ID #: 003A

Yonkers IDA Covid-19 Emergency Grant/Loan Program for Small Businesses

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Grant/Loan Application



I am applying for
Grant
○ Loan
Amount Requested For Grant
\$10,000.00
Please enter a number less than or equal to 10000 .
My business is located in a "highly distressed" area:
Yes
○ No
Were you a financially viable entity prior to March 7, 2020?
Yes
\bigcirc No
Number of employees
3
Business Type

Other	
	~
Have you been negatively affected by the COVID-19 state disaster emergency?	
Yes	
\bigcirc No	
Please describe how you have been negatively affected by the COV 19 state disaster emergency:	ID-
In February of 2020 I had 16 children registered at my daycare.	^
As of March 13,2020 attendance went down about to 6 children	~
personal protective equipment or installing equipment necessary to prevent the spread of COVID-19 and will require supporting invoice	
I will use the funds to buy masks for adults and children,	
I will use the funds to buy masks for adults and children, disinfectant wipes and sprays, plastic gowns. I need a table so Are the funds being requested under this program enough for your	
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Little Gems Family Daycare	
Federal EIN Number	
Borrowing Entity(if different from Business Nam	ne)
Business Address	
Street Address	
Address Line 2	
City	
	
State	
ZIP Code	
Website Address	
Date husiness was established:	

02	05	2019					
MM	DD	YYYY					
Number	of Years (Operating	j in Yonke	rs			
1 year	and 5 mo	onths					
Type of	business						
Sole F	Proprietor	ship					~
Does the	e business	s have any	y judgeme	nts or ta	x liens wit	hin the pa	ıst 3
○ Yes							
No							
If yes, p	lease desc	cribe					
Please d	lescribe th	ne busine	ss you con	duct in Y	onkers (
I prov	ide child d	care servi	ces				^ ~
Prior Ye	ar Revenu	ıes (Pleas	e use you	r most re	cent tax f	iling)	
Prior Ye	ar Revenu	ie					
\$							
							^

Have you received funding from the United States Small Business Administration Program (e.g. Paycheck Protection Program ["PPP"] or Emergency Injury Disaster Loan ["EIDL"] or any other government program since the beginning of the state disaster emergency?

Yes

 \bigcirc No

If Yes, describe the amount of assistance you have received and the date it was received. Please also explain why those funds were insufficient to meet continuing operating needs

I recieved 19,000 and I been using those funds to buy food and paying the rent with utilities, buying cleaning supplies for the

List any and all other funding you are currently seeking or have recently been awarded in response to COVID-19, including but not limited to Bank loans, SBA loans, Public or private loans, grant funding, etc.

ad that find an (17(17070 and Landing and i

SBA loan only

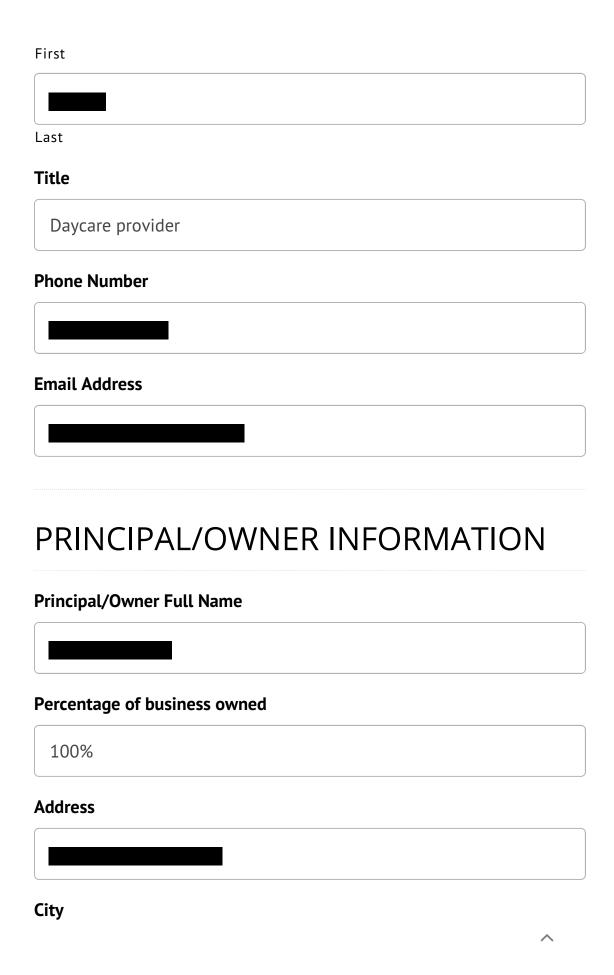
Please describe any other sources of funding available to your business:

