	Third-party payer's EIN (if applicable)

Tip: File Form 7200 if you can't reduce your employment tax deposits to fully account for these credits that you expect to claim on your employment tax return for the applicable quarter. Don't reduce your employment tax deposits and request advanced credits for the same expected credits. You will need to reconcile your advanced credits and reduced deposits on your employment tax return. You can't request an advance payment of the credit for sick and family leave for self-employed individuals.

Part I Tell Us About Your Employment Tax Return

A Check the box to indicate which employment tax return form you file (or will file for 2020):
(1) ☐ 941, 941-PR, or 941-SS **(2)** ☐ 943 or 943-PR **(3)** ☐ 944 or 944(SP) **(4)** ☐ CT-1

B Is this a new business started on or after January 1, 2020? . . . . . ▶ ☐ **Yes** ☐ **No**
If "Yes," skip line C unless you've already filed Form 941, Form 941-PR, or Form 941-SS for at least one quarter of 2020.

C Amount reported on line 2 of your most recently filed Form 941 (or wages reported on Schedule R (Form 941), column (c), by your third-party payer (see instructions)). If you file a different employment tax return, see instructions . . . . . ▶

D Enter the total number of employees you have. See instructions . . . . . ▶

Part II Enter Your Credits and Advance Requested

1	Total employee retention credit for the quarter. See instructions			**1**
2	Total qualified sick leave wages eligible for the credit and paid this quarter. See instructions			**2**
3	Total qualified family leave wages eligible for the credit and paid this quarter. See instructions			**3**
4	Add lines 1, 2, and 3			**4**
5	Total amount by which you have already reduced your federal employment tax deposits for these credits for this quarter	**5**		
6	Total advanced credits requested on previous filings of this form for this quarter	**6**		
7	Add lines 5 and 6			**7**
8	**Advance requested.** Subtract line 7 from line 4. If zero or less, don't file this form			**8**

Third-Party Designee

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details. ☐ **Yes.** Complete below. ☐ **No**

Designee's name ▶ _____ and phone number ▶ _____

Select a 5-digit personal identification number (PIN) to use when talking to the IRS ▶ ☐☐☐☐☐

Sign Here

Under penalties of perjury, I declare that I have examined this form, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Printed title
Printed name		Best daytime phone

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	PTIN	Check ☐ if self-employed
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

How To File

Fax your completed form to 855-248-0552.

THE AGENCY
BROOME COUNTY IDA / LDC

BCIDA EMERGENCY LOAN FUND APPLICATION
Response to COVID 19 Crisis

DATE: _____

1. CONTACT INFORMATION

CONTACT PERSON: _____ PHONE: _____

COMPANY NAME: _____

ADDRESS: _____

2. BUSINESS INFORMATION

Principal Business Activity: _____

Date Business Established: _____

Present Number of Employees: _____

Please check one:

Type of Business: Corporation ☐ Partnership ☐ Sole Proprietorship ☐

Names of Affiliates and/or Subsidiaries: _____

Principal of Company	Percent Ownership	SS#

Present Commercial Bank: _____

Please check one:

Does the Company own or lease its existing facilities? Own ☐ Lease ☐

3. PROJECT DESCRIPTION

Provide a brief summary of the Project and indicate how loan funds will be used.

Project Location: _____

Project Description: _____

_____

_____

_____

Proposed Number of New Employees 1st Year _____ 3 Years _____

Is this project energy related? Yes □ No □ Please check

If yes, how? _____

_____

4. SOURCES AND APPLICATIONS OF FUNDS

Financing Sources	
Equity	$
Local Banks	$
BIDA STEED/IDA	$
JDA	$
SBA	$
Other	$
TOTAL	$

Application of Funds	
Land	$
Building Acquisition	$
Expansion	$
Machinery & Equipment	$
Working Capital	$
Other	$
TOTAL	$

5. PROJECT STATUS

Have you filed applications or received commitments from any of the Financing Sources listed in Section 4 above? Yes □ No □

Specify: _____

Legal Counsel & Address: _____

_____

Phone Number: _____

REFERENCES	Name	Address	Phone #
Bank			
Largest Trade Supplies			
Customers			

DOCUMENTATION REQUIRED

1. Income Tax Return for 2019 or a Draft or 2019 Company Generated Financial Statement.
2. Personal Financial Statements of all Guarantors.
3. Credit Check.
4. Projected Financial Statements, if Appropriate.
5. Company Profile/History/Reason for Request.
6. Liability Payment Schedule

6. APPLICANT SIGNATURE

NAME: _____

TITLE: _____

DATE: _____

CONSENT FORM FOR RELEASE OF INFORMATION & CERTIFICATION OF COMPLIANCE WITH BORROWER LEGAL REQUIREMENTS

I hereby authorize the Broome County Industrial Development Agency to obtain any information relative to our loan application which they may retain, from any bank, any finance company, any loan company, any credit bureau, or any other source of information to which they may apply, each such source being hereby authorized to provide you with such information.

Without in any way limiting the foregoing, I affirm, represent and warrant that I have no outstanding obligations to any bank, loan company, corporation, or individual and that no suits, judgments or legal claims of any kind whatsoever are pending against me, except those as stated by me in my application.

I further hereby certify that, should I be approved and accept financing from The Agency loan program, I will comply with all Federal, State and Local laws as described on the appendix following this page.

Signed: _____

Title: _____

Company Name: _____

Address: _____

_____

Borrower Related Legal Requirements

RLF borrowers must comply with the requirements of Federal, State and Local laws concerning:

1. Facility access for the physically handicapped P.L. 90-480 as amended (42 U.S.C. 4151, et. seq.).

2. The Davis-Bacon Act (40 U.S.C. 276a-276a-5) when any contract for construction, alteration and/or repair including painting and decorating in excess of $2,000 is financed in whole or in part by an ARC RLF (42 U.S.C. 3222).

3. Civil Rights requirements in Title VI of the Civil Rights Act of 1964, as amended (42 U. S. C. 2000d-2000d-4),and 15 CFR Part 8, as it pertains to the exclusion of persons on the ground of race, color, or national origin. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101, et seq.) and 15 CFR Part 20 as it pertains to denying the benefits of receiving federal financial assistance. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) prohibits discrimination on the basis of handicap in any program. The Public Works and Economic Development Act of1965 (42 U.S.C. 3121,3123 et seq.), as it pertains to denying persons participation on the basis of sex in any program receiving federal financial assistance.

4. All State and local environmental review requirements with all applicable Federal, State and local standards; including:

    a. The clean Air Act, as amended (42 U.S.C. 7401 et seq.);

    b. The Federal Water Pollution Control Act, as amended (33 U.S.C. 1251, et seq.);

    c. The Flood Disaster Protection Act of 1973, P.L. 93-234, as amended (42 U.S.C. 4002, et seq.) Executive Order 11988, Floodplain Management (May 24, 1977), and regulations and guidelines issued hereunder;

    d. Executive Order 11990, Protection of Wetlands (May 24, 1977);

    e. The Endangered Species Act of 1973 P.L. 93-205, as amended, (16 U.S.C. 1531, et seq.);

    f. The Safe Drinking Water Act, P.L. 93-523) as amended, (42 U.S.C. 300f-300j-9);

    g. The Wild and Scenic Rivers Act, as amended, (16 U.S.C. 1271, et seq.);

    h. The Comprehensive Environmental Response, Compensation and Liability Act of -1980, P.L. 96-510, as amended, (42 U.S.C. 9601, et seq.) and

    i. The National Historic Preservation Act P.L. 89-665 (16 U.S.C. 470, et seq.).

