

ST. LAWRENCE COUNTY INDUSTRIAL DEVELOPMENT AGENCY
Resolution No. IDA-20-12-33
December 18, 2020

**AUTHORIZING A COVID-19 DISASTER EMERGENCY GRANT IN THE AMOUNT
OF \$10,000 TO THE SOCIETY OF UNITED HELPERS**

WHEREAS, the St. Lawrence County Industrial Development Agency (the "Agency") is authorized and empowered by Title 1 of Article 18-A of the General Municipal Law of the State of New York (the "State") as amended, and Chapter 358 of the Laws of 1971 of the State, as amended (collectively, the "Act") to promote, develop, encourage and assist in the acquiring, constructing, reconstructing, improving, maintaining, equipping and furnishing of industrial, manufacturing, warehousing, commercial, research, and recreation facilities, including industrial pollution control facilities, railroad facilities and certain horse racing facilities, for the purpose of promoting, attracting, encouraging and developing recreation and economically sound commerce and industry to advance the job opportunities, health, general prosperity and economic welfare of the people of the State, to improve their recreation opportunities, prosperity and standard of living, and to prevent unemployment and economic deterioration; and

WHEREAS, new State legislation went into effect on June 17, 2020 (the "COVID- 19 Grant Legislation") that expands the powers of the Agency under the Act in order to provide industrial development agencies ("IDAs") with flexibility to support small business and non-profits during the COVID-19 pandemic; and

WHEREAS, the COVID-19 Grant Legislation amends the Act to allow IDAs to provide grants to small businesses and small not-for-profit corporations (in either case, having no more than 50 employees) with grants of no more than \$10,000 for the purpose of acquiring personal protective equipment and/or installing fixtures necessary to prevent the spread of COVID- 19 (the "Authorized Purposes"); and

WHEREAS, IDAs may provide grants pursuant to the COVID-19 Grant Legislation only while Executive Order 202, as amended, is in effect (the "Permitted Period"); and

WHEREAS, pursuant to the COVID-19 Grant Legislation, an IDA must determine that an applicant meets the following criteria (the "Qualifying Criteria") before providing a grant: (i) was a financially viable entity prior to March 2020; (ii) conducts business in the area served by the IDA; and (iii) has been negatively affected by COVID-19; and

WHEREAS, the Agency has reviewed and considered an Application from the Society of the United Helpers, and has determined that the Applicant meets the Qualifying Criteria and desires to approve a grant (the "Grant") in the amount of \$10,000 to the Applicant for the Authorized Purposes;

NOW, THEREFORE, BE IT RESOLVED that the St. Lawrence County Industrial Development Agency does hereby authorize and direct its Chief Executive Officer, with guidance from SLCIDA Counsel, to execute a COVID-19 Disaster Emergency Grant with the Applicant.

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Move:	LaBaff			
Second:	Morrill			
VOTE	AYE	NAY	ABSTAIN	ABSENT
Blevins	X			
Hall	X			
LaBaff	X			
McMahon	X			
Reagen	X			
Staples	X			
Morrill	X			

I HEREBY CERTIFY that I have compared this copy of this Resolution with the original record in this office, and that the same is a correct transcript thereof and of the whole of said original record.

/s/

Lori Sibley
 December 18, 2020

PPE GRANT APPLICATION

COMPANY INFORMATION

1. **Legal Name of Applicant:** The Society of The United Helpers
2. **Applicant Address:** 732 Ford Street, Ogdensburg NY 13669
3. **If a DBA, what is DBA name?** NA
4. **Applicant Contact Name:** Kelly Lowery
5. **Applicant Contact Address:** 732 Ford Street
6. **Contact Phone Number:** x4222 **Contact Email Address:** [REDACTED]
7. **Type of Business:** Please Describe post acute health care provider
8. **Non-Profit Organization** YES NO
9. **Privately Held:** YES NO
- 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.
10. **Is this a start-up company with no operating history?** YES NO
- If a start-up company (less than one year in business), please provide personal financial statements from a personal guarantor. Please provide bank references for borrowing entity and personal guarantors.
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. ATTACHED
12. **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. 623110
Description
13. **Primary North American Industrial Classification System (NAICS) Code associated with the activity of the business at the project location.** 623110
Please provide at least the three-digit code, but the six-digit code is preferable. Description
14. **Select the applicant ID type that you normally use to identify your organization on applicant forms:**
- | | | | |
|---------------------------------------|-------------------------------------|------------------------|-------------------------------------|
| Charity Registration Number | <input checked="" type="checkbox"/> | Social Security Number | <input type="checkbox"/> |
| Duns Number | <input type="checkbox"/> | Federal Tax ID Number | <input checked="" type="checkbox"/> |
| NYS Unemployment Insurance Tax Number | <input type="checkbox"/> | | |
15. **Company's Annual Sales:** \$ [REDACTED]
16. **What share of the company's product or service is sold within NYS:** 100%

STATEMENT OF NEED

17. 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:



Thank you for your interest in the St. Lawrence County Industrial Development Agency Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. Please complete and return this Application along with the required documentation. Please contact us with any questions at 315-379-9806.

