



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant Program Application

Welcome to the 2022 City of Albany Small Business Façade Improvement Program Application Home Page

The City of Albany Small Business Façade Improvement Program is designed in recognition of the positive impact that individual building improvements can have on the overall appearance, quality, and vitality of the City's commercial districts.

Grants awarded through this application will provide funding for exterior renovations for eligible small businesses and not-for-profits throughout the City of Albany. Project costs for each application submission should total at least \$5,000. Grants will fund 50% of eligible reimbursable expenditures up to \$10,000. Among other criteria, the Corporation will analyze the investment level, strategic value and overall impact of each proposed project.

Program Guidelines, including applicant and project eligibility, scoring system, and eligible expenses can be found on Capitalize Albany's website at www.CapitalizeAlbany.com/Grants. Before starting this application, applicants should read through the Program Guidelines in their entirety. Potential applicants are encouraged to contact Capitalize Albany Corporation to discuss their project, potential eligibility for the program, and the application process.

All applications must be submitted by 4:00 PM on March 11, 2022.



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Program Information and Application Process

Applications will be accepted from February 11, 2022, until 4:00 PM on March 11, 2022. As an alternative to this online application, a printable application document will also be made available for download on the Capitalize Albany website; paper copies will be made available upon request.

Applicants must submit a full and complete application as outlined in the Program Guidelines, including all required documents, in order to be considered for a grant award. An application checklist with a list of required documents is available at www.CapitalizeAlbany.com/Grants.

Submission of the online portion of your application does not constitute a completed application. All required documents should be e-mailed to development@capitalizealbany.com with a subject line as follows: Small Business Façade Improvement Program Required Documents - [Applicant Name].

While completing your application, you will be able to continue editing your responses while this browser is open. Please do not close this browser until your application is complete and submitted by clicking "Done" on the last page.



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant Program Application

Required Documents

This online portion constitutes this first part of your application. All of the following should be submitted to development@capitalizealbany.com, and determined to be sufficient solely by Capitalize Albany Corporation staff, in order for an application to be considered complete:

- **Completed online application and Budget Worksheet (found [here](#))**
- **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 & 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**



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant
Program Application

Contact Information

* 1. Applicant Contact Information

| | |
|-----------------------|----------------------|
| Contact Name | <input type="text"/> |
| Contact Address | <input type="text"/> |
| City/Town | <input type="text"/> |
| State | <input type="text"/> |
| ZIP/Postal Code | <input type="text"/> |
| Contact Email Address | <input type="text"/> |
| Contact Phone Number | <input type="text"/> |

* 2. Business Contact Information

| | |
|---------------------------------------|----------------------|
| Name of Business or Not-for-Profit | <input type="text"/> |
| Physical Address of Business | <input type="text"/> |
| Physical Address of Business 2 | <input type="text"/> |
| City/Town | <input type="text"/> |
| State | <input type="text"/> |
| ZIP/Postal Code | <input type="text"/> |
| Email Address | <input type="text"/> |

3. Mailing Address of Business (if different than above)

Mailing Address

Mailing Address 2

City/Town

ZIP/Postal Code



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant
Program Application

Convenience Store

* 4. Are you a convenience retail store?

Yes

No



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant
Program Application

Convenience Retail Store Certification Form

All applicants operating a convenience retail store must complete this page. All other applicants may type "N/A" or "No" to the following questions.

* 5. By typing your name below, you are certifying that you operate or intend to operate a convenience retail store at the location listed in this application, and that you understand that, as a requirement of the City of Albany Small Business Facade Improvement Program, grantees operating convenience retail stores are required to regularly carry an inventory of fresh produce for sale at the assisted business location.

* 6. Do you currently sell fresh produce at the business location?

Yes

No

7. If yes, indicate the types, quantity, and typical pricing of produce sold below. Please submit documentation to development@capitalizealbany.com that substantiates your statements e.g. current invoices in the business name, inventory log, etc.

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

Yes

No

9. 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 produce an agreement with a fresh foods provider.

I certify by typing my name below that the above statements and any supplemental explanations are true, complete, and accurate in all respects as of the stated date, that I understand the requirements listed above, and agree to abide by these terms.

