



**CAPITALIZE ALBANY**  
**CORPORATION**

**City of Albany Small Business  
Façade Improvement Program**  
City of Albany, New York

**Question Reference Document**  
**NOT AN APPLICATION**  
**FOR REFERENCE ONLY**

**For more information, contact:**

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## QUESTION REFERENCE DOCUMENT

This question reference document is not an application.

### **ALL APPLICATIONS FOR ROUND 6 OF THE CITY OF ALBANY SMALL BUSINESS FAÇADE IMPROVEMENT PROGRAM MUST BE SUBMITTED THROUGH SUBMITTABLE.**

This Question Reference Document was developed to provide a preview of the questions included in the Round 6 application for potential City of Albany Small Business Façade Improvement Program applicants. *Please note that all questions, including those pertaining to specific types of applicants, are included in this document. They are identified as applicable to those applicants.*

Capitalize Albany Corporation has adopted a two-step process that includes a [Step #1 – Intent to Apply](#) and [Step #2 – Application](#). Step #1 is not required for submission of a full application, but you are strongly encouraged to submit an Intent to Apply if you are considering applying to Round 6 of the City of Albany Small Business Façade Improvement Program. Submitting Step #1 does not obligate you to submit a Step #2 - Application.

If you proceed to the application (Step #2) without submitting Step #1, Capitalize Albany Corporation will not have your contact information until you submit a completed application. Completion of the Intent to Apply will ensure that you receive Round 6 reminders and updates from Capitalize Albany Corporation staff, as well as opportunities for additional technical assistance.

Please note that Step #1 does not constitute a completed application. You must proceed to Step #2, complete the application, and hit submit in order to be considered for a Round 6 City of Albany Small Business Façade Improvement Program grant award.

## PROGRAM INFORMATION

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. The Façade Improvement Program will make available matching grants of up to \$10,000 to eligible applicants to assist with paying for costs associated with eligible façade improvement projects throughout the City of Albany. Program Guidelines, including applicant and project eligibility, program goals, and eligible project expenditures, are available online.

Capitalize Albany Corporation seeks to award projects of at least \$5,000, with grants of at least \$2,500 and no more than \$10,000. Capitalize Albany Corporation, in its sole discretion, reserves the right to modify such terms. Award amounts will be based on the project meeting the basic eligibility requirements, as well as factors such as the size, demonstrated need, feasibility, potential impact, and strategic value of the project. Capitalize Albany Corporation seeks to provide up to 50 percent of the funding for total project costs, issued as a reimbursement upon project completion.

Additional details, including Program Guidelines, can be found on the Small Business Façade Improvement Program page of the Capitalize Albany Corporation website [here](#).

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## REQUIRED DOCUMENTS

All required documents listed below must be uploaded as directed at the end of this online application. You will not be able to submit your application without uploading the required documents.

- Official business documentation (i.e., certificate of incorporation, insurance certificate, bank statement, tax documentation, etc.) identifying the applicant business or organization as a legal entity
- Estimate(s) for each project component (i.e., demolition, installation, materials) from a licensed (if required), insured vendor or contractor reflecting work to be performed and costs
- Photographs or renderings of proposed improvements (i.e., proposed design, layout, and/or 'feel', product renderings, etc.)
- Color photographs of existing conditions of the building, including photographs of the entire façade as a whole and photographs of specific items to be addressed
- Property Owner Consent and Declaration Form, including verification of lease term, if applicant is a commercial tenant [\(available for download here\)](#)
- Documentation regarding fresh produce inventory (i.e., current invoices in the name of the business, inventory log, etc.), if applicant is a convenience retail store

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## Application

1. Application Name\*

*Please title your application using the format “[Business/Organization Legal Name] – Façade”.  
The answer to this question will be used as the unique identifier for each application.*

## Applicant Business/Organization and Contact Information

The Applicant shall be defined as the business or organization submitting this application.