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:

- 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

Due to the fact that our nursing facilities have been hit hard with COVID-19, we are spending tremendous amounts of money on masks, gowns, gloves, etc. to try to protect our employees and the elderly that we care for from the spread of the disease. We are requesting this grant to help pay for our latest \$72,000 purchase of gowns.

PPE GRANT APPLICATION

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.

33.	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	2
		Avg annual gross salary	\$52,800

BUDGET and INVOICE

38.	Type of Purchase	Total Amount of Funding Requested			
	EX: Machinery & Equipment	Est. Cost			
	Gowns	72,000			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
	Total Projected Investments	\$72,000			

WORKSHEET COMPLETION

Name of Company Official Completing Worksheet:	Title:	Date Completed:
Kelly Lowery	VP of Finance	12/16/2020

CERTIFICATION I _____, being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief; and that all information I have supplied is true and correct. I further understand that false statements or intentional omissions made in this Application or in connection with the verification process may have an adverse consequence to my application/submission to the St. Lawrence County Industrial Development Agency. In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL). I understand that all grant information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.



St. Lawrence County
Industrial Development Agency

**St Lawrence County Industrial Development Agency
COVID-19 Disaster Emergency Grant Program**

Grant Agreement

Grantor: St. Lawrence County Industrial Development Agency

Grantee: The Society of United Helpers

Grant Number: 2020-12-01

Award Value: \$ 10,000

Term of the Grant: 12/18/20 – 3/18/2021

Project Location: 732 Ford Street, Ogdensburg, New York

DEFINITIONS AND ABBREVIATIONS

Definitions set forth in this section "Definitions and Abbreviations," in addition to any definitions integrated in the text of this Grant Agreement, apply to all portions of this Grant Agreement unless explicitly stated otherwise.

Agreement: The Grant Agreement.

Award Date: December 18, 2020

Company Official: Kelly Lowery, VP of Finance

SLCIDA: St. Lawrence County Industrial Development Agency

Grant: Financial award of funds for the purpose of acquiring personal protective equipment or installing fixtures necessary to prevent the spread of novel coronavirus, COVID-19 during the period in which executive order 202 of 2020, as amended, is in effect.

Grant Agreement: The agreement defined collectively by the documents entitled "Grant Agreement and "Terms and Condition of Grant Awards". The Grant Agreement is understood to be made in support of the specific aims of the State Disaster Emergency grant program through the SLCIDA Grant Application process.

Grant Funds: \$10,000

Grantee: The grant recipient of the SLCIDA award, being the entity, whose name appears as Recipient of the SLCIDA Award.

Grantor: The Society of United Helpers

Official Written Correspondence: Written or electronically delivered communications submitted in accordance with the Notice provision of the Grant Agreement

PPE: Personal Protective Equipment

Project: Work approved by the SLCIDA to be performed by the Grantee in support of the purchase of PPE or installation of fixtures that was identified by the grantee through SLCIDA's grant application process.

Small Business: Business with not more than 50 employees.

Small Not-for-Profit Corporation: A not-for-profit corporation, formed pursuant to the not-for-profit corporation law with not more than 50 employees.

State Disaster Emergency: The period in which executive order 202 of 2020, as amended, is in effect to address the outbreak of novel coronavirus, COVID-19.

Term: The term ("Term") of this Grant Agreement shall include the Award Duration (Start Date and End Date inclusive), plus the duration and first and end dates of any one or more contiguous End Date Extension(s), unless earlier terminated in accordance with the provisions of this Grant Agreement.

Grant Funding and Budget

Grant Request Budget		
PPE and/or Fixture Installation Description	For PPE/Fixtures purchased after the Grant Agreement Start Date	For reimbursement of PPE/Fixture expenditures purchased prior to the Grant Agreement Start Date
Items or Vendor Contract (See attached Appendix 1 Budget for item/cost details provided by the Grantee as part of the Grant Application)		
Gowns		\$ 72,000
Total PPE Expense	\$	\$ 72,000
Grantee Share (10% of Total PPE Expense)	\$	62,000
GRANT AWARD (90% of approved PPE Expense or Maximum of \$10,000)	\$	10,000

Detailed accounting records are required for all transactions related to the Grant without commingling with other projects or funding. Grantee must keep all accounting records and supporting documents safely secured and available for review or audit upon notice.