Name

Title



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant Program Application

Business Information

*** 10. Business Type (choose one)**

- | | |
|---|--|
| <input type="checkbox"/> Convenience Retail Store | <input type="checkbox"/> Professional Services (e.g. doctors, lawyers, accountants, architects) |
| <input type="checkbox"/> Grocery, Specialty Food Stores/Specialty Food Establishments | <input type="checkbox"/> Restaurant/Tavern |
| <input type="checkbox"/> Not-For-Profit Organization | <input type="checkbox"/> Soft Goods (e.g. apparel, shoes, home furnishings, books, gifts, novelties) |
| <input type="checkbox"/> Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas) | |
| <input type="checkbox"/> Other (please specify) | |

*** 11. Proposed or Current Days and Hours of Operation**

*** 12. Is this a new business location?**

- Yes
 No

Comments

*** 13. Is this an existing business location?**

- Yes
 No

Comments

*** 14. Number of Years in Operation**

Please enter a whole number. No fractions or decimals can be used. Start-up businesses should type 0.

*** 15. Is this business open to the general public?**

Yes

No

16. Is this property or building owned in whole or in part by the City of Albany, County of Albany, State of New York or Capitalize Albany Corporation or any other related government entity?

Answering yes to this question does not necessarily disqualify this applicaiton from submission. It is at the sole discretion of Capitalize Albany Corporation to deem a building or property ineligible for program funds if any of the above criteria are met. We strongly encourage you to contact us prior to moving ahead with your application if you answer "yes" to the question below.

Yes

No

Unsure

*** 17. Is this the first location for the business?**

Yes

No



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant Program Application

Business Locations

* 18. How many locations does the business have?

19. Addresses of other locations

Location 1

Location 2

Location 3

Location 4

Any additional locations

* 20. Is this project a relocation of an existing location?

Yes

No

21. Will any other business locations close as a result of this project?

Yes

No

22. If yes to the preceding question, which one(s)?



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant Program Application

Business Formation and Characteristics

23. Business Structure

- Sole Proprietorship
- Partnership
- LLC
- Corporation
- Other (explain)

24. Is your business a disadvantaged business enterprise (DBE)?

DBEs are businesses whose majority ownership (at least 51%) is comprised of minorities, women, and/or veterans.

- Yes
- No

25. If you identify as a DBE, please select all that apply to the composition of your majority ownership:

- Minority
- Woman
- Veteran
- Other
- Prefer not to answer

* 26. Federal Employer Identification Number (EIN)

Sole proprietors may use their Social Security Number (SSN). All responses should be given using numeric characters only, with no space or hyphen separating characters.

27. DUNS Number (if known)

Obtain or look up your DUNS Number [here](#).

Funding may require grant recipients to obtain a DUNS number.

28. North American Industry Classification System (NAICS) Number

For more information and to identify your NAICS Number, please go to [naics.com](#).

29. Standard Industry Classification (SIC) Number

For more information and to identify your SIC Number, please go to [naics.com](#).

30. Do you consider your business locally-owned?

Yes

No

Business Owners

* 31. Business Owner 1

| | |
|------------------------|----------------------|
| Name | <input type="text"/> |
| Title | <input type="text"/> |
| Ownership Share | <input type="text"/> |
| Years with the Company | <input type="text"/> |

32. Business Owner 2

| | |
|------------------------|----------------------|
| Name | <input type="text"/> |
| Title | <input type="text"/> |
| Ownership Share | <input type="text"/> |
| Years with the Company | <input type="text"/> |

33. If there are additional business owners not previously identified, please indicate their names, ownership shares, and title below.



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant
Program Application

Property Information

* 34. Project Address

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

* 35. Size of Project Space (total square feet)

Please enter a whole number. No fractions or decimals can be used.

* 36. Do/will you lease or own the business property?

Lease

Own



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant
Program Application

Property Information

37. Landlord Contact Information

Name of Landlord

Landlord Address

Landlord Email Address

Landlord Phone Number

38. Current Lease Term

Please enter a whole number representing the total duration in years of the lease term. No fractions or decimals can be used.

* 39. Expiration Date of Current Lease

Enter date as MM/DD/YYYY.



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant
Program Application

Prior Grant Recipients

* 40. Have you received a prior grant from Capitalize Albany Corporation?

Yes

No



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant Program Application

Prior Grant Information

* 41. From which program(s) did you receive your grant?

Check all that apply.

- Small Business Facade Improvement Program
- Downtown Retail Grant Program
- Amplify Albany
- Small Business Adaptation Program
- Unsure

* 42. How much funding did you receive from the program(s)?

Please indicate the total if money was received from multiple programs. Type "unsure" if you are unsure.

* 43. Was the funding you received for the same business or property for which you are submitting this application?

Note: Prior awards do not disqualify applicants from submitting this application.