5. Providing a drug free workplace as defined by the Controlled Substances Act (21 U.S.C. 812) and 21 CFR 1308.11.

Binghamton Local Development Corporation

City Hall, 4th Floor
38 Hawley Street
Binghamton, NY 13901-3776

(607) 772-7161

COVID19 Emergency Small Business Loan Application

The BLDC encourages sustainable development practices defined as development which meets the needs of the present at the same time as safeguarding and improving economic, social and environmental resources and the ability of future generations to meet their own needs.

This organization is an equal opportunity provider, and employer.

Contents

Application Checklist

Authorization to Investigate Credit History

Borrower Statement

Personal History Statement

Personal Financial Statement

Signature Page

BINGHAMTON LOCAL DEVELOPMENT CORPORATION

COVID19 Emergency Small Business Loan Application

The following list will guide you as you complete your COVID19 Emergency Small Business Loan Application package. ***This checklist must be reviewed with the BLDC Financial Analyst at the time that the application is submitted****.*

Name of Borrowing Entity _____

☐	Exhibit 1	**Completed Application:** Checklist, Authorization to Investigate Credit History, Borrower Statement, Personal History Statement, Personal Financial Statement, Signature Page.

Borrower Information

☐	Exhibit 2	Copies of **Individual Federal Tax Returns** for the three (3) most recent years for all principals having 20% or more ownership.
☐	Exhibit 3	Copy of a **valid photo ID** for every principal having 20% or more ownership.
☐	Exhibit 4	As appropriate to form of business organization, copies of **Articles of Incorporation, Certificate of Good Standing, Organization Agreement, Bylaws a**nd **DBA**; include % of ownership.

For an existing business, for the three most recent years provide:

☐	Exhibit 5	Complete copies of **Borrowing Entity Federal Income Tax Returns.**
☐	Exhibit 6	Fiscal year-end financial statements prepared by a Certified Public Accountant in accordance with GAAP including profit and loss statements, balance sheets and cash flow

Project Information

☐	Exhibit 7	Use of Funds Statement
☐	Exhibit 8	Provide a pro forma projection of monthly cash flow for the borrower. These projections should account for the repayment of debt service. Describe the assumptions on which projections are based.

BINGHAMTON LOCAL DEVELOPMENT CORPORATION

COVID19 Emergency Small Business Loan Application

The BLDC may require additional information to complete the analysis of your application.

BLDC funds CANNOT be used for:

*Refinancing

*Payment for purchases made prior to project approval

*Speculative buildings or projects

*Not-for-profit entities

*Strictly residential development - mixed use may be considered

The BLDC complies with all the requirements imposed by Title IV of the Civil Rights Act of 1964 (Public Law 88-352); Title VII of the Civil Rights Act of 1968 (Public Law 90-284)' Section 109 of Housing and Community Development Act of 1974; Section 3 of the Housing and Urban Development Act of 1968; Executive Order 11246; Executive Order 11063, and any HUD regulations issued to implement there Authorities and the regulations related to Equal Opportunity (24 CFR, Part 570-601).

BLDC staff signature and date: _____

BINGHAMTON LOCAL DEVELOPMENT CORPORATION

COVID19 Emergency Small Business Loan Application

- AUTHORIZATION TO INVESTIGATE CREDIT HISTORY -

The undersigned authorizes the Binghamton Local Development Corporation (BLDC) to obtain all consumer and business information, including confirmation of bank accounts and credit reports, and authorizes all reporting agencies to furnish such information to the BLDC regarding this loan application. The undersigned agrees that the BLDC application and all information obtained by the BLDC shall remain the property of the BLDC, whether or not the loan is granted. The undersigned has read the loan program description, eligibility criteria, and administrative guidelines, and agree to comply with the requirements and regulations set forth by the United States Department of Housing and Urban Development (HUD) and the BLDC. The undersigned acknowledges that the final terms of the loan, if approved, will be based on the loan documents themselves, as approved by the BLDC's counsel.

By: _____ By: _____

Title: _____ Title: _____

Date: _____ Date: _____

By: _____ By: _____

Title: _____ Title: _____

Date: _____ Date: _____

BINGHAMTON LOCAL DEVELOPMENT CORPORATION

COVID19 Emergency Small Business Loan Application

- BORROWER STATEMENT -

Borrowing Entity: _____

Business Name: _____

Contact name(s): _____

Business Address: _____

Business Telephone: _____ Number of Employees: _____

Tax ID No: _____ Type of Organization: _____

EIN: _____ DUNS #: _____

Years in Business: _____ Nature of Business: _____

Fiscal Year End: _____

Name and Address of Current Bank of Business Account:

_____

Owner Name: _____

Owner Address: _____

Owner Telephone: _____ Social Security #: _____

Date of Birth: _____

% Ownership: _____ Time as Owner: _____

Name and Address of Current Bank of Personal Account:

_____

Owner Name: _____

Owner Address: _____

Owner Telephone: _____ Social Security #: _____

Date of Birth: _____

% Ownership: _____ Time as Owner: _____

Name and Address of Current Bank of Personal Account:

_____

BINGHAMTON LOCAL DEVELOPMENT CORPORATION
COVID19 Emergency Small Business Loan Application

- PERSONAL HISTORY STATEMENT -

All principals having 20% ownership or more or any other person providing a guarantee for the loan must complete this form.

1. Personal Statement of: (first, middle initial, last name):

_____

2. Date of Birth: Place of Birth: _____

3. Social Security Number: _____ _____ _____

4. Present residence address: _____

_____# years at this address _____

5. Home Telephone Number: (_____) _____

6. Business Telephone Number: (_____) _____

7. E-mail _____

8. Immediate past residence address: _____

_____

Dates: From _____ to _____

9. Current Employer: _____

Address _____

Date of Employment: _____

Business Telephone: _____ Yearly Salary: _____

10. Are you a U.S. Citizen? ☐ Yes, Naturalization Date (if applicable) _____

☐ No, Alien Registration #:_____

11. Ethnicity: ☐ White American ☐ Black American ☐ Native American

☐ Hispanic American ☐ Asian/Pacific American ☐ Hasidic Jew

Personal History Statement, continued

12. Have you ever been involved in bankruptcy or insolvency proceedings?

_____ No _____ Yes

If yes, briefly describe details.

_____

_____

13. Are there or have there ever been any legal claims and judgments against you?

_____No _____Yes If yes, briefly describe details.

_____

_____

14. Are you presently on parole or probation? _____No _____Yes

If yes, furnish details in a separate exhibit.

List name(s) under which held, if applicable.

_____

_____

15. Have you ever been convicted with any criminal offense other than a minor motor vehicle violation? _____No _____Yes

If yes, furnish details in a separate exhibit.

List name(s) under which charged, if applicable.

A conviction will not necessarily disqualify you. Incorrect answers that constitute fraud are disqualifying.

BINGHAMTON LOCAL DEVELOPMENT CORPORATION

COVID19 Emergency Small Business Loan Application

- PERSONAL FINANCIAL STATEMENT -

All principals having 20% ownership or more or any other person providing a guarantee for the loan must complete this form.