2. Applicant Legal Name\*

*Please provide the name of the applicant business/organization as it appears on federal tax returns.*

3. Applicant DBA(s), if applicable

4. Physical Address of Applicant \*

Country  
Address  
Address Line 2  
City  
State  
ZIP or Postal Code

5. Primary Contact for Applicant\*

First Name  
Last Name

6. Primary Contact Email Address\*

7. Primary Contact Phone Number\*

8. Authorized Signatories for the Applicant \*

*Please provide the names of all individuals authorized to sign a contract on behalf of the applicant business/organization.*

9. Business Owner(s)/Not-For-Profit Manager(s) Not Listed Above

*Please provide the names of all owners/shareholders/executives of the applicant business/organization not previously listed.*

## Applicant Information

10. When did or when will the Applicant commence operations?\*

*Please provide the answer in date format as MM/YYYY.*

11. Does the Applicant currently operate or plan to operate in the City of Albany, New York?  
(Select all that apply)\*

*To be eligible for the Small Business Façade Improvement Program, the Applicant must currently operate or plan to operate in the City of Albany, New York. If the answer to this question is neither, the Applicant is ineligible for the Small Business Façade Improvement Program.*

Currently operating in the City of Albany, NY  
Plan to operate in the City of Albany, NY  
Neither

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12. Federal Employer Identification Number (EIN)\*  
*Sole proprietors may use their Social Security Number (SSN).*
13. Applicant Structure\*  
 C Corporation  
 Limited Liability Corporation  
 Partnership  
 S Corporation  
 Sole Proprietorship  
 Not-For-Profit Organization
14. Is the Applicant a Disadvantaged Business Enterprise (DBE)? DBEs are owned (51% or more) by one or more disadvantaged individuals including minorities, and veterans.  
 (Select all that apply)  
*For the purposes of this program, minorities, women, and veterans are presumed to be disadvantaged. Capitalize Albany will also consider socially disadvantaged business owners as defined by the Small Business Administration's Minority Small Business and Capital Ownership Development Program [the "8(a) Business Development (BD) Program"]*. [Read more about qualifying 8\(a\) businesses here.](#)  
 Minority  
 Women  
 Veteran  
 Other disadvantaged group as defined by the link above  
 None of the above/Prefer not to disclose
15. If selected above, please specify the "other disadvantaged group."  
[Find more information on the Small Business Administration's Minority Small Business and Capital Ownership Development Program \[the "8\(a\) Business Development \(BD\) Program"\] and qualifying 8\(a\) businesses here.](#)
16. Primary Industry of Applicant\*  
 Child Care Facilities  
 Commercial Real Estate  
 Convenience Retail Stores  
 Grocery, Specialty Food Stores/Establishments  
 Health, Wellness Stores, and Pharmacies  
 Hospitality-oriented businesses, including full-service restaurants/venues  
 Manufacturers of a physical product for sale  
 Not-For-Profit Organization  
 Professional Services that serve the public year-round (e.g., doctors, lawyers, accountants, architects)  
 Personal Services (e.g., dry cleaners, laundromats, salons, spas, barbershops)  
 Soft Goods Retail (e.g. apparel, shoes, home furnishings, books, gifts, novelties)  
 Other (please specify below)
17. Please specify the primary industry of the Applicant

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## Project Location

The Project Location shall be defined as the location where the proposed investments (“the Project”) would occur if awarded.

18. Address of Project Location\*
  - Street Number\*
  - Street Name\*
  - Apartment/Unit Number
  - City/Town\*
  - State\*
  - ZIP/Postal Code\*
  
19. Size of Project Location (total square feet)\*
  
20. Is the Project Location 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 your answer is "yes."*

  - Yes
  - No

  
21. Owner of the Project Location\*
  
22. Is the Applicant currently operating at the Project Location?\*

*If the Applicant owns or leases the Project Location but has not yet opened for operations, please select “no”.*

  - Yes
  - No

  
23. Is the Project Location currently vacant?\*

  - Yes
  - No

  
24. How long has the Project Location been vacant?\*
  
25. Does the Project Location have a façade that provides public access to an eligible small business or not-for-profit?

*To be considered eligible for the Façade Improvement Program, buildings must have a façade that provides public access to a commercial small business or not-for-profit. For the purposes of this Program, a façade is defined as the front or side of a commercial building that faces a public street and is visible from a public way.*

  - Yes
  - No
  - Other (please specify below)

  
26. Please specify the “other” façade.\*

*Please describe any characteristics of the façade that either meet or do not meet the above definition.*