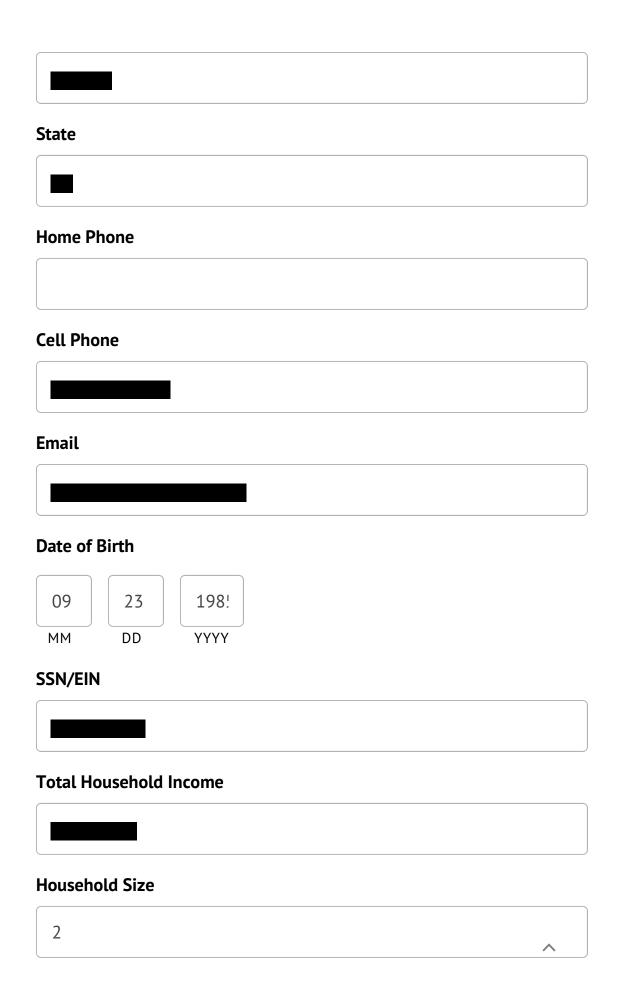
n/a

Applicant Contact Information

Primary Name of Contact







Is there an additional Principal/Owner?
○ Yes
● No
If yes, please list
Additional Information
Is the principal place of business within Yonkers?
• Yes
\bigcirc No
Has the COVID-19 crisis resulted in a decline of revenue for your business?
● Yes
○ No
Please describe
I am a licensed child care provider and I had 16 children before the pandemic now I only have 4 children enrolled.
Is your plan to remain in operation or to re-open the business after any mandated closures and/or social distancing is relaxed?
• Yes
\bigcirc No
Is your business open now?

Yes	
\bigcirc No	
Have you filed the last two years tax returns for your business?	
Yes	
○ No	
Do you owe sales or payroll tax to NYS?	
○ Yes	
● No	
If yes, please describe	
Do you own or rent the property in which you operate your business?	
○ Own	
● Rent	
Where is your business located?	
Where is your business located? Home Business	
Home Business Have you applied, and been approved, for any other grants or loans	
Home Business Have you applied, and been approved, for any other grants or loans related to COVID-19 Relief?	

REPRESENTATIONS AND WARRANTIES

LC	AN APPLICANTS ONLY
	I hereby represent, warrant, and certify to the YIDA that I shall employ best efforts to ensure that the number of FTE jobs to be retained during the State disaster emergency will be:
ln:	sert the number of FTE jobs to be retained in box above
	I hereby represent, warrant, and certify to the YIDA that I shall not receive more than \$25,000 in loans collectively from Industrial Development Agencies during the state disaster emergency.
G	FRANT APPLICANTS ONLY
✓	I hereby represent, warrant and certify to the YIDA that I shall use the funds received by the YIDA for the purpose of acquiring personal protective equipment or installing fixtures necessary to prevent the spread of novel coronavirus during the period in which the state disaster emergency is in effect.
✓	I hereby represent, warrant, and certify to the YIDA that I shall not receive more than \$10,000 in grants, collectively, from Industrial Development Agencies during the state disaster emergency.

BY SUBMITTING THIS APPLICATION

- I/We authorize the YIDA to obtain any information relating to my/our credit worthiness from any source, including a credit reporting agency, at any time during the loan application process or while any balance is outstanding.
- I/We hereby certify that the foregoing is true and complete to the best of my/our knowledge and belief.
- I have submitted the required additional documentation below.
- I acknowledge that the YIDA will rely on the representations made herein when acting on this application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.
- I hereby release YIDA and the members, officers, servants, agents and employees thereof and agree that the YIDA shall not be liable for, and I agree to indemnify, defend, pay and hold the YIDA harmless from and against any and all liability arising from or expense incurred by the YIDA concerning the loan application process.
- 1. I certify that all information provided in this application is true and correct to the best of my knowledge. I further understand that any false statements or information provided in this application or directly to representatives of YIDA may result in the denial of this application or forfeiture of any funds awarded to the applicant, which YIDA reserves the right to recoup through legal proceedings and for which the applicant shall be responsible for costs and attorney's fees if judgment is awarded to YIDA.
- I acknowledge that YIDA has the sole and absolute discretion as well as the final decision-making authority with respect the

granting or denial of all applications submitted to this program. Such decisions are final and not subject to challenge in any forum.

Please upload the following documents below

2019 business tax returns (or most recent year each	filed) UPLOAD HERE fo
	Browse
2019 personal tax returns (or most recent year	filed)
	Browse
Business Financial Statements as of 12/31/19	
	Browse
Income and expense statements for past 12 mo	onths
	Browse
EIN verification letter	
	Browse
Copy of Driver's Licenses or State issued identif	ications
	Browse
Application will be deemed complete ONLY aftended has been provided. All approved applications w	

website. You will be provided the opportunity to choose which

information is redacted by a YIDA representative before any

information is posted.

SUBMIT APPLICATION

Save and Continue Later

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