

## **Capitalize Albany Corporation**

### **Neighborhood Retail Grant Program Application**

The Neighborhood Retail Grant Program is designed to create an incentive to attract new and enhance existing retail businesses within strategically identified commercial corridors in West Hill, Arbor Hill, North Albany, and the South End in the City of Albany. Reimbursable, recoverable grants may be awarded for new retail location interior renovation and fit-up costs. Grants may also be awarded for exterior improvements to new and existing retail businesses. A map of eligible neighborhood corridors can be found at [www.CapitalizeAlbany.com/grants](http://www.CapitalizeAlbany.com/grants).

Capitalize Albany Corporation will make funds available to eligible property or business owners with qualified projects to assist with paying a portion of eligible costs associated with improving the property as identified in the Program Guidelines. Awards for new retail locations should be at least \$10,000, and grants will reimburse up to 80% of total project costs. Awards for existing retail locations should be at least \$5,000, and grants will reimburse up to 50% of total project costs. The amount of funds will be awarded based on the project meeting the basic eligibility requirements, as well as factors such as the size of the project, the demonstrated need, feasibility of the project, and the strategic value of the project.

Program Guidelines, including applicant and project eligibility, scoring system, and eligible expenses can be found on Capitalize Albany's website at the link identified above. 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.



### Program Information and Application Process

Beginning February 11, 2022, applications will be accepted on a rolling basis until available funding is exhausted. As an alternative to this printable application, an online application can be found at [www.SurveyMonkey.com/r/NeighborhoodRetail](http://www.SurveyMonkey.com/r/NeighborhoodRetail).

Applicants must submit a full and complete application as outlined in the Program Guidelines, including all required documents and a \$250 application fee in order to be considered for a grant award. Checks or money orders for application fees can be mailed to Capitalize Albany Corporation at 21 Lodge Street, Albany, NY 12207, or hand delivered by appointment. An application checklist with a list of required documents can be found on page three (3) of this application, as well as at [www.CapitalizeAlbany.com/grants](http://www.CapitalizeAlbany.com/grants).

Submission of this portion of your application does not constitute a completed application. All required documents can be e-mailed to [development@capitalizealbany.com](mailto:development@capitalizealbany.com) with a subject line as follows: Neighborhood Retail Grant Program Required Documents - [Applicant Name], mailed to Capitalize Albany Corporation at the address above, or hand delivered by appointment.

## **Required Documents**

**All of the following must be submitted to Capitalize Albany Corporation as described in the last paragraph on page two (2) of this application. Determination of whether or not an application is considered complete lies solely with Capitalize Albany Corporation.**

- Completed application
- Budget Worksheet (found at [www.CapitalizeAlbany.com/grants](http://www.CapitalizeAlbany.com/grants))
- \$250 application fee
- Business Plan for the venture including:
  - Concept and target market
  - Advertising/marketing plan
  - Summary of management team's skills and experience
  - Number of job positions created
  - Detailed cost sheet for tenant space build-out
  - Funding description for the project, including a three year cash flow pro forma
  - Proposed timeline for project construction and projected opening date
  - Floor plan/layout of physical space, including square footage and existing fixtures
  - Photographs, renderings of proposed improvements to the interior and exterior, including design/layout/"feel" (photos of similar concepts, material samples, etc.)
  - Plan for merchandising (inventory levels, brands)
- Color photographs of existing conditions (including the building façade).
- If the applicant is a lessee, written consent from property owner giving permission to conduct improvements
- At least one (1) detailed proposal from a licensed (if required), insured contractor reflecting work to be performed and costs.
- A copy of the property tax bill or deed to confirm ownership of the property.
- For lessees, a legally valid and binding lease for a period of at least five (5) years with use restricted to an allowable retail use. If the tenant is paying for the improvements, the landlord must show a concession to the tenant in the lease.
- Minimum one (1) year corporate and/or three (3) year's personal tax returns (exceptions will be considered).
- Copy of the business owner(s)'s credit report(s) and score(s) (must be dated less than sixty (60) days from application submittal).