Any change in the budget of more than 15% of the total budget shall be subject to SLCIDA's prior written approval. For reimbursement to be considered, a copy of the invoice and cancelled check must be submitted to SLCIDA for review.

Term of the Grant

The Grant term shall begin on 12/18/2020 (the "Start Date") and ends on 3/18/2021 (the "End Date")

Purpose of the Grant

The Grant is being provided to the Grantee to support the acquisition of PPE and/or installation of fixtures necessary to prevent the spread of novel coronavirus, COVID-19 (collectively, the "Project").

By executing this Grant Agreement, the Grantee agrees to carry out the activities described above on a timely basis and otherwise in compliance with this Grant Agreement (including all exhibits and attachments hereto). Grantee further represents and warrants that the activities contemplated under this Grant Agreement address, or will address, the prevention of the spread of novel coronavirus, Covid-19. Grantee further agrees to use the Grant Funds to assist in the completion of the Project.

This Grant is made with the understanding that the Grantor has no obligation to provide other or additional monies to the Grantee, over and above the Grant Funds.

Disbursement Conditions:

With respect to request for disbursement of Grant Funds at the conclusion of the Project, SLCIDA shall have received, in advance, from Grantee, as applicable, the items set forth below, all of which must be in form and substance acceptable to SLCIDA, in its sole and reasonable discretion:

1. The Grant Agreement duly signed by both Grantee and SLCIDA (*to be returned within 30 days of receipt*).
2. Provide a copy of paid invoice(s) and cancelled check(s) for items listed in the Grant Budget.

To initiate reimbursement at the conclusion of the Project, please forward the above-referenced documentation to the SLCIDA's Primary Contact: Patrick J. Kelly, CEO, 19 Commerce Lane, Suite 1, Canton, New York 13617, 315-379-9806, pkelly@slcida.com

Disbursement:

A reimbursement grant provides funding to the grant recipient, up to the grant amount approved, after expenses have been incurred.

Note: To receive reimbursement accurately and efficiently, it is important to submit all supporting documentation with your request.

ACCEPTANCE OF THIS GRANT AGREEMENT

The undersigned hereby acknowledges that it has received, read, and understands this Grant Agreement and all the component parts of this Grant Agreement, and agrees to comply with all the requirements in connection with the Grant as herein described.

This Grant Agreement must be signed and returned to the SLCIDA within thirty (30) days of Grantee's receipt of the Grant Agreement. SLCIDA reserves the right to withdraw this Grant Agreement and reprogram the Grant Funds if the Grantee's signature is not timely obtained and submitted to the SLCIDA.

If this Grant Agreement correctly sets forth your understandings and acceptance of the arrangements made regarding this Grant Agreement, please countersign and return to Grantor.

TERMS OF GRANT ACCEPTED AND AGREED TO:

The Society of United Helpers

Authorized Officer Signature: _____



Name: _____

Kelly Lowery

Title: _____

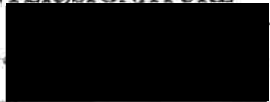
VP of Finance

Date: _____

12/22/2010

SLCIDA CEO COUNTER SIGNATURE

Patrick J. Kelly _____



Date: _____

12/22/2010

All Grant related inquiries should be directed to Patrick J. Kelly, CEO, 19 Commerce Lane, Suite 1, Canton, New York 13617, 315-379-9806, _____

Terms and Conditions of Grant Award

CONDITIONS OF FUNDING

GRANT AMOUNT: The SLCIDA will disburse the Grant Funds to you in the total amount specified in the Reporting & Payment Schedule, below. The SLCIDA's Primary Contact must approve in writing any Budget cost category change of more than 15%.

REPORTING & PAYMENT SCHEDULE: Grant Fund disbursement is subject to your compliance with this Grant Agreement, including your achievement, and the SLCIDA's approval, of any applicable targets, milestones, and reporting deliverables required under this Grant Agreement. The SLCIDA may, in its reasonable discretion, modify disbursement date(s) or amounts and will notify you of any such changes in writing.

REPORTING: Please notify the SLCIDA's Primary Contact if you need to add or modify any targets or milestones. The SLCIDA must approve any such changes in writing. You agree to submit other reports the SLCIDA may reasonably request.