ASSETS	Dollars	LIABILITIES	Dollars
Cash, Checking, Savings, CDs (see Schedule A)		Notes payable to banks and others (see Schedule H)	
US Gov't & marketable securities (see Schedule B)		Due to brokers	
Non-marketable securities (see Schedule C)		Amounts payable to others- secured	
Securities held by broker in margin accounts		Amounts payable to others- unsecured	
Restricted control or margin account stocks		Accounts & bills due	
Real estate owned (see Schedule D)		Unpaid income tax	
Accounts, loans, & notes receivable		Other unpaid taxes & interest	

Automobiles		Real estate mortgages payable (see Schedules D & H)	
Cash surrender value-life insurance (see Schedule E)			
Vested interest in deferred compensation/ profit-sharing plans (see Schedule F)			
Business Ventures (see Schedule G)			
Other Assets/personal property itemize (see Schedule G if applicable)			
		Total Liabilities	
		Net Worth	
Total Assets		**Total Liabilities & Net Worth**	

Please list any Assets or Liabilities that are held jointly with another party:

BINGHAMTON LOCAL DEVELOPMENT CORPORATION

COVID19 Emergency Small Business Loan Application

Personal Financial Statement, continued

SCHEDULE A – CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance

SCHEDULE B – U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged, or held by others?	Market Value	Exchanges Where Traded

SCHEDULE C – NON-MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Value	Method of Valuation

SCHEDULE D – INVESTEMENTS IN REAL ESTATE (Use additional sheet if necessary)

Description/Location of Real Estate Investment	(J)	Date of Original Investment/Amount	% Owned by You	Market Value of Your % of Investment	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage Owed To

SCHEDULE E – LIFE INSURANCE CARRIED INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT SHARING PLANS

% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum, etc)	Distribution Date	Beneficiary	Amount

BINGHAMTON LOCAL DEVELOPMENT CORPORATION

COVID19 Emergency Small Business Loan Application

Personal Financial Statement, continued

SCHEDULE G – BUSINESS VENTURES (Use additional sheets if necessary)

List Name and Address of Any Business Venture in Which	Your position/title	Line of Business	Years in Business	Total Assets	Your % of Ownership	Net Worth of	Present Net Value of Your
You Are a Principal or a Partner	in the business			listed in Section 3		Business	Investment

SCHEDULE H – LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)

Owing to (Acct. No.)	(J)	Date of Original Borrowing/Amount	Present Balance	Due	Monthly Payment	Date of Final Payment	Secured by

BINGHAMTON LOCAL DEVELOPMENT CORPORATION

COVID19 Emergency Small Business Loan Application

- SIGNATURE PAGE -

I declare that the statements made in this application – including attachments – are true, correct, and complete to the best of my knowledge. False statements shall be sufficient cause for dismissal of this application.

Signature	Date
Company	Title
Signature	Date
Company	Title

National Disaster Assistance Recovery Loan Program (Ndarp)

TOWN OF UNION
3111 EAST MAIN STREET
ENDWELL, NEW YORK 13760

Town of Union Economic Development Department

Joseph M. Moody, Director
Phone: (607) 786-2945
Fax: (607) 786-2321
E-mail: jmoody@townofunion.com

The Economic Development Department provides financial assistance to existing businesses located in the national disaster area through the Local Development Corporation (LDC) of the Town of Union. The ***Town of Union National Disaster Assistance Recovery Loan Program (Ndarp)*** is one of several loan programs offered by the Local Development Corporation. The Town of Union LDC will work in conjunction with any Federal, State and County Disaster Assistance Programs, as well as private sector and national disaster insurance programs, to maintain a business operation in an impacted area.

Application Fee: None

Closing Costs:
Borrower will be responsible for any Recording Fees and Attorney Fees as applicable.

Application Period:
Based on the Federal, State or Locally declared COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197).

Interest Rate: 0%.

Amount of Financing:
Up to 3 months of an eligible business historical operating expenses, and based on the availability of funding at the time of loan approval. Generally NOT to exceed $15,000.00 in LDC Loan Funding.

Borrower:
Any legal, for-profit, borrowing entity that is currently located in the Town of Union. Borrower's business must have been profitable prior to the COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197). No borrower that has defaulted on a previous Local Development Corporation loan will be eligible to apply.

Eligible Areas:
Declared COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197), within the geographic areas of the Town of Union, including the Villages of Endicott and Johnson City.

Eligible Use of Proceeds:
Short Term Working Capital Needs.

Ineligible Use of Proceeds:
As determined by Town LDC Board.

Ineligible Users:
NO business that was not profitable prior to COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197). No Home based business. No business that did not have employees on their payroll prior to the disaster declaration.

Amount of Participation:
Subject to other sources of disaster assistance that the applicant may be eligible for, but generally NOT to exceed $15,000.00 in LDC Loan Participation.

Term of the loan:
Not to exceed 15 months (comprised of 3 months of deferred payments and 12 months of principal only payments).

Collateral:
As determined by Town LDC Board.

Guarantees:
Personal guarantees from company owners and spouses if involved in the operation of the business. Corporate guarantees if applicable.

Federal Labor Standards Provision:
All Local Development Corporation funding programs are subject to the Federal Labor Standards Provisions and the **Davis-Bacon** prevailing wage requirements (as determined by the U.S. Department of Labor) where construction and/or renovation applies.

Other Criteria:
* Demonstrated need for financing.
* Demonstrated ability to repay debt.
* Demonstrated commitment by the owner(s).
*Demonstrated uninsured related losses and/or expenses.

Job Retention:
Funding is based on the number of low/moderate income jobs to be retained while business is in the process of once again becoming fully operational. Owners of a business do NOT qualify as meeting the job retention requirement. Family members do NOT qualify of meeting the job creation requirement unless they were on the businesses payroll prior to the COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197).

Job Cost Ratio:
Retention of one low/moderate income individual that was employed by the borrower and is documented on the Borrower's payroll prior to the COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197)
Retention of low/moderate employee per $15,000 borrowed
1:$15,000

TOWN OF UNION LOCAL DEVELOPMENT CORPORATION

NDARP LOAN APPLICATION

3111 EAST MAIN STREET

ENDWELL, NEW YORK 13760-5990

Phone: (607) 786-2945 Fax (607) 786-2321

Website: www.townofunion.com E-Mail: economicdevelopment@townofunion.com

National Disaster Assistance Recovery Loan Program (Ndarp)

BUSINESS INFORMATION DATE OF APPLICATION: _____/_____/_____

BUSINESS (a/k/a Borrower) NAME: _____

DATE BUSINESS WAS ESTABLISHED: ____/____/____ FEDERAL TAX PAYER ID#: _____

*LIST ANY AFFILIATES, SUBSIDIARIES or RELATED BUSINESSES: 1)*_____2)_____

CONTACT PERSON: _____ TITLE:_____

PHONE NUMBER: (_____) _____-_____ FAX NUMBER: (_____) _____-_____

E-MAIL ADDRESS:_____

WEBSITE: _____

BUSINESS ADDRESS: _____

WHAT IS THE CURRENT ZONING AT THE BUSINESS ADDRESS *(e.g. Commercial Office, General Commercial, Neighborhood Commercial, Central Business District, Industrial, etc.):* _____

DOES THE BUSINESS OWN OR LEASE ITS EXISTING FACILITY?
- ☐ Own
- ☐ Lease (Expires ____/____/____)
- ☐ N/A (Start-Up Business)

IS THE PROPERTY LOCATED IN A FLOOD PLAIN? ☐ YES ☐ NO

IS THE BUSINESS CURRENTLY FULLY OPERATIONAL: ☐ YES ☐ NO

IF YOU DO NOT RECEIVE TOWN OF UNION LDC NDARP FUNDING IS YOUR BUSINESS LIKELY TO CLOSE: ☐ YES ☐ NO

THE BUSINESS (a.k.a. Borrower) DATA UNIVERSAL NUMBER SYSTEM *(DUNS nine-digit number provided by ***Dun & Bradstreet **FREE** of charge)* IS: _ _ _ _ _ _ _ _ _

***If you do not already have one, you may obtain your unique nine-digit identifier by calling the following D&B toll-free number **1-888-814-1435 or going to their website at www.dnb.com** *(process takes 5-10 min)*.