- Yes
- No
- Unsure



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant
Program Application

Employment Summary

* 44. Total Current Employment at All Locations

Please indicate number of jobs per location.

45. Number of Current Employees Residing in the City of Albany

Leave blank if unknown.

* 46. Total Projected Construction Jobs

Provide both part-time and full-time figures in whole numbers only. No fractions or decimals can be used. If no full-time construction jobs will be created, type "0". If no part-time construction jobs will be created, type "0".

Full-Time

Part-Time



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant
Program Application

Project Description

* 47. Provide a description of the proposed project. Please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description must include details on the entire scope of the façade improvement project, identify the specific aspects of the work for which grant assistance is being requested, and explain how an improved façade will benefit your business.

Please describe your project in 2,000 characters or less.

* 48. Discuss the impact of the proposed project below. Please explain how an improved façade will benefit both your business and the surrounding community.

Please provide this response in 2,000 characters or less.



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant Program Application

Project Timeline

The project timeline must include all major milestones for the project, with an anticipated date for reaching each milestone. Please include the target date for opening and operating this business.

*** 49. Project Timeline**

Enter dates as MM/DD/YYYY. If not applicable, type "N/A".

| | |
|--|----------------------|
| Acquisition of building (or lease execution) | <input type="text"/> |
| Acquire financing | <input type="text"/> |
| Project construction start | <input type="text"/> |
| Project completion | <input type="text"/> |
| Receive final Certificate of Occupancy | <input type="text"/> |
| Opening date | <input type="text"/> |

Project Budget

Please provide budget information that pertains to the entire scope of the proposed project. Information listed below should match the completed Budget Worksheet, required to be submitted as an attachment to this application.

*** 50. Total Cost of the Project, including materials, equipment costs, and labor.**

Please provide your answer in dollar format with two decimal places. No dollar signs or commas can be used.

*** 51. Source and Amount of Funds**

Please provide all answers in dollar format with two decimal places. No dollar signs or commas can be used. If you will not be using one of the specified funding sources below, please type "0.00".

| | |
|---|----------------------|
| Capitalize Albany Corporation Grant Request | <input type="text"/> |
| Owner Equity | <input type="text"/> |
| Bank/Other | <input type="text"/> |

*** 52. Have you included any project costs that have been incurred prior to your application submission?**

Please note that project costs incurred/improvements made prior to grant approval are ineligible for reimbursement.

- Yes
- No

53. If yes to the preceding question, please explain.

*** 54. Total Funding Request from this Grant Program**

Please provide your answer in dollar format with two decimal places. No dollar signs or commas can be used.



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant Program Application

Declarations

If you answer "Yes" to any of the below questions, please provide details in the comment boxes provided.

* 55. Are there any outstanding tax liens or judgements 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

If yes, please explain.

* 56. 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

If yes, please explain.

* 57. 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

If yes, please explain.

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

Yes

No

If yes, please explain.

* 59. If renting or leasing, have you failed to pay rent on time during the last 36 months?

Yes

No

N/A

If yes, please explain.

* 60. If owning, are there any violations against the building?

If yes, indicate Building, Fire Department, or other and explain in an attachment.

Yes

No

N/A

If yes, please explain.

* 61. If owning, 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

N/A

If yes, please explain.

* 62. If owning, are there any current real estate property tax abatements on the property?

If yes, indicate the type and amount of abatement and when it expires in an attachment.

Yes

No

N/A

If yes, indicate the type and amount of abatement and when it expires in the field below.

63. If you answered "Yes" to any of the above, please provide details.

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



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant Program Application

Certification and Disclosure

By submitting this grant application, the applicant 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 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).

By typing your name below, you are certifying that all of the information contained in this application is true, complete, and accurate in all respects as of the stated date.

* 65. Authorized Signatory 1

Authorized Signatory

Name

Signatory Title

66. Authorized Signatory 2

Authorized Signatory

Name

Signatory Title



Capitalize Albany Corporation - City of Albany Small Business Façade Improvement Grant
Program Application

Application Submission

By clicking "Done," you will have completed part one of the application process. Your application will be complete when all of your required documents are received by Capitalize Albany Corporation. Program Guidelines and the Application Checklist are available at www.CapitalizeAlbany.com/grants.

Required documents should be submitted via e-mail to development@capitalizealbany.com with a subject line as follows: Small Business Façade Improvement Grant Program Required Documentation - [Applicant Name].

Please do not forget to click "Done" below. We look forward to receiving your completed application!