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27. Is the Project Location in compliance with the Americans with Disabilities Act (ADA) and offer barrier-free access to the public? For example, this may include ramps and/or elevators if stairs are required for access to the amenities of the business or not-for-profit.\*  
 Yes  
 No
28. Please explain if/how the proposed project will address ADA non-compliance.
29. Is the project location the only location for the Applicant?\*\n  
 Yes  
 No
30. How many other locations does the Applicant have?
31. Where are the other locations?  
*Please list the addresses of all other locations below, including the street address, city/town, state, and ZIP code.*
32. Will any other locations of this Applicant close as a result of this project and/or is this project a relocation?\*\n  
*If the Applicant is relocating their business or not-for-profit from a location within the City of Albany to a different location within the City of Albany, this application may be subject to additional review.*  
 Yes  
 No
33. Is the Applicant relocating from a location within the City of Albany?  
 Yes  
 No
34. Please explain which location(s) will close and the need for expansion and/or inability to operate at the existing location.

### Building Ownership

35. Does/will the Applicant lease or own the Project Location?\*\n  
 Lease the Project Location from a third-party  
 Own the Project Location

*Note: Questions 36 – 39 are applicable to applicants leasing the project location only.*

36. Landlord Name\*
37. Landlord Email Address\*
38. Landlord Phone Number\*
39. Date of Lease Expiration\*

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*Note: Question 40 is applicable to applicants that own the project location only.*

40. Does/will the Applicant operate the eligible small business or not-for-profit (“the occupant”) in the first-floor storefront?\*

Own the Project Location and operate the eligible small business or not-for-profit in the first-floor storefront  
Own the Project Location and lease the first-floor storefront to an eligible small business or not-for-profit

*Note: Questions 41 – 44 are applicable to applicants that own the project location and lease the first-floor storefront to an eligible small business only.*

41. Name of Occupant\*

*Please provide the legal name of the small business or not-for-profit who occupies the first-floor storefront.*

42. Primary Industry of Occupant\*

Child Care Facilities  
Commercial Real Estate  
Convenience Retail Stores  
Grocery, Specialty Food Stores/Establishments  
Health, Wellness Stores, and Pharmacies  
Hospitality-oriented businesses, including full-service restaurants/venues  
Manufacturers of a physical product for sale  
Not-For-Profit Organization  
Professional Services that serve the public year-round (e.g., doctors, lawyers, accountants, architects)  
Personal Services (e.g., dry cleaners, laundromats, salons, spas, barbershops)  
Soft Goods Retail (e.g. apparel, shoes, home furnishings, books, gifts, novelties)  
Other (please specify below)

43. Please specify the primary industry of the Occupant\*

44. Date of Lease Expiration\*

*Note: Question 44 is applicable to applicants that own the project location only.*

45. Describe any recent (i.e. past ten years) improvements which have been made to the building.\*

*Please indicate improvement type, year completed, and approximate cost. (Character limit: 1200)*

### Prior Grant Information

46. Have you received funding from Capitalize Albany Corporation and/or any other entity for all or part of the project for which Façade Improvement Program grant funding is requested?\*

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

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Note: Questions 47-48 are applicable to applicants that received previous funding only.

47. Please list the source(s) and amount(s) of funding received.  
*Please list the funding source and amount of funding received. Type "unsure" if you are unsure of the amount.*
48. Please describe how this is not a duplicative request for funding.  
*Please be specific; for example, "The business/organization previously received funding for interior renovations including flooring, lighting, and electrical work. This request is for exterior signage."*

## Employment Information

49. Total Current Employment for Applicant\*  
*To find the average number of hours per week worked for part-time employees, please calculate the average number of hours per employee (i.e., total number of hours worked by part-time employees divided by the number of part-time employees). If there are no full-time employees, please enter "0". If there are no part-time employees, please enter "0", and please enter "0" as the average number of hours per week worked by part-time employees. **To be eligible for this program, the application must be on behalf of a small business or not-for-profit with 25 or fewer full-time equivalent employees at the time of application.***
50. How many permanent jobs are anticipated to be created as part of the proposed Project? \*  
*If no jobs will be created, please enter "0".*
51. 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. If no permanent jobs are to be created, please enter "0".*
52. How many construction jobs are anticipated to be created as part of the proposed Project? *If no construction jobs will be created, please enter "0".*

