



BROOKLYN ALLIANCE CAPITAL, INC.

Bring Back Brooklyn Grant - PPE Application

Criteria and Guidelines

Request for (check all that apply):

PPE Grant

Donated PPE Equipment

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

About the PPE Grant

The PPE Grant will cover:

- \$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)

If applying for a PPE Grant, you will also need to submit the following with your application:

- 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

Donations of PPE Equipment are:

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



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

Ethnic Background: Black White Hispanic Asian Other

Military Status: Veteran Active Duty Reserve N/A

Citizenship Status: Refugee Immigrant Citizen Other



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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:

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):*



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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:

BAC Representative _____

Approved: Yes No

PPE Grant Donation