



BROOKLYN ALLIANCE CAPITAL, INC.

Bring Back Brooklyn Grant and Loan Application

Criteria and Guidelines

Request for (check all that apply): *Please complete both applications if applying for all.*

PPE Grant Donated PPE Bring Back Brooklyn No Interest Loan All

PPE Grant: *(Masks, Gloves, Face Shields / Safety Goggles, Gowns / Shoe Covers, Hand Sanitizer)*

- \$600 Per Employee for Qualifying PPE
- Up to \$2500 to Offset Costs of Deep Cleaning, Facility Health/ Safety Enhancements (such as sneeze guards, hand sanitizer stations and thermometers), and Point of Sale Devices (POS)
- Items/services must be procured from an approved local vendor

Auditing Documentation (Grants Only)

- Purchase Order Submitted to Approved Vendor
- Invoice from Approved Vendor

**A statement of need will accompany all PPE grant requests itemizing the number of employees and verifying employment. **

Donated PPE Equipment

- Based on Brooklyn Chamber of Commerce (BCC) Inventory/Stockpile
- Where applicable, BCC will donate 3 months of PPE in lieu of Grant Funding

Bring Back Brooklyn No-Interest Loan

- Up to \$10,000
- No loan processing fee
- Two-year Repayment Terms

General Criteria to be Eligible for a BBBF Loan:

- No more than 30 days late on any bills, loans, credit cards, or any other payment. (With the exception of rent.) If you are late, the total late balance must be under \$5,000. (Judgment)
- Not have declared bankruptcy in the past 12 months
- Not have gone through foreclosure in the past 24 months
- Not have received an Economic Injury Disaster Loan, NY Forward Loan or any other Commercial Loan since March 1, 2020
- Have a profitable business for the 12-months leading up to March 1, 2020
- Must agree to reopen your business in Brooklyn commensurate with the appropriate opening phase as outlined by NYS, and in accordance with the safety guidelines issued by NYS for your business sector

Required Documentation:

- One valid form of identification must be a photo ID (ex: driver's license, passport). Front and back
- Voided check from your personal and business bank accounts to wire loan or set up ACH payments
- Photos of business space inside and out
- Proof of business ownership (ex: Articles of incorporation, EIN registration, Schedule K)
- Three most recent consecutive business and personal bank statements (ALL accounts and ALL pages)



BROOKLYN ALLIANCE CAPITAL, INC.

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Personal Information

Date of Application: Individual Application Joint Application

Name: Mr./Mrs./Ms.

Address

Zip Code

Phone Number

Fax

Email Address

Country of Origin

Social Security#

Ethnic Background: Black White Hispanic Asian Other

Military Status: Veteran Active Duty Reserve N/A

Citizenship Status: Refugee Immigrant Citizen Other



BROOKLYN ALLIANCE CAPITAL, INC.

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Business Information

Business Name

of Employees

Address

Zip Code

Business Phone

Business Email

Business website:

M/WBE Certified: Yes No

Legal Structure: Corporation LLC Sole Proprietor Partnership S-Corp

Business Start Date

EIN#

Yearly Gross Sales

Business Industry: Professional Services Retail Wholesale
 Manufacturing Construction Healthcare
 Food Services Education Services Real Estate
 Other _____

Brief Description of Business:

Re-opening Plan:

*(Please add attachment
if necessary)*



BROOKLYN ALLIANCE CAPITAL, INC.

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Loan and Financial Information

****Complete pages 4 & 5 only if applying for the No Interest Loan. ****

Requested Loan Amount: \$ _____

Business Assets \$ _____
(Materials, inventory, machinery, accounts receivable, furniture, fixtures, vehicles, etc.)

Monthly Rent \$ _____

Business Liabilities \$ _____
(Business debts; includes vehicles, accounts payable, loans with other lenders, banks, etc.)

