



Angie Carpenter, Supervisor

TOWN BOARD

John C. Cochrane, Jr. • Mary Kate Mullen
James P. O'Connor • Jorge Guadrón

Olga Murray, Town Clerk • Andy Wittman, Receiver of Taxes

April 11, 2022

Dear Business Owner:

I sincerely hope this letter finds you, and your employees, healthy and safe. The past two years have certainly been a challenging time for all of us, in particular for our local business owners, and not-for-profit agencies.

We at the Town truly understand how invaluable our businesses and not-for-profits are to our Community and the local economy. I am pleased to let you know that together with the Town Board, the Town of Islip, like many other municipalities, has received grant funding from the Federal Government's American Rescue Plan Act (ARPA). The Town of Islip is proud to present K.I.T. (Keep Islip Thriving) committing a portion of this pandemic relief funding to our small businesses and not for profits. Please note that this is a limited opportunity that will be available on a first-come-first-serve basis.

We encourage all local businesses and not-for-profits to review the enclosed grant application and apply for the funding. Eligible candidates, who demonstrate a negative economic impact due to COVID, will be able to receive a maximum grant of \$5,000. No re-payment is required. All applications should be submitted via email to islipcovidgrants@islipny.gov. For more information, or to download the application, I encourage you to visit our website www.islipny.gov or call our Office of Economic Development at 631-224-5512.

The Town Board and I remain committed to doing all that we can to ensure that our businesses, that have long been the back bone of our community, can successfully continue for years to come. We thank you for all that you do for our Town, and look forward to continuing to work together for all our residents.

Best Wishes,

Angie M. Carpenter
Islip Town Supervisor



KIT Grant Offerings Application:

In an effort to Keep Islip Thriving, the Town of Islip is offering a Grant Program for our local Small Businesses and Non-Profit Organizations which experienced negative economic impacts during the COVID pandemic:

The Town of Islip is pleased to announce grant relief to businesses and non-profits that were negatively impacted by the Coronavirus pandemic. This grant program is being funded by the American Rescue Plan Act (ARPA). The Town Board is offering assistance to affected small businesses and non-profits for the grant program.

Questions and completed applications can be sent to islipcovidgrants@islipny.gov.

Grant Program:

- Maximum dollar amount - \$5,000 per application
- No re-payment required

Requirements:

- Business must be located within the Town of Islip and have at least two (2) years of business operating history.
- Business must have no more than five-hundred (500) full-time equivalent employees.
- Business must demonstrate an identifiable financial hardship as a result of COVID-19. Financial hardship must be documented, quantifiable, and clearly driven by COVID-19.
- Business must be in good standing and current on its federal, state and local tax obligations and have no outstanding liens or judgments.
- Business must be in good standing with the Town and have no outstanding Town Code violations.
- Applicant must self-certify the eligibility requirements and to the proposed use of funds on the application.



KIT GRANT OFFERINGS APPLICATION

TOWN OF ISLIP ARPA GRANT APPLICATION:

Thank you for applying for the Town of Islip's ARPA Grant Program. We look forward to working with you to evaluate your need for possible financial assistance. To begin this process, please complete and return the attached Application.

Please note the following:

- ☐ Total Grant Amount: Based on the information that businesses submit on the Town ARPA Grant Application, grants will be issued to qualifying businesses in an amount not to exceed \$5,000 per business. The Town may choose to give full or partial funding of the requested amount at its sole discretion.
- ☐ This is NOT a contract. This information is needed to help the Town of Islip evaluate your need for possible financial assistance. If the Town of Islip provides assistance, then a formal contract will be issued along with other financial documents and receipts required to issue a grant.
- ☐ The Town of Islip staff or counsel may request additional information or clarification, including financial documents.
- ☐ Applicant must provide the Town of Islip payroll certification that employment is a qualifying small business or non-profit with no more than 500 employees, documentation showing they are physically located in the Town of Islip, and certification that they are in fact a small 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.