Federal government requires that all applicants for federal funds have a DUNS number (see federal policy at: http://www.omb/grants/grants_docs)

BUSINESS STRUCTURE (Please Check One):

❒ SOLE PROPRIETOR ❒ GENERAL PARTNERSHIP ❒ LIMITED PARTNERSHIP

❒ LIMITED LIABILITY PARTNERSHIP ❒ S-CORP ❒ C- CORP ☐ LIMITED LIABILITY COMPANY

(PLEASE ATTACH A COPY OF YOUR DBA, PARTNERSHIP AGREEMENT OR ARTICLES OF INCORPORATION FOR BORROWER, GUARANTOR AND OPERATING COMPANY)

BUSINESS STRUCTURE (Please Complete Table):

Principal(s) of Business	Title	% Percent of Ownership	Social Security Number

IS THE BUSINESS A MINORITY OR WOMEN OWNED BUSINESS? ☐ YES ☐ NO

WAS THE BUSINESS OFFERING EMPLOYER SPONSORED HEALTH CARE BENEFITS TO EMPLOYEES Prior to the NYS Disaster Declaration? ☐ YES ☐ NO If yes, please provide the number of employees enrolled in your employer sponsored health care program: _____

NUMBER OF FULL-TIME (F/T) EQUIVALENT EMPLOYEES *(as of 1/31/2020 COVID-19 Incident, NYS Declaration 16346 (Disaster: NY-00197))*: _____ (F/T = 35 or more hours per week; P/T = less than 35 hours per week).

NUMBER OF FULL-TIME OR FULL-TIME EQUIVALENT JOBS TO BE RETAINED OVER THE NEXT 15 MONTHS:*____ *(*must be employees that were documented to be on your business payroll as of the COVID-19 NYS Disaster Declaration)*.

OF THE JOBS BEING RETAINED--HOW MANY POSITIONS ARE CURRENTLY FILLED BY PEOPLE FROM *LOW-MODERATE INCOME HOUSEHOLDS BASED ON THE FAMILY SIZE LISTED BELOW (see chart):___

CHART

FAMILY SIZE	1	2	3	4	5	6	7	8
LOWER INCOME	$39,500	$45,150	$50,800	$56,400	$60,950	$65,450	$69,950	$74,450

* According to Housing and Urban Development (HUD) Family Income Guidelines-Effective 4/24/2019-FY2019-2019 FFY (Subject to change).

(PLEASE COMPLETE THE ATTACHED EMPLOYMENT PLAN – SCHEDULE "A" AT THIS TIME)

WHAT WOULD BE THE BUSINESS MONTHLY PAYROLL DURING THE 15 MONTH PERIOD (based on all the employees to be retained including the retention of low/moderate income employee(s) as required):
$_____

IS THE BUSINESS PRESENTLY INVOLVED IN ANY PERSONAL/BUSINESS JUDGMENTS, UNSETTLED LAWSUITS OR MAJOR DISPUTES?

☐ Yes ☐ No. If yes, please explain: _____

_____

WAS THE BUSINESS PROFITABLE FOR THE PAST TWO YEARS PRIOR (2018 & 2019) TO THE COVID-19 NYS DISASTER DECLARATION? ☐ YES ☐ NO If no, please explain as to why the business has not been profitable:_____

HAS THE BUSINESS OR ANY OF THE OWNERS EVER DECLARED BANKRUPTCY? ☐ YES ☐ NO

If yes, please explain: _____

IS THE BUSINESS FISCAL YEAR THE SAME AS THE CALENDAR YEAR? ☐ YES ☐ NO If no, when does the company fiscal year end: _____/_____/_____

PROFESSIONAL CONTACTS (if applicable):

LEGAL COUNSEL NAME: _____

ADDRESS: _____

PHONE: (_____) _____-_____ FAX: (_____) _____-_____

ACCOUNTANT NAME: _____

ADDRESS: _____

PHONE: (_____) _____-_____ FAX: (_____) _____-_____

BUSINESS REFERENCES:

References	Contact Name	Title	Address	Phone	Fax
Bank/Lender/Creditor:					
Suppliers:					
Customers:					

FOR OFFICE USE ONLY:

IS THE PROPOSED PROJECT LOCATED IN ONE OR MORE OF THE FOLLOWING LOCAL, STATE OR FEDERAL TARGETED AREAS LISTED BELOW:

❒ Town of Union Central Business District (CBD)	❒ 485-b Property Tax Abatement Area
❒ i District	❒ Endicott Municipal Electric District
❒ Slums & Blighted Designated Bldg. or Area	❒ Brownfield (known or assumed contaminated site)
❒ NYS Brownfield Opportunity Area (BOA)	❒ Federal or State Superfund Site
❒ Federal HUB Zone	❒ HUD-Designated Revitalization Strategy Area (RSA)
❒ HUD-Designated Empowerment Zone	❒ HUD-Designated Enterprise Community
❒ Federal Enterprise Zone	❒ Federal Renewal Community
❒ NYSERDA Program Area	❒ New York State EN Zone
❒ National, State or Local Historic Building	■ Other: COVID-19 NYS Disaster Declaration Area

Completed By: _____ Date: ___/___/___

PROPOSED TOWN OF UNION LDC NDARP FINANCING:

AMOUNT APPLIED FOR: $_____ TERM: 15 Months INTEREST RATE: 0%

PLEASE IDENTIFY USE OF FUNDS: _____ COLLATERAL:_____

ADDITIONAL FUNDING SOURCES THAT THE BUSINESS HAS REQUESTED FOR DISASTER RECOVER:

BANK NAME: _____

CONTACT NAME: _____ PHONE (_____) _____-_____

AMOUNT APPLIED FOR: $ _____ AMOUNT APPROVED: $ _____

REPAYMENT TERM: _____ YEARS @ INTEREST RATE: _____% WITH A _____ YEAR CALL (If Applicable)

PLEASE IDENTIFY THE USE OF BANK FUNDS: _____ COLLATERAL: _____

TO DATE, HAVE YOU RECEIVED A COMMITMENT LETTER FROM THE BANK? ☐ YES ☐ NO

SMALL BUSINESS ADMINISTRATION (SBA)

CONTACT NAME: _____ PHONE (_____) _____-_____

AMOUNT APPLIED FOR $ _____ AMOUNT APPROVED: $ _____

REPAYMENT TERM: _____ YEARS @ INTEREST RATE: _____%

PLEASE IDENTIFY THE USE OF SBA FUNDS: _____ COLLATERAL: _____

TO DATE, HAVE YOU RECEIVED AN AWARD LETTER FROM THE SBA? ☐ YES ☐ NO

OTHER FUNDING REQUEST(S) (e.g. ESD, BCIDA, NYBDC, etc..)

