

Date: 2020-08-09 14:33:31

ID Number: 131

I AM APPLYING FOR	
Grant	
AMOUNT REQUESTED FOR GRANT	
\$10,000.00	
MY BUSINESS IS LOCATED IN A "HIGHLY DIST	RESSED" AREA:
Yes	
WERE YOU A FINANCIALLY VIABLE ENTITY PRI	OR TO MARCH 7, 2020?
Yes	
NUMBER OF EMPLOYEES	BUSINESS TYPE
1	Not For Profit
HAVE YOU BEEN NEGATIVELY AFFECTED BY TI	HE COVID-19 STATE DISASTER EMERGENCY?
Yes	
PLEASE DESCRIBE HOW YOU HAVE BEEN NEG/	ATIVELY AFFECTED BY THE COVID-19 STATE DISASTER EMERGENCY:
	ovid-19 has not allowed me to go out and do outreach and provide ners. Both of these actions take personal and contact with others. As
The set to differ you would be a second over the second of	
ENHANCES THE ABILITY OF THIS BUSINESS TO ACQUIRING PERSONAL PROTECTIVE EQUIPMENT OF COVID-19 AND WILL REQUIRE SUPPORTING	O SURVIVE. GRANT PROCEEDS MUST BE USED FOR THE PURPOSE OF NT OR INSTALLING EQUIPMENT NECESSARY TO PREVENT THE SPREAD G INVOICES.
ACQUIRING PERSONAL PROTECTIVE EQUIPMENT OF COVID-19 AND WILL REQUIRE SUPPORTING The funds for this grant will be used to purch	SURVIVE. GRANT PROCEEDS MUST BE USED FOR THE PURPOSE OF NT OR INSTALLING EQUIPMENT NECESSARY TO PREVENT THE SPREAD
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BUSINESS ADDRESS

Same



EMAIL ADDRESS

Yonkers IDA Industrial Development Agency

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THE REPORT OF THE PROPERTY OF	property and the contract of t
	08/06/1999
NUMBER OF YEARS OPERATING IN YONKERS	
20	
TYPE OF BUSINESS	
Not For Profit Corporation	
DOES THE BUSINESS HAVE ANY JUDGEMENTS OR TAX LIEN	S WITHIN THE PAST 3 YEARS?
No	
IF YES, PLEASE DESCRIBE	
PLEASE DESCRIBE THE BUSINESS YOU CONDUCT IN YONKE	RS
Affordable Housing, Home Improvements, Home Renovati	ons
PRIOR YEAR REVENUES (PLEASE USE YOUR MOST RECENT TAX FILING)	PRIOR YEAR REVENUE
HAVE YOU RECEIVED FUNDING FROM THE UNITED STATES PAYCHECK PROTECTION PROGRAM ["PPP"] OR EMERGENCE OVERNMENT PROGRAM SINCE THE BEGINNING OF THE ST	Y INJURY DISASTER LOAN ["EIDL"] OR ANY OTHER
Yes	
IF YES, DESCRIBE THE AMOUNT OF ASSISTANCE YOU HAVE EXPLAIN WHY THOSE FUNDS WERE INSUFFICIENT TO MEET	RECEIVED AND THE DATE IT WAS RECEIVED. PLEASE ALSO CONTINUING OPERATING NEEDS
	nds were insufficient to meet continuing needs. They were nd pre development fees for surveys and consultants for a
LIST ANY AND ALL OTHER FUNDING YOU ARE CURRENTLY S TO COVID-19, INCLUDING BUT NOT LIMITED TO BANK LOAN FUNDING, ETC.	SEEKING OR HAVE RECENTLY BEEN AWARDED IN RESPONS IS, SBA LOANS, PUBLIC OR PRIVATE LOANS, GRANT
Bank Loan SBA	
PLEASE DESCRIBE ANY OTHER SOURCES OF FUNDING AVAI	LABLE TO YOUR BUSINESS:
Grant Funding from HCR to be used on qualified homeowr violations	ners in the City of Yonkers for repairs, renovations and coe
Applicant Contact Information	
PRIMARY NAME OF CONTACT	
TITLE	PHONE NUMBER
Executive Director	