KIT GRANT OFFERINGS 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>Please provide tax returns for prior 3 years if available. 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.	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.		<input type="checkbox"/> ATTACHED <div style="display: flex; justify-content: space-between;"> <div>Minority Owned?</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Women Owned?</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Veteran Owned?</div> <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div>
12.	Estimated loss of revenue due to COVID-19 Pandemic.	\$	
13.	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		
14.	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.		
15. Select the applicant ID type that you normally use to identify your organization on applicant forms:			
	Charity Registration Number	<input type="checkbox"/>	Social Security Number <input type="checkbox"/>
	Duns Number	<input type="checkbox"/>	Federal Tax ID Number <input type="checkbox"/>
	NYS Unemployment Insurance Tax Number	<input type="checkbox"/>	
16.	Company's Annual Sales:	\$	
17.	What share of the company's product or service is sold within NYS:	%	
18.	Has your business previously received funds from the Town? Please select yes if you have received funding from the Small Business Stimulus Grant previously.	YES NO	
	• Amount of funds previously received from the Town? Please enter the total amount of all grants received by the Town.	\$	
19.	Has your business previously received funds from other sources? Please select yes if you have received funds from other sources, such as a Village, City, State, or Federal program (e.g. PPP).	YES NO	



KIT GRANT OFFERINGS APPLICATION

	<ul style="list-style-type: none"> Amount of funds previously received from the other source? Please enter the total amount of all grants received by other sources 	\$
20.	Were you able to open at any time during the shutdown? During any of the shutdown/stay at home orders, was your business able to operate?	YES NO

STATEMENT OF NEED

21.	Provide a summary of how your business or non-profit entity has been impacted by the COVID-19 Pandemic. (400 characters or less):

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. (*i.e. two part-time employees = one full-time employee*).

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

22.	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

23.	Use of Funds (See ELIGIBLE ACTIVITIES on next page) EX: Loss of revenue, hiring personnel, etc.	Est. Cost				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
	Total Projected Investments	\$				
	Total amount of Grant Request:					

WORKSHEET COMPLETION

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



KIT GRANT OFFERINGS APPLICATION

ELIGIBLE ACTIVITIES

Eligible Activities: Activities eligible for funding must be a direct result of supporting public health and response activities associated with the COVID-19 pandemic.

The list below provides examples of **eligible** activities that were driven by the direct response to COVID-19:

- Innovation to promote outdoor business to protect employee and public health.
- Payroll/employee retention or supporting employees, including but not limited to Workers Comp Insurance premium and Unemployment Insurance premium increases related to COVID-19, employee paid leave due to COVID-19 illness.
- Purchase of Personal Protective Equipment (PPE) to protect employee and public health and efforts to sanitize the business environment.
- Rent or mortgage payments (excluding property tax payments).
- Addressing temporary COVID-19 related restrictions on business activity.
- Increasing technology capacity to enable alternative work forms.
- Creating new marketing campaigns or business plans.
- Paying vendor invoices.
- Facility cleaning/restoration.
- Costs associated with additional training or virtual learning to implement COVID-19 safety measures.
- Expenses required to plan for a safe reopening such as expert assessments and/or to conduct research or market surveys.

The list below provides examples of **ineligible** activities or costs covered:

- Expenses for the State share of Medicaid.
- Damages covered by insurance.
- Reimbursement to donors for donated items or services.
- Workforce bonuses other than hazard pay or overtime.
- Severance pay.
- Legal settlements.



KIT GRANT OFFERINGS APPLICATION

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.



KIT GRANT OFFERINGS APPLICATION

CERTIFICATION

I hereby certify that the information contained herein is complete, true and accurate to the best of my knowledge. I further authorize the Town of Islip ARPA Grant Review Committee as well as its designees to make inquiries as necessary to verify the information contained in this application.

The undersigned agrees that any funds provided pursuant to this application will be utilized exclusively for the purpose(s) set forth in this application, as may be amended. If the funds are not utilized exclusively for the purpose(s) set forth in this application or not used in total the undersigned will return the funds to the Town of Islip.

I understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Applicant Signature: _____

Printed Name: _____

Date: _____