AGENCY NAME: _____ CONTACT NAME: _____ PHONE: (_____) _____-_____

AMOUNT APPLIED FOR: $ _____ AMOUNT APPROVED: $ _____

REPAYMENT TERM: _____ YEARS @ INTEREST RATE: _____%

PLEASE IDENTIFY THE USE OF FUNDS: _____ COLLATERAL: _____

HAVE YOU RECEIVED A COMMITMENT LETTER FROM THE OTHER FUNDING SOURCE? ☐ YES ☐ NO

PROJECT FINANCIAL INFORMATION

SOURCES AND USES OF FUNDS

Project Financing	
Owners Equity	$
Bank	$
SBA	$
Town of Union LDC	$
Other (list name(s) of organization(s):	$
	$
	$
Total Project Financing=	**$**

Project Costs	
Working Capital	$
Other (if applicable list):	$
	$
	$
	$
	$
	$
Total Project Costs=	**$**

FOR OFFICE USE ONLY:

SOURCES OF FUNDING:	AMOUNT ($)	TERM (Yrs.)	RATE (%)	MONTHLY DEBT SERVICE
EQUITY	_____	_____	_____	$ N/A
PARTICIPATING BANK	_____	_____	_____	$_____
SBA	_____	_____	_____	$_____
TOWN OF UNION LDC	_____	_____	_____	$_____
OTHER: _____	_____	_____	_____	$_____
		TOTAL MONTHLY DEBT SERVICE=		$_____

Completed By: _____ Date: ___/___/___

SOURCE OF REPAYMENT OF MONTHLY DEBT SERVICE (Please Check All That Apply):

☐ Operating Profit ☐ Personal Income ☐ Other (please describe): _____

By signing below, the owners/proprietors authorize the Town of Union Economic Development Department/Local Development Corporation (LDC) to do a personal and business credit check and obtain information from lenders, customers, suppliers, as may be required concerning statements made in the Town of Union Local Development Corporation Loan Application. All parties signing above further acknowledge that intentional misrepresentation of facts may be the basis for a denial of credit.

Without in any way limiting the foregoing, all parties affirm, represent and warrant that they have no outstanding obligations to any bank, loan company, corporation, or individual and that no suits, judgments or legal claims of any kind whatsoever are pending against any party, except those stated in the loan application.

All parties signing below do hereby certify that, should they be approved for financing through the Town of Union Local Development Corporation (LDC), they will comply with all Federal laws in regards to the use and repayment of the Community Development Block Grant (CDBG) Funds used in their project.

All parties signing below do hereby understand that, should they be approved for financing through the Town of Union LDC, financing for their project will be based on the availability of CDBG funds for economic development at the time of loan approval.

All parties signing below do hereby understand that, the LDC Ndarp Loan Program(s) may be subject to change at anytime and without notice.

V. PROPRIETOR/OWNER INFORMATION CONSENT FORM (Each owner/proprietor must sign and provide the following information requested below):

NAME: _____ TITLE: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ PERCENT (%) OF OWNERSHIP: _____

PERSONAL ADDRESS: _____

DUTIES AND RESPONSIBILITIES: _____

NUMBER OF YEARS WITH COMPANY: _____

*****SIGNATURE:*** _____ DATE: ____/____/____

NAME: _____ TITLE: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ PERCENT (%) OF OWNERSHIP: _____

PERSONAL ADDRESS: _____

DUTIES AND RESPONSIBILITIES: _____

NUMBER OF YEARS WITH COMPANY: _____

*****SIGNATURE:*** _____ DATE: ____/____/____

VI. CHECKLIST OF ADDITIONAL ITEMS REQUIRED TO BE SUBMITTED FOR TOWN OF UNION LOCAL DEVELOPMENT CORPORATION FUNDING

All of the below documents are required, and your application will not be considered for funding until the requested documents have been submitted to the Town of Union Local Development Corporation (a.k.a. Town of Union Economic Development Department).

- ■ COMPANY HISTORY: Include any significant information that you would like
- ■ PROJECT OBJECTIVES: What will the new injection of funding accomplish and how will it impact the company's existing line of business, operations, profitability and other significant financial factors during the COVID-19 disaster recovery process.
- ■ COMPILED (AUDITED, IF AVAILABLE) INCOME STATEMENT (PROFIT & LOSS) AND BALANCE SHEETS: For the previous two (2) fiscal year period.
- ■ 2018 & 2019 (if completed) CORPORATE AND PERSONAL TAX RETURNS : For each proprietor/stockholder with 20% or more ownership in the project.
- ■ PERSONAL FINANCIAL STATEMENT "NET WORTH": For each proprietor/stockholder with 20% or more ownership (complete attached form).
- ■ INTERIM INCOME STATEMENT (PROFIT & LOSS), BALANCE SHEET AND CASH FLOW STMT.
- ■ PROJECTED INCOME STATEMENT (PROFIT & LOSS) AND BALANCE SHEET and CASH FLOW PROJECTIONS: For one (1) fiscal year.
- ■ LISTING OF EXISTING DEBT: Include original amount, date of original loan, term, interest rate and monthly payment.
- ■ EMPLOYMENT PLAN - SCHEDULE "A" FORM (see attached form and example): Please complete the form in its entirety.
- ■ EMPLOYEE RETENTION FORMS (see attached form and example): Please have each to be (retained) employee complete the appropriate form (additional copies are available upon request). **These completed forms HAVE to be submitted along with your Ndarp Application as LDC financing is being based on the retention of low/moderate income employees during the 15 month loan term.**
- ■ SHORT ENVIRONMENTAL ASSESSMENT FORM (see attached form): **Please complete Part 1: Project Information**. The Town of Union will complete Part 2: Impact Assessment.
- ■ BANK, SBA and/or OTHER Funding Sources COMMITMENT LETTER(S).
- □ ? HAZARD INSURANCE and may require FLOOD INSURANCE (if in the 100 year flood plain).
- ■ PERSONAL GUARANTIES (Assuming your request for financing is approved by the LDC, all proprietors/stockholders with more than 20% ownership will be required to sign a personal guaranty at the time of the actual loan closing.

UPON COMPLETION OF YOUR TOWN OF UNION LOCAL DEVELOPMENT CORPORATION (LDC) NDARP LOAN APPLICATION PLEASE SUBMIT THE ORIGINAL APPLICATION ALONG WITH ALL REQUIRED ATTACHMENTS TO THE TOWN OF UNION LOCAL DEVELOPMENT CORPORATION OFFICE (a.k.a. TOWN OF UNION ECONOMIC DEVELOPMENT DEPARTMENT). ALL INFORMATION MUST BE SUBMITTED NO LATER THAN 14 DAYS PRIOR TO A REGULARLY SCHEDULED LDC BOARD MEETING (If requested, a schedule of the LDC Board Meetings will be provided).