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PRINCIPAL/OWNER II	NFORMATION				
PRINCIPAL/OWNER FULL NAME james lindburgh simmons		PERCENTAGE	OF BUSINESS OWNED	I mental transmit and such tra-	
		1959			
ADDRESS					
CITY		STATE			
HOME PHONE		CELL PHONE			
	Annual Methods for the Manage of the second state of the second st				
EMAIL	TO MEND IN SIGN TO SERVICE A CONTROL TO AN ADDRESS OF A PORCE SERVICE SERVICE AND ADDRESS AS ADDRESS ADDRESS AS ADDRESS AS ADDRESS AS ADDRESS AS ADDRESS ADD	DATE OF BIRTH			
	See Name about the state of the				
SSN/EIN	TOTAL HOUSEHOLD	INCOME	HOUSEHOLD SIZE		
IS THERE AN ADDITIONAL F	RINCIPAL/OWNER?				
No					
IF YES, PLEASE LIST					
Additional Information	on			e acra col lacoloca a	
IS THE PRINCIPAL PLACE O	F BUSINESS WITHIN YONKERS?	the the the character of the space with a hope, in this or also, displaying again	and where I have decided a second of the control of the second of the se		
Yes		in transplanter, plantylle bands only to all your planty proper year of the control of the contr			
HAS THE COVID-19 CRISIS I	RESULTED IN A DECLINE OF REVE	NUE FOR YOU	R BUSINESS?	A de la description	
Yes		THE R P. LEWIS CO., LANSING MICH.			
PLEASE DESCRIBE		en manuscon per con applica colo, que e en co qui un que en e e un consequence alcune se	of the Market or Mark and all All control projects on the Proposition of the Control of the Project of the Market of the Mar	ons, dell'Aldric no 2 V note del soque V	
not able to go out and cor	nduct work. People are not letting	contractors in	nto their homes		
IS YOUR PLAN TO REMAIN I SOCIAL DISTANCING IS REL		HE BUSINESS	AFTER ANY MANDATED CLOSURES A	ND/OR	
Yes				The second secon	
IS YOUR BUSINESS OPEN N	OW?				
Yes	10 to 11 to 11 to 10 to	The proof refer to the second			
HAVE YOU FILED THE LAST	TWO YEARS TAX RETURNS FOR	YOUR BUSINES	5S?		
Yes	A STATE OF THE STA				
the same of the sa					



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Yonkers IDA Industrial Developme	ent Agency			
DO YOU OWE SALES OR PAYROLL	TAX TO NYS?			
No				a company of the second
IF YES, PLEASE DESCRIBE				
DO YOU OWN OR RENT THE PROP	ERTY IN WHICH YOU OP	ERATE YOUR BUSINESS	7	
Rent				
WHERE IS YOUR BUSINESS LOCAT	ED?	A seminaration on the dates in the Edward of April of Australian Medical States (April of April of Apr		wer it is now a seque or sale or a sequence sale or a sequence sale or a sequence sale or a sequence sale or a
Office	and the state of t	to an information system with the highest addressed of the appropriate a first specific consecution have the constitution of t	The first processor of a community to the community of th	e ang. Annument she steet steet e ang.
HAVE YOU APPLIED, AND BEEN A	PROVED, FOR ANY OTH			
Yes		No. No secondar expensive a second and (1) has a result (1) as a parameter (1) business and	and the second s	
REPRESENTATIONS AND V	VARRANTIES			
NUMBER OF FTE JOBS TO BE RETA	INED			
GRANT 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



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Yonkers IDA Industrial Development Agency

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 FILED) UPLOAD HERE FOR EACH

CURE-2018-990s.pdf

2019 PERSONAL TAX RETURNS (OR MOST RECENT YEAR FILED)

2018-Complete-bdhcpa-return-for-07150996-11-20-2019-2.pdf

BUSINESS FINANCIAL STATEMENTS AS OF 12/31/19

• CURE-2018-2017-Finanicials.pdf

INCOME AND EXPENSE STATEMENTS FOR PAST 12 MONTHS

income-and-expense-statement.pdf

EIN VERIFICATION LETTER

• EIN-Verificatron-letter.pdf

COPY OF DRIVER'S LICENSES OR STATE ISSUED IDENTIFICATIONS

• <u>James-Simmons-Picture-Licese.pdf</u>

Application will be deemed complete ONLY after all documentation has been provided. All approved applications will be posted on our website. You will be provided the opportunity to choose which information is redacted by a YIDA representative before any information is posted.