



# 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, Heater, Air Purifier)

- \$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

#### Heater (\*Available for Retail/Restaurant and Bar only) Air Purifier (\*Available for Restaurants and Bars)

- |  |                             |
|--|-----------------------------|
| \$5000 maximum allowable reimbursement | Proof of purchase (Receipt) |
| Proof of cost (Vendor information)     | Submit Photo of Equipment   |

#### 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.

## Bring Back Brooklyn Grant and Loan Application

### 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.

## Bring Back Brooklyn Grant and Loan Application

### 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.

## Bring Back Brooklyn Grant and Loan Application

### 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



# 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:  Yes  No Amount\$ \_\_\_\_\_

Assigned to \_\_\_\_\_



# BROOKLYN ALLIANCE CAPITAL, INC.

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### PPE Grant/Donation/Heater/Air Purifier 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:

**\*\*\*Available for Retail/Restaurants and Bars Only\*\*\***

Request Heater or Air Purifier: Heater  Air Purifier  Both

Total Purchase Amount: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

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:  Yes  No

BAC Representative \_\_\_\_\_

Heater/Air Purifier  PPE Grant  Donation