



COVID 19 EMERGENCY PPE GRANT APPLICATION

Thank you for bringing your request for assistance in purchasing Personal Protective Equipment (PPE) to the Town of Islip IDA. We look forward to working with you to evaluate your project for possible financial assistance. To begin this process, please complete and return the attached *Application*

Please note the following:

- The Town of Islip IDA cannot consider assistance for Personal Protective Equipment (PPE) purchased prior to the funding recipient's written acceptance of an offer of from the Town of Islip IDA.
- This is NOT a contract. This information is needed to help the Town of Islip IDA evaluate your project for possible financial assistance. If the Town of Islip IDA offers assistance, a formal contract will be issued along with other financial documents and receipts required to issue a grant.
- The Town of Islip IDA staff or counsel may request additional information or clarification, including financial projections.
- **Applicant Must provide to the Town of Islip IDA payroll certification that employment does not exceed 50 employees, documentation showing they are physically located in the community served by the Town of Islip IDA and certification that they are in fact a business or non-profit organization**

Definitions:

Full-time Permanent Employee: (i) a full-time, permanent, private-sector employee on the Recipient's payroll, who has worked at the Project Location for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by Recipient to other employees with comparable rank and duties; or (ii) two part-time, permanent, private-sector employees on Recipient's payroll, who have worked at the Project Location for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by Recipient to other employees with comparable rank and duties.

Full-time Contract Employee: a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Personal Protective Equipment: qualifying purchases include but are not limited to **(Use CDC definitions):**

- Masks (N95)
- Hand sanitizers
- Sneeze Guards
- Face Guards and Face Shields
- Gloves and Eye Protection
- Safety Footwear
- Other respiratory devices (air purifiers)
- Cleaning materials and disinfectants
- Specialized packaging for shipping
- Signage
- COVID Testing Kits



PPE GRANT APPLICATION

COMPANY INFORMATION			
1.	Legal Name of Applicant:		
2.	Applicant Address:		
3.	If a DBA, what is DBA name?		
4.	Applicant Contact Name:		
5.	Applicant Contact Address:		
6.	Contact Phone Number:		Contact Email Address:
7.	Type of Business:	Please Describe	
8.	Non-Profit Organization	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Privately Held:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>If Privately Held, please provide information for the company and any entity owning 50% or more or which otherwise controls the applicant, including CPA-audited financial statements for the past three years (balance sheet, income statement and cash flow statement). If audited statements are more than six months old, please provide internally prepared year-to-date financials certified by the signature of a company officer. If audited statements are not available, please submit a review or compilation, together with signed federal and state tax returns, for the past three years. Additional information may be requested.</p>			
10.	Is this a start-up company with no operating history?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please note that companies with less than two years of operating history are not eligible for this grant program.			
11.	<p>Ownership: Please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 5% or more of the company. Indicate if the company is a parent, subsidiary and /or affiliate of another company.</p>	<input type="checkbox"/> ATTACHED Minority Owned? <input type="checkbox"/> YES <input type="checkbox"/> NO Women Owned? <input type="checkbox"/> YES <input type="checkbox"/> NO Veteran Owned? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12.	<p>Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable</p>		
13.	<p>Primary North American Industrial Classification System (NAICS) Code associated with the activity of the business at the project location. Please provide at least the three-digit code, but the six-digit code is preferable.</p>		
14.	<p>Select the applicant ID type that you normally use to identify your organization on applicant forms:</p>		
	Charity Registration Number	<input type="checkbox"/>	Social Security Number
	Duns Number	<input type="checkbox"/>	Federal Tax ID Number
	NYS Unemployment Insurance Tax Number	<input type="checkbox"/>	
15.	Company's Annual Sales:	\$	
16.	What share of the company's product or service is sold within NYS:	%	
STATEMENT OF NEED			
17.	<p>Provide a summary of the need for the project including all PPE materials and equipment the business or non-profit entity will be purchasing and how they will be used:</p>		
	400 characters		



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EMPLOYMENT INFORMATION

Existing Jobs – A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week.

Average Annual Gross Salary – Compensation paid to an employee that excludes payroll taxes, benefits, overtime, and bonuses.

18.	Indicate how many existing full-time equivalent jobs the applicant and its related entities employ in all NYS LOCATIONS and the average annual gross salary for these employees as of the date this application is signed.	# Jobs in NYS	
		Avg annual gross salary	\$

BUDGET and INVOICE

19.	Type of Purchase	Est. Cost				
	EX: Sneez Guards	\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
	Total Projected Investments	\$				

Total amount of Grant Request:

WORKSHEET COMPLETION

Name of Company Official Completing Worksheet:	Title:	Date Completed:

20. Narrative: Here is a section to explain freely why you should be awarded the grant. Please use this section to make a case. We ask that you talk about your business's ties to the community, how the grant will be used if awarded, and how long your business has been shut down for.



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TOI IDA | 40 Nassau Ave., Islip NY 11751 | 631-224-5512