FOR OFFICE USE ONLY:

DATE STAMP WHEN APPLICATION WAS RECEIVED:

DOCUMENTS STILL PENDING (list below):

_____

_____

_____

_____

_____

RECEIVED BY: _____

PERSONAL FINANCIAL STATEMENT (NET WORTH) – A form is to be completed by each owner, proprietor, officer, director, stockholder or any other person providing a guaranty for the loan.

As of _____, 20___.

Name:_____
Address:_____State___ Zip Code_____
Phone No.(___)____-_____
Date of Birth ___/___/___
Social Security No._____-_____-_____

ASSETS	**EST. $ VALUE**
REAL ESTATE (Address)	
_____	_____
_____	_____
_____	_____
AUTO(S) (YR, MAKE & MODEL)	
_____	_____
_____	_____
_____	_____
CHECKING ACCOUNT(S)	
_____	_____
_____	_____
SAVINGS ACCOUNT(S)	
_____	_____
_____	_____
STOCKS, BONDS & CD'S	
_____	_____
_____	_____
_____	_____
CASH VALUE LIFE INSURANCE	
_____	_____
PERSONAL ITEMS	
_____	_____
_____	_____
_____	_____
OTHER (Specify)	
_____	_____
_____	_____
_____	_____
= TOTAL ASSETS	$_____

LIABILITIES	**$ BALANCE OWED**
MORTGAGE (Specify)	
_____	_____
_____	_____
_____	_____
AUTO LOAN(S) (Specify)	
_____	_____
_____	_____
_____	_____
CREDIT CARD ACCOUNT(S) (Specify)	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
PERSONAL LOAN(S) (Specify)	
_____	_____
_____	_____
_____	_____
OTHER (Specify)	
_____	_____
_____	_____
_____	_____
= TOTAL LIABILITIES	$_____

TOTAL ASSETS – TOTAL LIABILITIES = PERSONAL NET WORTH

$_____ - $_____ = $_____

SCHEDULE A
EMPLOYMENT PLAN

COMPANY NAME: _____ PREPARED BY: _____ DATE: ___/___/___
(SIGNATURE)

CONTACT PERSON: _____ TITLE: _____
(PLEASE PRINT)

TELEPHONE NUMBER: (___) _____

Returned

OCCUPATIONS BY JOB CATEGORY	CURRENT JOBS BY OCCUPATION as of 1/31/20		PROJECTION OF NEW PERMANENT FULL-TIME AND/OR FULLTIME EQUIVALENT JOBS [redacted] BY OCCUPATION WITHIN THE APPROVED PERFORMING PERIOD							
	NO. OF EXISTING EMPLOYEES	*L/M	1ST YEAR NO. OF EMPLOYEES	*L/M	[redacted] NO. OF EMPLOYEES	*L/M	3[redacted] NO. OF EMPLOYEES	*L/M	TOTAL NO.	*L/M
OFFICIALS AND MANAGERS										
PROFESSIONAL										
TECHNICIANS										
SALES										
OFFICE AND CLERICAL										
CRAFT WORKERS (SKILLED)										
OPERATIVES (SKILLED)										
LABORERS (UNSKILLED)										
SERVICE WORKERS										
TOTAL NO.										

*JOBS MUST BE MADE AVAILABLE TO LOW AND MODERATE INCOME PEOPLE (AS DETERMINED BY THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) FAMILY INCOME GUIDELINES). INCOME GUIDELINES ARE ADJUSTED ANNUALLY BY HUD, PLEASE REFER TO YOUR TOWN OF UNION LOCAL DEVELOPMENT CORPORATION BUSINESS ASSISTANCE APPLICATION FOR THE CURRENT INCOME GUIDELINES. PLEASE NOTE, THE NUMBER OF EMPLOYEES ARE NOT A CUMULATIVE NUMBER, **FOR EXAMPLE**, IF THERE WAS ONE CLERICAL PERSON AS AN EXISTING EMPLOYEE AND TWO PROJECTED TO BE HIRED IN THE SECOND YEAR, A NUMBER ONE WOULD BE PLACED IN THE COLUMN LABELED CURRENT JOBS BY OCCUPATION, A ZERO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE FIRST YEAR AND A NUMBER TWO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE SECOND YEAR. ADDITIONALLY, A NUMBER TWO UNDER THE TOTAL NUMBER OF NEW EMPLOYEES COLUMN FOR YEAR TWO WOULD BE PLACED IN THE TOTAL BY YEAR COLUMN AND A NUMBER THREE IN THE TOTAL NUMBER OF EMPLOYEES BY OCCUPATION COLUMN (LAST COLUMN).

PLEASE REFER TO SCHEDULE A-1 FOR JOB CATEGORY DEFINITIONS

SCHEDULE A
EMPLOYMENT PLAN

COMPANY NAME: XYZ Corporation PREPARED BY: John Doe (SIGNATURE) DATE: 5/15/17

CONTACT PERSON: John Doe (PLEASE PRINT) TITLE: CFO

TELEPHONE NUMBER: (000) 000-0000

EXAMPLE

OCCUPATIONS BY JOB CATEGORY	CURRENT JOBS BY OCCUPATION		PROJECTION OF NEW PERMANENT FULL-TIME AND/OR FULLTIME EQUIVALENT JOBS [redacted] BY OCCUPATION WITHIN THE APPROVED PERFORMING PERIOD							
	NO. OF EXISTING EMPLOYEES	*L/M	1ST YEAR NO. OF EMPLOYEES	*L/M	[redacted] YEAR NO. OF EMPLOYEES	*L/M	[redacted] NO. OF EMPLOYEES	*L/M	TOTAL NO.	*L/M
OFFICIALS AND MANAGERS										
PROFESSIONAL			1	0					1	0
TECHNICIANS										
SALES										
OFFICE AND CLERICAL					1	0			1	0
CRAFT WORKERS (SKILLED)	1	1			2	2			3	3
OPERATIVES (SKILLED)										
LABORERS (UNSKILLED)	1	1					1	1	2	2
SERVICE WORKERS										
TOTAL NO.	2	2	1	0	3	2	1	1	7	5

*JOBS MUST BE MADE AVAILABLE TO LOW AND MODERATE INCOME PEOPLE (AS DETERMINED BY THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) FAMILY INCOME GUIDELINES). INCOME GUIDELINES ARE ADJUSTED ANNUALLY BY HUD, PLEASE REFER TO YOUR TOWN OF UNION LOCAL DEVELOPMENT CORPORATION BUSINESS ASSISTANCE APPLICATION FOR THE CURRENT INCOME GUIDELINES. PLEASE NOTE, THE NUMBER OF EMPLOYEES ARE NOT A CUMULATIVE NUMBER, **FOR EXAMPLE**, IF THERE WAS ONE CLERICAL PERSON AS AN EXISTING EMPLOYEE AND TWO PROJECTED TO BE HIRED IN THE SECOND YEAR, A NUMBER ONE WOULD BE PLACED IN THE COLUMN LABELED CURRENT JOBS BY OCCUPATION, A ZERO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE FIRST YEAR AND A NUMBER TWO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE SECOND YEAR. ADDITIONALLY, A NUMBER TWO UNDER THE TOTAL NUMBER OF NEW EMPLOYEES COLUMN FOR YEAR TWO WOULD BE PLACED IN THE TOTAL BY YEAR COLUMN AND A NUMBER THREE IN THE TOTAL NUMBER OF EMPLOYEES BY OCCUPATION COLUMN (LAST COLUMN).

