

Saratoga County Industrial Development Agency

**50 West High Street
Ballston Spa, NY 12020**

PPE Grant Application

Required Applicant Information

Legal Name of Applicant:	
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Business Address:	
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Mailing Address (if different):	
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List any DBA (Assumed) names:	
Type of Entity: (LLC, Corporation or Partnership)	

NYS Employer ID No:	
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Federal Tax ID No:	
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Contact Name:	
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Contact Phone:	
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Contact Email:	
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Type of Business (Description of what the entity does or provides):	
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Non-Profit (Charitable or otherwise):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Privately Held:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you conduct business within Saratoga County?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Applicant's organization Date:	
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Please provide copies of organizational documents (certificate of incorporation with by-laws, articles of organization and operating agreement, partnership agreement, etc.) and for charitable entities, a copy of the applicant's IRS 1023 determination letter.	
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List of Owners, Members or Shareholders with % ownership of each	Address	%

# of employees prior to 3/7/2020:	Is the business presently open? <input type="radio"/> Yes <input type="radio"/> No
Current # of employees:	
Average annual gross salary: (Range from Instructions)	<input type="radio"/> \$0 to \$50,000 <input type="radio"/> \$50,000 to \$200,000 <input type="radio"/> Over \$200,000

Applicant's gross annual revenues for 2019 (applicable to for profit businesses only)	Was the business financially viable prior to 3/7/20? * <input type="radio"/> YES <input type="radio"/> NO **
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1: A financial statement showing the results of 2019 and the most recently completed reporting period with any and all schedules and disclosures prepared as part of the financial statements.

2: Your most recently prepared internal financial statements that you can provide us with.

In the event the IDA cannot make a determination as to your entity's financial viability in 2019, we reserve the right to request additional information in order to make an informed decision.

Approximately what percentage of the applicant's products or services are sold or rendered, as the case may be, within New York?	
Approximately what percentage of the applicant's products or services are sold or rendered, as the case may be, within Saratoga County?	

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Provide a summary of how the COVID-19 pandemic has negatively affected business:

Summarize COVID-19 PPE or Protective Fit-up Expenses From 3/7/2020 to Present (Provide proof of purchases):

Anticipated Future COVID-19 PPE or Protective Fit-up Expenses (Provide estimates / proposals):

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Grant amount requested:	
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Authorized signature:		Date:	
Print name:			
Contact Phone Number:			

Saratoga County IDA use only:

Application Number:

Meeting date Reviewed:

Approved or Not Approved:

Resolution #:

By signing above, I affirm that all statements made by me on this form, including the information submitted on the attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for denial of grant funding. I understand that knowingly making a false statement on this application or any attachment or supporting document may carry penalties pursuant to Section 210.45 of the NYS Penal Law. In order to fulfill its legal requirements, the IDA may request further or additional documentation from the applicant in considering this application. The IDA may require and the applicant consents to a site visit by a representative of the IDA during normal business hours, if deemed necessary by the IDA.