## **Application**

*Please note that all questions marked with an asterisk (\*) require responses. If no response is provided, the application will be deemed incomplete. Please do not hesitate to call us if you require assistance to complete this application.*

## **Contact Information**

### **1. Applicant Contact Information\***

Contact Name

Contact Address

City/Town

State

ZIP/Postal Code

Contact Email Address

Contact Phone Number

### **2. Business Contact Information\***

Name of Business or Not-for-Profit

Physical Address of Business

Physical Address of Business 2

City/Town

State

ZIP/Postal Code

Email Address

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

Mailing Address

Mailing Address 2

City/Town

State/Province

ZIP/Postal Code

## Business Information

4. Retail Business Type (choose one)\*

*If you are a Convenience Retail Store, please make sure you fill out the Convenience Retail Store Certification (found on page 18 of this document) for submission with your additional required documents. This form must be submitted for your application to be deemed "complete."*

Soft Goods (e.g. apparel, shoes, home furnishings, books, gifts, novelties)

Health, Wellness Stores, and Pharmacies

Full Service Restaurants/Venues

Grocery, Specialty Food Stores/Specialty Food Establishments

Other (please specify)

Salons/Spas/Barbershops

Professional Service Firms (which serve the public year-round)

Non-Profits that serve the community

Convenience Retail Store

5. Proposed or Current Days and Hours of Operation\*

6. Typical/Target Consumer(s)\*

7. Is this a new or existing business location?\*

New

Existing

Comments

8. Number of Years in Operation\*

*Please enter a whole number. Start-up businesses should indicate "0".*

9. 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 application 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

10. Is this the first location for the business?\*

## Additional Business Locations

Answer the below questions **only** if you have more than one location.

11. How many locations does the business have?\*
  
12. Addresses of other locations
  - Location 1
  - Location 2
  - Location 3
  - Location 4
  - Any additional locations
  
13. Is this project a relocation of an existing business location?\*
  
14. Will any other business locations close as a result of this project?
  
15. If yes to the preceding question, which one(s)?

## Business Formation and Characteristics

16. Business Structure
 

|                     |             |       |
|---------------------|-------------|-------|
| Sole Proprietorship | Corporation | Other |
| LLC                 | Partnership |       |
  
17. 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.*

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|
  
18. If you identify as a DBE, please select all that apply to the composition of your majority ownership:
 

|                                   |                                |                                  |                                |   |
|-----------------------------------|--------------------------------|----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Minority | <input type="checkbox"/> Woman | <input type="checkbox"/> Veteran | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to answer |
|-----------------------------------|--------------------------------|----------------------------------|--------------------------------|---|
  
19. 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.*

20. DUNS Number (if known)

*Obtain or look up your DUNS Number [here](#). Funding may require grant recipients to obtain a DUNS number.*

21. North American Industry Classification System (NAICS) Number

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

22. Standard Industry Classification (SIC) Number

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

23. Do you consider your business locally-owned?

Yes

No

## **Business Owners**

24. Business Owner 1\*

Name

Title

Ownership Share

Years with the Company

25. Business Owner 2

Name

Title

Ownership Share

Years with the Company

26. If there are additional business owners not previously identified, please indicate their names, titles, ownership shares, and years with the company below.

## **Property Information**

27. Project Address\*

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

28. Is the property located in an area zoned for retail use?\*

Yes

No

Unsure

29. Is the building vacant?\*

Yes

No

30. If yes to the preceding question, how long has the building been vacant?

31. Is the project space currently vacant?\*

Yes

No

32. If yes to the preceding question, how long has the project space been vacant?

33. Size of Project Space (total square feet)\*

*Please enter a whole number. No commas can be used.*

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

Lease

Own

## **Lease Information**

35. Landlord Contact Information

Name of Landlord

Landlord's Address

Landlord's Email Address

Landlord's Phone Number



36. Current Lease Term

*Please enter a whole number representing the total duration in years of the lease term.*

37. Expiration Date of Current Lease

*Enter date as MM/DD/YYYY.*

## Prior Grant Information

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

Yes

No

39. If yes to the above question, from which program(s) did you receive your grant?

*Check all that apply.*

Downtown Retail Grant Program

Small Business Adaptation Program

Amplify Albany

Small Business Emergency Response Grant Program

Small Business Facade Improvement Program

Unsure

40. How much money did you receive from the program(s)?

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

41. 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.*

## Employment Information

42. Total Current Employment at all Locations

*Please indicate number of jobs per location.*

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

*Leave blank if unknown.*

44. Total Projected Permanent Job Creation for Project

*Please use whole numbers only. If no full-time jobs will be created, please enter "0". If no part-time jobs will be created, please enter "0". See Program Guidelines for job creation requirements.*

Full-Time

Part-Time

45. List the categories of permanent jobs to be created and numbers for each category

*Examples of job categories include, but are not limited to: General Manager, Supervisor, Host, Server, Cashier, Chef, Barista, etc.*

46. Number of Employees Anticipated to Reside in the City of Albany

47. Total Projected Construction Jobs

*Please use whole numbers only. If no full-time construction jobs will be created, please enter "0". If no part-time construction jobs will be created, please enter "0".*

Full-Time

Part-Time

## **Project Description**

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 the type of business to be opened and the specific scope of the project for which assistance is being requested.