PLEASE REFER TO SCHEDULE A-1 FOR JOB CATEGORY DEFINITIONS

TOWN OF UNION LOCAL DEVELOPMENT CORPORATION
EMPLOYEE CERTIFICATION FORM *(RETENTION) - 2019*

EMPLOYER: _____ **DATE HIRED: / /**

EMPLOYEE'S NAME: _____

EMPLOYEE'S HOME ADDRESS: _____

This form must be completed in its entirety

EMPLOYEE'S SOCIAL SECURITY # (ONLY THE LAST 4 NUMBERS): XXX-XX-_____

POSITION (TITLE): _____

ARE YOU CURRENTLY ENROLLED IN AN EMPLOYER SPONSORED HEALTH CARE PROGRAM: YES or NO *(circle)*

FULL TIME (F/T = 35 or more Hours per Week): YES or NO *(circle one)*

PART TIME (P/T = less than 35 Hours per Week): YES or NO *(circle one)* Indicate Total # of Hours per Week: _____ Hrs.

HOW MANY PEOPLE ARE IN YOUR FAMILY: _____

****Prior to being hired for this position, was your family income lower or higher than the income listed below for the size of your family? ++Were you unemployed prior to being hired for this position? Yes or No (circle one ++***

CHART A:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	$39.500	$45,150	$50,800	$56,400	$60,950	$65,450	$69,950	$74,450

(check one) Yes, Income is lower_____ No, Income is higher _____

CHART B:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	$24,700	$28,200	$31,750	$35,250	$38,100	$40.900	$43,750	$46,550

(check one) Yes, Income is lower_____ No, Income is higher_____

CHART C:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	$14,850	$16,950	$21,330	$25,750	$30,170	$34,590	$39,010	$43,430

(check one) Yes, Income is lower_____ No, Income is higher _____

ARE YOU A FEMALE HEAD OF HOUSEHOLD: YES or NO *(circle one)*

****RACIAL ORIGIN** *(check one)*: White___ Black or African American___ American Indian or Alaska Native___ Asian___ Native Hawaiian or Other Pacific Islander___

****ETHNIC ORIGIN** *(check one)*: Hispanic or Latino ____ ***NOT*** Hispanic or Latino: ____

SIGNATURE OF EMPLOYEE: _____ TODAY'S DATE: ____/____/____

ALL INFORMATION IS NEEDED FOR REPORTING EMPLOYEES TO BE HIRED WITH GRANT/LOAN PROVIDED FROM THE LOCAL DEVELOPMENT CORPORATION OF THE TOWN OF UNION. ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

*According to Housing and Urban Development (HUD) Family Income Guidelines Effective 4/24/2019 (Subject to change).
**Racial/Ethnic Categories Added 1/1/04 As Per HUD Imposed Requirements.

TOWN OF UNION LOCAL DEVELOPMENT CORPORATION
EMPLOYEE CERTIFICATION FORM *(RETENTION)* - 2019

EMPLOYER: XYZ Corporation **DATE HIRED:** 5/1/19

EMPLOYEE'S NAME: John Doe

EMPLOYEE'S HOME ADDRESS: 1 Main St., Endwell, NY 13760

EMPLOYEE'S SOCIAL SECURITY # (ONLY THE LAST 4 NUMBERS): XXX-XX-6789

POSITION (TITLE): CFO

This form must be completed in its entirety

EXAMPLE

ARE YOU CURRENTLY ENROLLED IN AN EMPLOYER SPONSORED HEALTH CARE PROGRAM: (YES) or NO *(circle)*

FULL TIME (F/T = 35 or more Hours per Week): YES or NO *(circle one)*

PART TIME (P/T = less than 35 Hours per Week): YES or NO *(circle one)* Indicate Total # of Hours per Week: _____ Hrs

HOW MANY PEOPLE ARE IN YOUR FAMILY: 3

Prior to being hired for this position, was your family income lower or higher than the income listed below for the size of your family? ++Were you unemployed prior to being hired for this position? Yes or No (circle one ++

CHART A:

Total No. of Persons in your Family	1	2	(3)	4	5	6	7	8
Total Family Income	$39.500	$45,150	$50,800	$56,400	$60,950	$65,450	$69,950	$74,450

(check one) Yes, Income is lower X No, Income is higher _____

CHART B:

Total No. of Persons in your Family	1	2	(3)	4	5	6	7	8
Total Family Income	$24,700	$28,200	$31,750	$35,250	$38,100	$40,900	$43,750	$46,550

(check one) Yes, Income is lower _____ No, Income is higher X

CHART C:

Total No. of Persons in your Family	1	2	(3)	4	5	6	7	8
Total Family Income	$14,850	$16,950	$21,330	$25,750	$30,170	$34,590	$39,010	$43,430

(check one) Yes, Income is lower _____ No, Income is higher X

ARE YOU A FEMALE HEAD OF HOUSEHOLD: YES or (NO) *(circle one)*

****RACIAL ORIGIN** *(check one)*: White X Black or African American___ American Indian or Alaska Native___ Asian___ Native Hawaiian or Other Pacific Islander___

****ETHNIC ORIGIN** *(check one)*: Hispanic or Latino ___ ***NOT*** Hispanic or Latino: X

SIGNATURE OF EMPLOYEE: John Doe TODAY'S DATE: 5/15/19

ALL INFORMATION IS NEEDED FOR REPORTING EMPLOYEES TO BE HIRED WITH GRANT/LOAN PROVIDED FROM THE LOCAL DEVELOPMENT CORPORATION OF THE TOWN OF UNION. ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

*According to Housing and Urban Development (HUD) Family Income Guidelines Effective 4/24/2019 (Subject to change).
**Racial/Ethnic Categories Added 1/1/04 As Per HUD Imposed Requirements.

Town of Union LDC National Disaster Assistance Recovery Loan Program (Ndarp)

Loan Applicant Working Capital/Monthly Operating Expenses
(Historical & Current Needs) Worksheet

Business Name: _____ Date: _____

Please Attach Supporting Documentation Including Prior Two Years (2018 & 2019) of Tax Return(s), Historical & Interim Financial Statements

3 Month Period for Corresponding Yr (e.g. April, May, & June, of 2018 & 2019, etc.):	*Historical 2018*			*Historical 2019*			***Current Need 2020***		
	April	*May*	*June*	*April*	*May*	*June*	*April*	*May*	*June*
Purchases *(material or inventory for resale or production)* :									
Salary Expenses *(employees)*									
Owner's Draw or Salary:									
Salary Overhead *(payroll taxes)*:									
Contracted Services *(e.g. janitorial, etc.)*:									
Advertising:									
Insurance:									
Loan Payments: *(List lender name, outstanding balance & financing terms)* _____ _____									
Accounting & Legal Services:									
Repairs & Maintenance *(i.e. bldg. & equip.)*:									
Supplies *(i.e. items not for resale)*:									
Real Estate Taxes *(this is NOT sales tax)*:									
Telephone *(i.e. land line and cell)*:									
Travel Expenses *(e.g. std. mileage rates, hotels, car rentals, etc.)*									
Building Rent: *(If leasing, when does lease expire?)* _____									
Utilities:									
Freight & Shipping/Postage:									
Other *(please be specific)* _____									
Total Monthly Expenses:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Monthly Historical and Projected Sales:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Lending Institutions with headquarters within the Syracuse District Office 34-county coverage area* which hold an SBA Participation Agreement for the 7(a) Loan Guaranty Program (traditional SBA business loan program) - As of 3/31/2020