## Project Overview

53. Project Title (75 characters or less)\*  
*Please provide a title that describes the project you are requesting funding for, i.e. "New exterior lighting", "Acquisition and installation of awning", "Mural installation".*
54. Project Description\*  
*Please provide a description that includes information about the entire proposed Project, as well as the specific parts of the Project for which grant funding is being requested. (Character limit: 2000) \**  
*Example 1: The project will include the lease and renovation of a 2,000 SF ground floor commercial space to accommodate a new location for an expanding local coffee shop. The renovations will consist of interior and exterior painting as well as new floors, café counters, and awnings. Grant funds requested by this application would be used for the exterior painting and purchase and installation of awnings.*  
  
*Example 2: The project will include the production and installation of a new backlit sign for a locally-owned deli. The new signage will replace outdated and peeling signage from 1990. Grant funds are being requested for 50% of the purchase and installation costs.*

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55. Anticipated Project Impact\*

Please provide as much information as you can about how the project would benefit the Applicant and its operations, as well as the neighborhood and City residents. Include details such as anticipated additional revenues, increased foot traffic, visual impact, etc. Scoring criteria is available on page 7 of the Program Guidelines. Generally, applications will be reviewed with regards to alignment with the program's requirements and goals, quality and completeness of the application, aesthetic, community, and/or strategic impact, and size of the project. Character limit: 2000)

56. Project Budget\*

Program funds can be used for structural and cosmetic improvements to the façade, including materials, equipment, and installation/labor costs. Please refer to page 4 of the Program Guidelines for more information on eligible expenditures.

- Identify the Source of Funds (Capitalize Albany grant funds, owner equity, other funding sources) for each Use of Funds.
- Please ensure that the total grant request and project budget are consistent with the minimum/maximum grant amounts of \$2,500/\$10,000, minimum project size of \$5,000, and program matching requirements (Capitalize Albany seeks to provide up to 50% of the total project cost) as detailed in the Program Guidelines.
- Each use for which Capitalize Albany grant funds are requested should be based on an estimate (estimates should be provided in the "Uploads" section of this application). Please ensure the costs listed in the Project Budget match the costs shown on the estimates.
- Represent the total project costs included within the above project description. List items not eligible for grant funding in the owner equity or other column.

57. If "Other" funding source was included in the above Project Budget, please explain below.

58. 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

59. Which project costs have been incurred?\*

60. Project Timeline\*

The project timeline must include all major milestones for the project, with an anticipated date for reaching each milestone. If a new location, please include the target date for opening/operating this business. Please format your answer as M/D/YY, i.e. 5/1/24 or 6/12/24.

- Anticipated start of construction
- Anticipated completion of construction
- Opening date (if a new location)

## Convenience Retail Stores

Note: Questions 61-63 apply to convenience retail stores only.

61. Does the convenience retail store currently sell fresh produce at the Project Location?\*

As a requirement of the City of Albany Small Business Façade Improvement Program, convenience retail stores (as defined by Rezone Albany) are required to regularly carry an inventory of fresh produce for sale at the assisted Project Location.

- Yes
- No

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62. Indicate the types, quantities, and typical pricing of fresh produce.  
*Please submit documentation at the end of this application to substantiate, e.g. current invoices, inventory log, etc.\**
63. If awarded, are you committed to continue to sell fresh produce at the Project Location for the term of the grant?  
*If it is determined that the convenience retail store does not currently meet the requirement regarding fresh produce availability and sales at the assisted Project Location, the grantee will be required to produce an agreement with a fresh foods provider.*
- Yes
  - No

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## Uploads

### 1. Upload official business documentation\*

*Official business documentation may be a certificate of incorporation, insurance certificate, bank statement, tax documentation, etc., identifying the applicant business or organization as a legal entity.  
Please name file “[Applicant Name] – Documentation”.*

### 2. Upload estimates/quotes\*

*Upload estimate(s) for each project component (i.e., demolition, installation, materials) from a licensed (if required), insured vendor or contractor reflecting work to be performed and costs. Please ensure your estimate totals match the information provided in the Project Budget above.  
Please name and/or number files, i.e. “[Applicant Name] – Estimate – [Vendor]” or “[Applicant Name] – Estimate 1”.*

