



MAIN STREET PROGRAM

Notice of Funding Availability

The Troy Local Development Corporation (TLDC) announces the availability of New York Main Street (NYMS) grants for the financing of building renovation projects. The TLDC is accepting applications from property owners in the Main Street target area.

Program Description

NYMS funds will be used to undertake interior commercial building renovation projects. The funds will complement and leverage other private investments, and public incentive programs.

The main goal of Troy's Main Street program will be to ensure that upon completion of renovation work, each building selected will become a greater factor in contributing to small business development and downtown revitalization.

Eligibility Criteria

Projects receiving NYMS funding must meet the following criteria:

- Must be located in an approved target area
- Must renovate commercial space
- Must renovate all substandard units in their buildings
- Must have approved plans for all proposed work including work that will not be funded with NYMS funds
- Must own the property
- Must provide a work schedule and estimated date of completion
- Must provide evidence of SHPO and signage approvals; or documentation that applications have been submitted
- Must demonstrate the ability to provide a 50% match if Main Street funds are awarded
- Must demonstrate that other private or public funding sources exist for the project, or that a schedule for submitting applications for financial assistance for public or private funding source (s) has been established
- Must have a plan for marketing vacant space

Eligible Uses

Eligible uses include, but are not limited to:

- Installation of and upgrades to centralized HVAC systems, plumbing systems, and electrical systems;
- Installation of smoke and heat protection systems such as smoke detectors and sprinkler systems;
- Installation of emergency and exit doorways and lighting;
- Installation of security systems
- Energy efficient improvements
- Window replacements
- Installation and repair of elevators and secondary points of progress
- Asbestos and mold testing, abatement and removal;
- Installation of IT systems;
- Improvements to fire ratings between occupancies
- Applicants must provide evidence of ownership, and that all local property and school taxes are current

The Troy TLDC reserves the right to:

- ◆ Reject any proposal received in response to the NOFA
- ◆ Waive or modify any proposal received, after prior notification to the sponsor.

Proposals should be submitted to:

Sondra A. Little
Economic Development Coordinator
City Hall-1 Monument Square
Troy, New York 12180
Telephone: 270-4589

Application for Main Street Grant Funding Assistance

Applicant / Owner Information

Name _____

Address _____

Mailing Address _____

(If different from above)

Project Address _____

E-mail Address _____

Telephone _____

Project Description:

Tax Parcel # _____

Total Square Footage _____

Brief description of all proposed activities (including land/building acquisition, demolition, new construction, rehabilitation)

Existing Building Description:

	Excellent	Good	Deteriorated	Do not exist
HVAC systems				
Smoke and heat protection systems				
Sprinkler systems				
Emergency signage/lighting				
Security systems				
Energy efficient improvements				
Window/Door conditions				
Elevators				
Stairwells				
IT systems				
Fire ratings between occupancies				
Asbestos				
Mold				
Electrical systems				
Plumbing systems				

How many residential units are in the building? _____

Do the units have a certificate of code occupancy? Yes or No

How many commercial units are in the building? _____

Do the units have a certificate of occupancy? Yes or No

Accessibility to Public: Front exterior visible from public road: Yes or No

Existing Building Uses:

1st Floor _____

Upper Floors _____

Basement Floor _____

Original Use _____ Present Use _____

Proposed Building Uses:

1st Floor _____

Upper Floors _____

Basement Floor _____

If applicant is a business, please provide the following information:

Existing Proposed New

Business Information

Business Name _____

Business Address _____

Business Phone Number _____

Federal Tax ID Number _____

Number of Years in Business _____

Business Type: Sole Proprietorship Partnership Corporation

Date of Incorporation _____

Please complete the Employment Plan attached.

(List all owners, officers, and partners, use additional sheets if necessary)

1.) Owner Name _____

Street Address _____

Phone _____

E-mail Address _____

2.) Owner Name _____

Street Address _____

Phone _____

E-mail _____

Preliminary Financial Information

Estimated Total Project Costs: _____

Main Street Funds Requested: _____

Seeking funding from other City programs: EDAP \$ _____ 50/ 50 Grant \$ _____ Empire Zone

<u>Private Source of Funds</u>	<u>Amount</u>	<u>Use of Funds</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Signature:

(I certify to the truth of my statements above and authorize the City of Troy to obtain my personal credit reports in connections with this application. If it does so, upon request, I will be informed of that fact and each credit bureau’s name and address. I also authorize the City of Troy to verify with others information contained in this application.)

Your Signature _____ **Date** _____

Scope of Work

Building Address: _____

Contact Information: Phone: _____ **Email:** _____

1. Describe Proposed Work:

(Please provide information where applicable for use of funds)

	Upgrade Existing	New Replacement	New Installation	Repair Existing	Removal	Estimate
Interior:						
Design / Development Costs						
Interior demolition / Site prep						
Building stabilization						
HVAC systems						
Plumbing systems						
Electrical systems						
Smoke / Heat detection systems						
Sprinkler systems						
Emergency signage / Lighting						
Security systems						
Energy efficient improvements						
Windows / Doors						
Elevators						
Stairwells						
Asbestos						
Mold						
Other						
Exterior:						
Roofing						
Masonry						
Windows / Doors						
Storefront						
Detailing / Restoration						
Painting / Siding						
Handicap Accessibility						
Other						
					Total:	

2. Attachments

- Photographs of building – all sides & roof, if applicable. Detailed photos of problem areas are recommended.
- Estimates of proposed work
- An estimated project schedule
- Evidence of insurance

I, the applicant, hereby agree to perform the work in accordance with the historical technical specifications for maintenances and repair work for properties located in the City of Troy's Local Historic District

Applicant's Signature

Date

EMPLOYMENT PLAN

COMPANY NAME:

ADDRESS:

CONTACT PERSON:

TELEPHONE NO:

TYPE OF BUSINESS:

LOAN SIGNATORY:

Current Jobs Full-Time By Occupation			Projection of New Permanent Full-Time Jobs			
Permanent Occupations In Company	Base Annual Salary or Hourly Wage	Number of Employees (1)	1 st Year (2)	2 nd Year (3)	3 rd Year (4)	Total New Jobs (5)
Professional						
Clerical						
Sales						
Service						
Construction						
Manufacturing						
Skilled						
Semi-Skilled						
Unskilled						
Other (Describe)						
Total:						

The employees of our firm are not are currently covered by a collective bargaining agreement with (name of International union and Local union number): _____
 Union Contract Person (address/phone number): _____
 Contract expiration date: _____ Number of employees covered: _____

Prepared by: _____
 Title: _____

Signature: _____ Date: _____

Please list the names and addresses of current employees who reside in Troy, NY.

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

Describe your strategy for marketing the business:

Start-up Summary:

Start-up Expenses	
Equipment	
Inventory	
Rent & Security Deposit	
Legal & Accounting	
Insurance	
Utilities	
Renovations	
Other	
Total Start-up Expenses:	\$

Funding / Investment	
Source	\$ Amount
Total Investment:	\$

Current Liabilities	
Accounts Payable	
Current Borrowing	
Other Current Liabilities	
Total Liability	\$

Three-Year Pro-Forma Statement

Income	Year 1	Year 2	Year 3
Sales Revenue			
Rents			
Miscellaneous			
Total			\$

Expense	Year 1	Year 2	Year 3
Rents/Mortgage			
Revolving Credit			
Taxes			
Insurance			
Payroll			
Utilities			
Legal/Accounting			
Inventory/Supplies			
Bank Loans			
Other			

Signature: _____ Date: _____