USE OF FUNDS: You may not use Grant Funds for any purpose other than the Project. You may use Grant Funds to reimburse any expenses consistent with the terms of the Grant Agreement. At the SLCIDA's request, you will repay any portion of Grant Funds used in material breach of this Grant Agreement, as determined by the SLCIDA in its sole discretion.

PUBLICITY: By acceptance of the Grant Agreement, the Grantee agrees to participate in targeted promotional activities, which may include: media interviews, social media, testimonials, and videos. Before announcing the Grant publicly, the Grantee agrees to submit a draft of any media release to the SLCIDA for review at least five business days prior to release.

RENEWALS: All requests for renewal of SLCIDA support should be made by submission of a new application.

COMPLIANCE WITH LAWS: In carrying out the Project, you will comply with all applicable laws, regulations, and rules and will not infringe, misappropriate, or violate the intellectual property, privacy, or publicity rights of any third party.

TERM: This Grant Agreement commences on the Start Date and continues until the End Date, unless terminated earlier as provided in this Grant Agreement. The SLCIDA, in its discretion, may approve in writing any request for an End Date Extension, including amending the End Date and adjusting any affected reporting requirements.

TERMINATION: The SLCIDA may modify, suspend, or discontinue any payment of Grant Funds or terminate this Agreement if: (a) the SLCIDA is not reasonably satisfied with your progress on the Project; (b) there are significant changes to your leadership or other factors that the SLCIDA reasonably believes may threaten the Project's success; (c) there is a change in control of the Grantee; (d) there is a change in your tax status; or (e) you fail to comply with this Agreement.

RETURN OF FUNDS: Any Grant Funds that have not been used for or committed to the Project upon expiration or termination of this Agreement must be returned promptly to the SLCIDA.

RECAPTURE: Notwithstanding any provision to the contrary, it is understood and agreed that the Grantor is entering into this Grant Agreement in order to provide the Grant Funds to the Grantee and accomplish the public purposes of Chapter 109 of the Laws of 2020. In consideration thereof, the Grantee hereby agrees that if there shall occur a Recapture Event, as defined below, and if the Company fails to remedy such Recapture Event and such failure shall have continued for a period of thirty (30) days after the SLCIDA provides written notice to the Grantee in accordance with the Notice provision of the Grant Agreement specifying that failure and stating that it be remedied, the Grantee's failure to cure shall then result in a Recapture Event determination, and the Grantee shall pay to the Grantor one hundred percent (100%) of the Grant Funds ("Recaptured Benefits"). The Recaptured Benefits shall be paid to the Grantor within ten (10) days after notice of a Recapture Event has been served on the Grantee in accordance with the Notice provision of this Grant Agreement. "Recapture Event" shall mean any of the following events: (x) any portion of the Grant Funds are not used for the purposes set forth in this Agreement and/or (y) Grantee accepts a loan or grant from another Industrial Development Agency in the State of New York; and/or (z) failure to comply with the reporting obligations of the Grant Agreement.

RECORD KEEPING: You will maintain complete and accurate accounting records and copies of any reports submitted to the SLCIDA relating to the Project. You will retain such records and reports for 2 years after Grant Funds have been fully spent. At the SLCIDA's request, you will make such records and reports available to enable the SLCIDA to monitor and evaluate how Grant Funds have been used or committed.

SURVIVAL: The Grantee's obligations under this Agreement, including, without limiting the foregoing, the Grantee's Recapture Event obligations, will be continuous and survive expiration or termination of this Agreement as expressly provided in this Agreement or otherwise required by law or intended by their nature.

ENTIRE AGREEMENT, CONFLICTS, AND AMENDMENTS: This Grant Agreement contains the entire agreement by and between Grantor and Grantee and supersedes all prior and contemporaneous agreements concerning its subject matter. If there is a conflict between this Grant Agreement and the Application Narrative and Budget, this Grant Agreement will prevail. Except as specifically permitted in this Grant Agreement, no modification, amendment, or waiver of any provision of this Grant Agreement will be effective unless in writing and signed by authorized representatives of both Grantor and Grantee.

NOTICES AND APPROVALS: Written notices, requests, and approvals under this Grant Agreement must be delivered by USPS mail, in person or email to the other party's primary contact specified on the Grant Agreement signature page, or as otherwise directed by the other Party.

SEVERABILITY: Each provision of this Agreement must be interpreted in a way that is enforceable under applicable law. If any provision is held unenforceable, the rest of the Agreement will remain in effect.