### 3. Upload photograph(s) and/or rendering(s) of proposed improvement(s)\*

*Upload photograph(s) and/or rendering(s) of proposed investments (i.e., renderings, specification sheets, photographs of similar projects, proposed design, layout, and/or “feel” for interior or exterior building improvements). Applicants are encouraged to combine all photograph(s) and/or rendering(s) into a single file for upload.  
Please name and/or number files, i.e. “[Applicant Name] – Photograph 1” or “[Applicant Name] - Rendering 2”.*

### 4. Upload color photographs of existing conditions\*

*Upload color photograph(s) of existing conditions of the building, including photographs of the entire façade, photographs of the interior as a whole, and photographs of specific items to be addressed within the scope of the project. Applicants are encouraged to combine all photograph(s) into a single file for upload.  
Please name and/or number files, i.e. “[Applicant Name] – Existing Conditions - 1”.*

*Note: Upload 5 is applicable to tenants only.*

### 5. Upload Property Owner Consent and Declaration Form\* (required for lessees only)

*[Access the Property Owner Consent and Declaration Form here.](#) Note that property owner must sign the form and attest to lease terms.  
Please name file “[Applicant Name] – Property Owner Declaration and Consent Form”.*

*Note: Upload 6 is applicable to convenience retail stores only.*

### 6. Upload Fresh Produce Inventory Documentation\* (required for convenience retail stores only)

*Upload documentation that substantiates your statements regarding fresh produce inventory, e.g. current invoices in the Applicant name, inventory log, etc.  
Please name and/or number files “[Applicant Name] – Fresh Produce – 1”.*

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## Declarations

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

7. 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

8. If yes, please explain.

9. 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

10. If yes, please explain.

11. 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

12. If yes, please explain.

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

Yes  
No

14. If yes, please explain.

## Declarations (Building Owners Only)

15. Are there any violations against the building?\*

Yes  
No

16. If yes, please explain.

17. 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

18. If yes, please explain.

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19. Have you failed to pay rent on time during the last 36 months?\*

  - Yes
  - No

20. If yes, please explain.
21. Are there any current real estate property tax abatements on the Project Location?\*

  - Yes
  - No

22. Indicate the type and amount of abatement and when it expires.

### Acknowledgements

23. By checking this box, I acknowledge that this is a reimbursable grant program, and should the application be awarded, Capitalize Albany Corporation will provide grant funds only after the project is completed, business is open/operating, and all required forms and documentation are submitted to the satisfaction of staff.

### Certifications and Disclosure

24. By checking this box, I certify that, to the best of my knowledge, the occupant located in the first-floor storefront is a legal entity that possesses the required licensure and/or registration(s), as required to operate within the City of Albany, Albany County, and New York State, and that the occupant is in compliance with all applicable federal, state, and local laws.
25. By checking this box, I certify that, to the best of my knowledge, the occupant located in the first-floor storefront is an eligible small business or not-for-profit with 25 or fewer full-time-equivalent employees.
26. By checking this box, I certify that a significant inventory of fresh produce will be offered for sale for the term of the grant.  
*Convenience retail stores (as defined by Rezone Albany) must certify that a significant inventory of fresh produce is maintained for sale at the time of application and commit to do so for the term of the grant.*
27. By submitting this grant application and checking this box, 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, if awarded funds from the program, agrees to abide by the program rules and requirements. 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 or to request more information from the applicant.

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Additionally, the applicant certifies that they understand that the following will be conditions of the grant, upon award:

- If awarded, grants are provided as reimbursements upon completion and provision of the required documentation after all project costs are paid, the project is complete, and the small business or not-for-profit is open and operating.
- The funds necessary to complete the project in advance of reimbursement are committed and available for these purposes. (If you require assistance identifying potential sources of funds, please contact Capitalize Albany staff.)
- The applicant has not been awarded and/or received funding under any other program for the same expenses requested in this application.
- If awarded, Grantees must commit to occupation of the location and maintenance of the façade improvements for at least two (2) years.
- If awarded, Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion.
- Façade work must be in compliance with all federal, state, and local laws.
- The applicant is a legal entity and possesses the required licensure and/or registration(s), as required to operate within the City of Albany, Albany County and New York State.
- The applicant is current on all federal, state, local, business, property, sales, and payroll taxes.
- 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.
- If awarded, the Grantee will consent to display signage at the project location indicating participation in the City of Albany Small Business Façade Improvement Program.

**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.**

1. Authorized Signatory\*

*The name above must be an authorized signatory for the Applicant.*

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