For example:

*The project will include the lease and renovation of a ground floor commercial space to accommodate a new location for an expanding local coffee shop. Renovations will consist of the build-out of the interior of the space, including the addition of new fixtures, painting, and new lighting. The project will also include facade improvements, such as painting and repointing brick, and the creation of a new sidewalk cafe area.*

### **48. Project Description\***

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

## 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 all dates as MM/DD/YYYY. If not applicable, type N/A.*

Acquisition of building(or lease execution)

Acquire financing

Project construction start

Project completion

Receive final Certificate of Occupancy

Opening date

## 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 [development@capitalizealbany.com](mailto:development@capitalizealbany.com).

### 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. If you will not be using one of the specified funding sources below, please type "0.00". No dollar signs or commas can be used. See Program Guidelines for matching requirements.*

Capitalize Albany Corporation Grant Request

Owner Equity

Bank/Other

### 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.*

## **Declarations**

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

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:

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:

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:

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

**Yes**

**No**

If yes, please explain:

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

**Yes**

**No**

If yes, please explain:



## Neighborhood Retail Grant Program Application

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

*If yes, indicate which type (building, fire department, etc.) and explain in an attachment.*

Yes

No

If yes, please explain:

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

If yes, please explain:

If the applicant is the building owner, 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 in the field below.

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

## **Background Check Authorization**

I/we hereby authorize you to release to Capitalize Albany Corporation, as deemed necessary for verification purposes, information concerning:

- Employment history: dates, titles, income, hours worked, etc.
- Banking and savings account records
- Credit card, mortgage, and other loan information including open date, high credit, payment amount, due date, loan balance, interest rate, and payment record
- Exchange any information with the financial institution that is processing the application pertaining to this loan.

The above reports are for confidential use in compiling information regarding a Capitalize Albany Corporation program grant requested by the applicant(s) signing this form.

**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.**

A photocopy of this authorization (being a photocopy of signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

### **Applicant 1\***

*Enter date of birth as MM/DD/YYYY.*

Applicant Name

Date of Birth

Social Security Number

### **Applicant 2**

*Enter date of birth as MM/DD/YYYY.*

Applicant Name

Date of Birth

Social Security Number



## **Certification and Disclosure**

By submitting this grant application, the applicant hereby certifies to Capitalize Albany Corporation that he/she 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 and the applicable application fee has been received from the applicant. 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 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:

- Grantee must commit to remain in the location for at least two (2) years and must create or retain for two (2) years during the term of the agreement one (1) or more full-time equivalent jobs (specific job goal determined at the discretion of Capitalize Albany Corporation).
- The assisted business must be open and operating for a minimum of forty (40) hours per week, and evening and weekend hours must be included.
- 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 its 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 to be held at or in relation to the inception or opening of the approved project location, 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 be required to include the Capitalize Albany Corporation logo, the Capital Resource Corporation (CRC) logo, and any other logos Capitalize Albany Corporation deems appropriate on all print collateral related to the project.
- The grantee will consent to display signage at the project location indicating participation in the Neighborhood Retail Grant 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.**

Authorized Signatory 1\*

Authorized Signatory Name

Signatory Title

Authorized Signatory 2

Authorized Signatory Name

Signatory Title

## **Convenience Store Certification Form**

All applicants operating a convenience retail store must complete this page.  
*All other applicants may skip the following questions.*

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 Neighborhood Retail Grant Program, grantees operating convenience retail stores are required to regularly carry an inventory of fresh produce for sale at the assisted business location.

Do you currently sell fresh produce at the business location?

Yes

No

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

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

Yes

No

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.

Authorized Signatory 1\*

Authorized SignatoryName

Signatory Title

Authorized Signatory 2

Authorized SignatoryName

Signatory Title

## **Application Completion**

Please remember to submit all of your required documents and application fee to Capitalize Albany Corporation. Program Guidelines and the Application Checklist that identify all required documents are available at [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants).

Checks or money orders for application fees can be mailed to Capitalize Albany Corporation at 21 Lodge Street, Albany, NY 12207, or hand delivered by appointment. An application checklist with a list of required documents can be found on page three (3) of this application, as well as at [www.CapitalizeAlbany.com/grants](http://www.CapitalizeAlbany.com/grants).

All required documents can be e-mailed to [development@capitalizealbany.com](mailto:development@capitalizealbany.com) with a subject line as follows: Neighborhood Retail Grant Program Required Documents - [Applicant Name], mailed to Capitalize Albany Corporation at the address above, or hand delivered by appointment.

**We look forward to receiving your completed application!**