

City of Albany Small Business Façade Improvement Program Application

RETURN APPLICATION TO:

Capitalize Albany Corporation

21 Lodge Street

Albany, New York 12207

Development@CapitalizeAlbany.com

CHECKLIST OF ATTACHMENTS

Please use this checklist as a guide to the documentation necessary to complete your grant application. Incomplete grant applications will not be considered.

Completed application

Plan for the project including:

- ✓ Concept for façade, showing design/"feel" (photos of similar concepts, material samples, etc.)
- ✓ Detailed scope of work and/or architectural drawings and/or renderings of the improvements, reflecting placement, materials and colors to be used

Color photographs of the existing exterior conditions of the building (including photos of the building façade as a whole, specific items to be addressed within the scope of work, and of the property's location within the district)

Up to three (3) estimates from licensed (if required), insured contractors reflecting work to be performed and costs

A copy of the current property tax bill or deed to confirm ownership of the property

Documentation that all taxes are current (federal, state, local, business, property, sales, and payroll)

For lessees, a legally valid and binding lease for a period that, at a minimum, does not expire prior to anticipated project completion date

Documentation of commitment of funds for the project (bank statement(s) and/or commitment letter(s) per the discretion of Capitalize Albany)

If the applicant is a lessee, Property Owner Declaration and Consent Form

If the applicant is a convenience retail store, Convenience Retail Store Certification Form

Capitalize Albany Corporation has the right to request additional information if necessary during the application review process.

City of Albany Small Business Façade Improvement Program Application

Date of Application: _____

Date Received (for office use only): _____

APPLICANT INFORMATION					
Applicant Name:					
Applicant Address:					
	City:		State:		Zip Code:
Applicant Phone Number:					
Applicant Email Address:					

BUSINESS INFORMATION					
Name of Business:					
Physical Address of Business:					
	City:		State:		Zip Code:
Mailing Address of Business (if different than above):					
	City:		State:		Zip Code:
Identify the Type of Business: Examples: Convenience Retail Store; Grocery/Specialty Food Store; Not-For-Profit Organization; Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas); Professional Services (e.g. doctors, lawyers, accountants, architects); Restaurant/Tavern; Soft Goods Retail (e.g. Apparel/Shoes/Home Furnishings/Books/Gifts/Novelties); Industrial/Warehouse; Other (Identify)					
State of Business:	Existing New/Start-up				
Number of Years in Business (if existing):					
Is the business open to the general public?	Yes No				
Days and Hours of Operation:					
Is this the sole location for the business?	Yes No				
If not the sole location, how many locations does the business have and where are they each located?					

Does this project involve the relocation of an existing location?	Yes	No
If a business relocation, please explain how the business is expanding or indicate other relevant information that pertains to the inability to continue to operate at the existing location.		
Business Structure:		
Sole Proprietorship Partnership LLC Corporation Other (explain):		
If Partnership, General Partner Legal Name:		
General Partner Legal Structure:		
Sole Proprietorship Partnership LLC Corporation Other (explain):		
Federal Tax ID Number:		Locally-Owned Business: Yes No

BUSINESS OWNERSHIP BREAKDOWN (please attach additional sheets if necessary)			
Name:		Name:	
Title:		Title:	
Ownership:		Ownership:	
	%		%
Years with the Company:		Years with the Company:	

REAL ESTATE INFORMATION					
Project Address:					
	City:		State:		Zip Code:
Is the building on a corner lot?	Yes No				
Do you own or lease the property?	Own Lease				
If lessee, current landlord:					
Landlord's Email:					
Landlord's Phone Number:					
If lessee, length and expiration date of lease:					
How many square feet of the building does the business occupy?					

EMPLOYMENT SUMMARY

Total Current Employment of Business (indicate number of full time and part time positions and average hours worked per week for each position):

Number of City of Albany Residents Employed Currently:

Total Projected Construction Jobs (provide both full time and part time figures):

PROJECT DESCRIPTION

Provide a description of the proposed project below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of the façade improvement project and identify the specific aspects of the work for which grant assistance is being requested. Attach additional sheets of paper as necessary.

Discuss the impact of the proposed project below. In the response, please explain how an improved façade will benefit both your business and the surrounding community. Attach additional sheets of paper as necessary.

ANTICIPATED PROJECT TIMELINE

Project start date:

Project completion date:

DECLARATIONS

If you answer "Yes" to any of the below questions, please provide details on a separate sheet attached to this Grant Application.

Are there any outstanding tax liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

Yes No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

Yes No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

Yes No

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

Yes No

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

Yes No

If you are the owner of the property, are there any violations against the building?

Yes No

If yes, indicate Building, Fire Department, or other and explain on a separate sheet of paper.

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

Yes No

If you are the owner of the property, are there any current real estate property tax abatements on the property?

Yes No

If yes, indicate the type and amount of abatement and when it expires on a separate sheet of paper.

Describe any recent (i.e. past ten years) improvements which have been made to the building, indicating item, year, completed, and approximate cost below:

Provide a detailed budget below that includes a breakdown of the total estimated project costs. Include in this budget an itemization of all materials and supplies costs and labor (do not include in-kind labor).