Adirondack Bank
Ballston Spa National Bank
Bank of Richmondville
Bank of Utica
Carthage Federal Savings & Loan
Cayuga Lake National Bank
Champlain National Bank
Chemung Canal Trust Company
Community Bank, NA
First National Bank of Scotia
Fulton Savings Bank
Glens Falls National Bank &Trust Co.
Fund-Ex Solutions Group, LLC
Gouverneur Savings & Loan Assoc.
Maple City Savings Bank, FSB
Massena Savings & Loan Assoc.
National Bank of Coxsackie
NBT Bank, NA
New York Business Dev. Corp. aka Pursuit Lending
Pathfinder Bank
Pioneer Savings Bank
Saratoga National Bank and Trust Co.
Solvay Bank
Steuben Trust Company
The Adirondack Trust Company
The Bank of Greene County
The Delaware National Bank of Delhi
The Elmira Savings Bank, FSB
The First National Bank of Dryden
The First National Bank of Groton
The North Country Savings Bank
The Upstate National Bank
Tioga State Bank
Tompkins Trust Company
Trustco Bank
Watertown Savings Bank
AmeriCU Credit Union
CFCU Community Credit Union
Corning Federal Credit Union
Countryside Federal Credit Union
Directors Choice Credit Union
Empower Federal Credit Union
First Heritage Federal Credit Union
SeaComm Federal Credit Union
SEFCU
Sunmark Credit Union
Visions Federal Credit Union

In addition, other lending institutions hold an active SBA 7(a) Loan Participation Agreement and have an office location with the Syracuse District Office coverage area:
Bank of America
Berkshire Bank
Citizens Bank
Five Star Bank
JPMorgan Chase Bank
KeyBank
Lyons National Bank
M&T Bank
TD Bank
Seneca Savings

*COUNTIES OF: ALBANY, BROOME, CAYUGA, CHEMUNG, CHENANGO, CLINTON, COLUMBIA, CORTLAND, DELAWARE, ESSEX, FRANKLIN, FULTON, GREEN, HAMILTON, HERKIMER, JEFFERSON, LEWIS, MADISON, MONTGOMERY, ONEIDA, ONONDAGA, OSWEGO, OTSEGO, RENSSELAER, SAINT LAWRENCE, SARATOGA, SCHENECTADY, SCHOHARIE, SCHUYLER, STEUBEN, TIOGA, TOMPKINS, WARREN, WASHINGTON

BROOME COUNTY ARTS COUNCIL

Resource Alert

In the coming months, The **Broome County Arts Council** will provide our Artist Members and Cultural Partners with as many resources as possible to help you mitigate financial loss during the special circumstances that COVID-19 presents in our community.

All of the Emergency Preparedness and Assistance Resources that our Arts Partner, The ARTS Council of the Southern Finger Lakes, have compiled can be found here: **https://www.earts.org/southern-finger-lakes-arts-preparedness-network**.

New opportunities have been developed in direct response to COVID-19. These new resources explore ethical cancellation guidelines, grants for freelance artists, fiscal resources, continuation strategies and more.

2020 Rauschenberg Medical Emergency Grants – The **New York Foundation for the Arts** has partnered with the Robert Rauschenberg Foundation to administer a medical emergency grant program called **Rauschenberg Emergency Grants**. This program will assist professional artists of all disciplines in need. The program will provide visual and media artists and choreographers with one-time grants of up to $5,000 for medical emergencies beginning in early June 2020.
https://www.rauschenbergfoundation.org/programs/grants/rauschenberg-emergency-grants

COVID-19 Freelance Artist Resources – This list is specifically designed to serve freelance artists, and those interested in supporting the independent artist community. This includes, but is not limited to, actors, designers, producers, technicians, stage managers, musicians, composers, choreographers, visual artists, filmmakers, craft artists, teaching artists, dancers, writers & play-wrights, photographers, etc.
http://covid19freelanceartistresource.wordpress.com

Principles for Ethical Cancellation – compiled by Springboard for the Arts, these suggestions assist businesses and organizations to help mitigate the impact on artists and freelancers. https://springboardforthearts.org/stories-writing/principles-for-ethical-cancellation/

Sweet Relief Musician's Fund – Sweet Relief Musician's Fund provides financial assistance to all types of career musicians and music industry workers who are struggling to make ends meet while facing illness, disability, or age-related problems. In other words, Healing Musicians in Need. We all have received so much out of music, it's time to give a little back! A special COVID-19 fund has been established.
https://www.sweetrelief.org/

BEWARE OF SCAMS AND FRAUD SCHEMES

The Office of Inspector General recognizes that we are facing unprecedented times and is alerting the public about potential fraud schemes related to economic stimulus programs offered by the U.S. Small Business Administration in response to the Novel Coronavirus Pandemic (COVID-19). The Coronavirus Aid, Relief, and Economic Security Act (CARES Act), the largest financial assistance bill to date, includes provisions to help small businesses. Fraudsters have already begun targeting small business owners during these economically difficult times. Be on the lookout for grant fraud, loan fraud, and phishing.

Grants

- SBA ***does not*** initiate contact on either 7a or Disaster loans or grants. If you are proactively contacted by someone claiming to be from the SBA, suspect fraud.

Loans

- If you are contacted by someone promising to get approval of an SBA loan, but requires any payment up front or offers a high interest bridge loan in the interim, suspect fraud.
- SBA limits the fees a broker can charge a borrower to 3% for loans $50,000 or less and 2% for loans $50,000 to $1,000,000 with an additional ¼% on amounts over $1,000,000. Any attempt to charge more than these fees is inappropriate.
- If you have a question about getting a SBA disaster loan, call 800-659-2955 or send an email to disastercustomerservice@sba.gov.
- If you have questions about other SBA lending products, call SBA's Answer Desk at 800-827-5722 or send an email to answerdesk@sba.gov.

Phishing

- Look out for phishing attacks/scams utilizing the SBA logo. These may be attempts to obtain your personally identifiable information (PII),to obtain personal banking access, or to install ransomware/malware on your computer.
- If you are in the process of applying for an SBA loan and receive email correspondence asking for PII, ensure that the referenced application number is consistent with the actual application number.
- Any email communication from SBA will come from accounts ending with ***sba.gov***.
- The presence of an SBA logo on a webpage ***does not*** guaranty the information is accurate or endorsed by SBA. Please cross-reference any information you receive with information available at www.sba.gov.

Report any suspected fraud to OIG's Hotline at 800-767-0385 or online at, https://www.sba.gov/about-sba/oversight-advocacy/office-inspector-general/office-inspector-general-hotline.

This toolkit is a product of the Leadership Alliance between the Greater Binghamton Chamber of Commerce and the Agency. This streamlined economic, community, and workforce development effort is a part of what makes Broome County resilient.

LEADERSHIP ALLIANCE

THE AGENCY
BROOME COUNTY IDA / LDC

GREATER BINGHAMTON
CHAMBER OF COMMERCE

For more information, please contact:

Greater Binghamton Chamber of Commerce
chamber@greaterbinghamtonchamber.com

The Agency – Broome County IDA/LDC
Info@theagency-ny.com

Updated: 2.19.21