INDEMNIFICATION: The Grantee agrees to indemnify, defend and hold harmless the Grantor and its affiliates, officers, directors, members, employees, agents, representatives, successors and assigns from and against, any and all claims (including but not limited to, bodily injury, death and/or property damage), demands, fines, penalties, actions, proceedings, judgments, settlements, liens, damages, losses, liabilities, obligations, disbursements, or costs (including but not limiting reasonable attorneys' fees and any other incurred expenses which may arise as a result of any of the foregoing) that may be occasioned by any cause whatsoever pertaining to (i) the operation of the Project and (ii) this Grant Agreement. The foregoing indemnities shall apply notwithstanding the fault or negligence on the part of the Grantor, or any of its respective officers, directors, members, agents or employees.

AUTHORIZATION: The Grantee hereby covenants and warrants that it has full authorization from its governing body to enter into this Grant Agreement and to undertake the purposes set forth within this Grant Agreement.

AVAILABILITY OF FUNDS: It is understood and agreed by the Grantee that all of the Grant Funds are subject to, and contingent upon, sufficient monies being available to the Grantor. In the event such monies have been exhausted, this Grant Agreement may be voided with no further obligation on the part of the Grantor.

RELATIONSHIP OF GRANTOR AND GRANTEE: The relationship between Grantor and Grantee shall be solely that of grantor and grantee, respectively, and nothing contained in this Grant Agreement shall create any other relationship between the Grantor and the Grantee. Nothing contained in this Grant Agreement shall constitute Grantor as a joint venture, partner, or agent of the Grantee, or render Grantor liable for any debts, obligations, acts, omissions, representations, or contracts of Grantee.

APPLICABLE LAW: This Grant Agreement shall be governed by, and all matters in connection herewith shall be construed and enforced in accordance with the laws of the State of New York applicable to agreements executed and to be wholly performed therein. Grantor and Grantee hereto hereby agree to submit to the personal jurisdiction of the state courts located in Erie County, New York.

GRANTOR'S RIGHTS: Grantor's rights and remedies under this Agreement shall be cumulative and may be exercised in such manner, order, and combination as Grantor may determine in its sole discretion.

ASSIGNMENT: Grantee shall not assign, or transfer by operation of law or court order, any of its rights or obligations under this Grant Agreement without the SLCIDA's prior written consent, which may not be unreasonably withheld or delayed.

COUNTERPARTS AND ELECTRONIC SIGNATURES: Except as may be prohibited by applicable law or regulation, this Grant Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement. Facsimile and electronic signatures will be binding for all purposes.

OVERLAPPING GRANT AWARDS: "Overlapping Grant Awards" is defined as a circumstance under which the budget or aims of the Project that is the subject of this Grant Agreement duplicates either the budget or aims of another project that is funded by another source. The Grant Funds have been awarded with the express understanding that SLCIDA is the sole and exclusive financial supporter of the Project for which Grant monies were requested.

An anticipated occurrence of Overlapping Grant Awards shall be understood to exist following Grantee's receipt of an award letter, or the documented promise for funding, from another funding source, if that award would be fiscally duplicative of the SLCIDA award. All occurrences or anticipated occurrences of Overlapping Grant Awards must be reported immediately to SLCIDA. Grantee shall have thirty (30) days from the report of the overlap to remedy the overlap. Failure of the Grantee to report or satisfactorily remedy the occurrence of overlap between the SLCIDA Grant and the funding of another organization will result, at the discretion of SLCIDA, in terminating the award, and/or the return of the overlapping proportion of monies awarded by SLCIDA up to and including the full value of the SLCIDA Grant Fund award.

ADMINISTRATIVE REQUIREMENTS

Budget Guidelines, Revisions, and End Date Extensions

The budget may not contain administrative overhead or indirect costs and should be prepared in US dollars.

Once the budget is approved by the SLCIDA, transfer of more than 15% from one budget category to another requires written approval from SLCIDA for purposes of Grant Fund reimbursement. Requests for such transfers must be made through Official Written Correspondence, provide justification for the proposed transfer, and must include a copy of the new proposed budget.

In the event that there is more than 25% of the total grant award remaining at the End Date, the Grantee may request permission to extend the Grant Term for a period not to exceed ninety (90) days with no increase in funding. Requests for such an "End Date Extension" must be made through Official Written Correspondence before the End Date.

A final financial progress report, including paid invoices and copies of cancelled checks, shall be required within sixty days (60) following the End Date or the End Date Extension date.

Financial Reports

SLCIDA may require a certified financial report for each year(s) of the Grant. SLCIDA will provide forms for submission of the financial reports. This report must be signed by a representative of the Grantee and must show that Grant Funds were used in accordance with the approved budget.

Delinquent reports or reports describing unapproved expenditures may result in delays of scheduled award payments or, at the sole discretion of SLCIDA, termination of the Grant.