PROJECT BUDGET				
	SOURCE OF FUNDS:			
	Façade Improvement Program Grant Request	Applicant	Bank/Other	TOTAL COSTS:
USE OF FUNDS:				
TOTAL COSTS:				

CERTIFICATION AND DISCLOSURE

By submitting this grant application, the undersigned hereby certifies to Capitalize Albany Corporation that he/she is authorized to sign on behalf of the applicant entity, has read the program guidelines and supplemental program materials, understands the terms and conditions of the grant, and agrees to abide by the program rules and requirements, if awarded funds from the program. The applicant further certifies that the grant application and supporting documents are true, complete, and accurate in all respects as of the stated date. The applicant understands that the application will not be accepted unless deemed appropriate by staff. The applicant agrees that the acceptance of this grant application does not commit Capitalize Albany Corporation to enter into an agreement to pay any costs incurred in its preparation or to participate in subsequent negotiations. Further, the acceptance of this grant application does not constitute an agreement by Capitalize Albany Corporation that any grant will actually be approved. Capitalize Albany Corporation expressly reserves the right to reject any or all grant applications for any or no reason, or to request more information from the applicant.

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award:

- Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion, including but not limited to some or all of the following: a promissory note (forgivable on meeting all grant requirements), personal guaranty for the note (if the applicant is an entity), mortgage (subordinated to certain other mortgages in Capitalize Albany Corporation’s discretion), and lien filings.
- Grantee must commit to remain in the location and maintain the facade improvements for at least two (2) years.
- The approved project must be in compliance with all federal, state, and local laws.
- The undersigned hereby waives any claim against Capitalize Albany Corporation and Albany Community Development Agency arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation and Albany Community Development Agency, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant’s participation in the grant program.
- Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee’s name in connection therewith if it so chooses.
- The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved façade improvement project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses.
- The grantee will consent to display signage at the project location indicating participation in the City of Albany Small Business Façade Improvement Program (Capitalize Albany Corporation to provide sign specifications).

Authorized Signatory Name (print):	
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Signatory Title:	
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Signature:		Date:	
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Authorized Signatory Name (print):	
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Signatory Title:	
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Signature:		Date:	
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If the applicant does not own the property, the below Property Owner Declaration and Consent Form must be completed by the property owner and submitted with the application.

PROPERTY OWNER DECLARATION AND CONSENT FORM

The undersigned owner of the existing building located at: _____ (Address) certifies that _____ (Applicant) operates or intends to operate a business at the above location. The undersigned agrees to permit the applicant and his contractors or agents to operate a business and implement the improvements listed on the Capitalize Albany Corporation Grant program application (“the application”) dated _____.

The undersigned hereby waives any and all claims against Capitalize Albany Corporation and Albany Community Development Agency, their officers, directors, employees and agents (collectively, the “CAC and ACDA Parties”) arising out of, or related to, the use of the grant funds by Applicant. The undersigned shall not hold the CAC and ACDA Parties responsible for any matter, nor shall join the CAC and ACDA Parties in any action, related to the lease between Applicant and the undersigned.

In witness whereof, the owner has hereunto set his hand and seal, or if a corporation, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, if a Partnership by its Partners, if a LLC or LLP, by its Members/Managers, etc. the day and year first above written.

Declarations:

Are there any violations against the building?

Yes No

If yes, indicate Building, Fire Department or other and explain on a separate sheet of paper.

Are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

Yes No

Are there any current real estate property tax abatements on the property?

Yes No

If yes, indicate the type and amount of abatement and when it expires on a separate sheet of paper.

The property owner further certifies that the above statements and any supplemental explanations are true, complete, and accurate in all respects as of the stated date.

Company Name (leave blank if Owner is an Individual):			
Signature:	(Seal)	Signature:	(Seal)
Name:		Name:	
Title:		Title:	

If the applicant operates a convenience retail store, the below Convenience Retail Store Certification Form must be completed by the business owner and submitted with the application.

CONVENIENCE RETAIL STORE CERTIFICATION FORM

The undersigned owner of the existing business located at: _____ (Address) certifies that he/she operates or intends to operate a convenience retail store at the above location. The undersigned further certifies that he/she understands that, as a requirement of the City of Albany Small Business Façade Improvement Program, grantees operating convenience retail stores are required to regularly carry an inventory of fresh produce for sale at the assisted business location.

Declarations:

Do you sell fresh produce at the business location currently?

Yes No

Are you committed to continue to sell fresh produce at the business location for the duration of the project term?

Yes No

If you answered yes to both of the above, indicate the types, quantity, and typical pricing of produce sold below. Please attach documentation to your application that substantiates your statements e.g. current invoices in the business name, inventory log, etc.

The undersigned owner certifies that the above statements and any supplemental explanations are true, complete, and accurate in all respects as of the stated date.

Per the discretion of Capitalize Albany Corporation, if it is determined that the business does not currently meet the requirement regarding fresh produce availability and sales at the assisted business location, the grantee will be required to sign an agreement indicating that the grantee will contract with Capital Roots to sell fresh produce at the assisted business location. The undersigned certifies that he/she understands the above and agrees to abide by these terms.

In witness whereof, the owner has hereunto set his hand and seal, or if a corporation, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, if a Partnership by its Partners, if a LLC or LLP, by its Members/Managers, etc. the day and year first above written.

Company Name (leave blank if Owner is an Individual):			
Signature:	(Seal)	Signature:	(Seal)
Name:		Name:	
Title:		Title:	