Monthly Business Financials

Monthly business sales \$ _____

Other business income \$ _____

TOTAL MONTHLY BUSINESS INCOME \$ _____

Monthly Business Expenses

Materials and inventory (COGS) \$ _____

Marketing, advertising fees, etc. \$ _____

TOTAL MONTHLY BUSINESS EXPENSES \$ _____

Bank Accounts (List bank accounts held by the business):

Bank Name Routing Number Account Number

Bank Name Routing Number Account Number

Existing Loans:

Have you recently received a Paycheck Protection Program (PPP) Loan and/or an Economic Injury Disaster Loan (EIDL), NY Forward Loan or recent Commercial Loan? Yes No

If yes, please list Financial Institution and Amount:

| Financial Institution | PPP/EIDL/Other | Amount | Date Awarded |
|-----------------------|----------------|--------|--------------|
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BROOKLYN ALLIANCE CAPITAL, INC.

Bring Back Brooklyn Grant and Loan Application

Disclaimer

Does the business or guarantor(s) have open tax liens or judgments? Yes No

Is the business or guarantor(s) involved in any lawsuits? Yes No

Is the business or guarantor(s) delinquent on federal or state taxes? Yes No

The undersigned and Brooklyn Chamber of Commerce Inc., Brooklyn Alliance Inc., and Brooklyn Alliance Capital Inc. agree to defend, indemnify and hold the other, its officers, employees, successors, and assigns harmless from any third party claim, suit, expense, or judgment or threat thereof, including attorneys' fees and costs, arising out of the breach of this Agreement by, or any negligence or willful misconduct of, the indemnifying party, its employees, staff, agents and/or such indemnifying party's third party contractor. The undersigned and Brooklyn Chamber of Commerce Inc., Brooklyn Alliance Inc., and Brooklyn Alliance Capital Inc. agree to promptly notify the other upon receipt of notice of a possible claim, suit, or other action for which a request for indemnification shall be made. The parties shall cooperate in the defense and settlement of any such matter. The terms of this provision shall survive the termination of this Agreement as to any claims which may be made after its termination, but by reason of events alleged to have occurred prior to its termination. **Initial:** _____

The undersigned certifies that, to the best of his or her knowledge and belief, all information contained in this loan application and in the accompanying statements and documents is true, complete, and correct.

I authorize Brooklyn Alliance Capital (BAC) to obtain credit reports where applicable and verify any information in connection with this loan application and for any updates, renewal or extension of the credit received. I further authorize BAC to request any documents necessary to complete this transaction.

Applicant Signature Date

Co-Applicant Signature Date

BAC Representative Signature Date

| | | |
|-------------------|--------------------------------------------------------------------|----------------|
| Staff use only: | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount\$ _____ |
| Assigned to _____ | | |



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PPE Grant/Donation Information

Please note: If you receive a grant, you are required to use an approved Brooklyn Chamber of Commerce vendor for PPE purchase or deep cleaning services. The BCC reserves the right to substitute donated PPE in lieu of all or some grant amount. If you are applying for per employee PPE funds, you will need to show documentation verifying the number of employees.

How many employees are you applying for PPE? # of employees ____ x \$600 = \$_____

What payroll documents will you provide to verify employees?

Please list in detail all PPE requests:

Are you requesting deep cleaning funds for your facility? Yes No

What is the square footage of your space? _____ Sq. Ft

Do you have heavy machinery? Yes No

If yes, please list machinery _____

Do you need a Point of Sale Device? Yes No
(hardware system for processing credit/debit or contactless payments)

Statement of Need

By signing this application, I affirm and certify that all the information and answers to questions herein are complete, true and correct. I attest to the immediate need of Personal Protective Equipment (PPE) for my business and/or my employees so we can provide a safe workplace and assist in meeting NYS safety guidelines.

Signature of Grantee _____ Date _____

Signature of BAC Representative _____ Date _____

| | |
|--------------------------|----------------------------------------------------------------------|
| Staff use only: | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BAC Representative _____ | PPE Grant <input type="checkbox"/> Donation <input type="checkbox"/> |