

# SCHUYLER COUNTY DOWNTOWN & BUSINESS IMPROVEMENT ARPA PROGRAM

## APPLICATION CHECKLIST

- Read the Program Overview thoroughly prior to applying.
- Complete Application.
- If the applicant is a building tenant, a letter must be attached from the property owner stating that the proposed improvements are permissible.
- If property taxes are not current, a written explanation must be attached.
- Current photos of building façade should be attached to illustrate the need for funding.
- A concept drawing or architectural rendering should be attached to illustrate the proposed scope of work. (as applicable)
- Two cost estimates should be attached for all work to be completed.
- Application must be submitted by January 13, 2023**

Applications must be submitted electronically to [schuylercountypartnership@gmail.com](mailto:schuylercountypartnership@gmail.com) or in person/by mail to Schuyler County Partnership for Economic Development, 910 S. Decatur Street, Watkins Glen, NY 14891.

# SCHUYLER COUNTY DOWNTOWN & BUSINESS IMPROVEMENT ARPA PROGRAM APPLICATION

## GENERAL INFORMATION:

1. Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Business Name [if applicable]: \_\_\_\_\_
4. Property Owner [if different from above]: \_\_\_\_\_
5. Property Address: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_ [email] \_\_\_\_\_

*If the applicant is a building tenant, a letter must be attached from the property owner stating that the proposed improvements are permissible*

## BUILDING INFORMATION:

1. Building Construction:  Wood Frame  Masonry/Brick  Other
2. Number of Stories:
3. Number of Storefronts:
4. Current List of Tenants [Business Name]:
5. Current Building Uses/ per floor [i.e. first floor – commercial, second floor – residential]:

6. Are your Village, County, Town, and School Taxes Current?  Yes  No  
*[If no, please attach a written explanation to your application]*

**PROJECT BUDGET:**

1. Total Project Cost: \$ \_\_\_\_\_
2. Total Main Street & Business Improvement Funds Requested: \$ \_\_\_\_\_
3. Applicant's Match: \$ \_\_\_\_\_
4. This is a reimbursement program. Explain How you will fund the project prior to reimbursement.  
*[Indicate if you anticipate applying for loan funding]*
  
5. Please attach two cost estimates/ bids for all work to be completed *[if two quotes cannot be secured, attach a written explanation for why they were not secured and a list of the contractors that were contacted].*

**PROJECT INFORMATION:**

1. Proposed Work Involves [check all that apply]:  
 Front of Building       Rear of Building       Side of Building
2. Proposed Project is visible for a public right of way:  Yes       No
3. Does the project include removal of a false façade?  Yes       No
4. Project Includes [check all that apply]:  
 Painting     Masonry/Repointing     Windows/Doors  
 Signage     Awnings                       Other [please explain]  

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5. Has an architect or engineer been engaged for this project?  Yes       No  
*[If yes, please attach drawings or proposals for services]*
6. Does the project have a property survey?  Yes       No  
*[If yes, please attach it to this application.]*
7. Are there any existing drawings of the property?  Yes       No  
*[If yes, please attach them to this application].*

8. I have read the project overview and fully understand the property eligibility and the eligible/ineligible use of funds
- Yes
  - No *[If no, please note that only projects meeting this eligibility requirements will be eligible for funding, all others will be denied funding].*
9. Project Description: *[provide information regarding all of the proposed façade improvements included within the Scope of Work, applicants should attach drawings of the proposed project and photographs of the current condition of the building]*

**CERTIFICATION/AUTHORIZATIONS/SIGNATURE[S]**

I am eighteen years of age or older. I have read the program guidelines and requirements of the Fund including that the program is a reimbursable grant requiring me/ us to pay for the project 100% and submit receipts for reimbursement. I am also familiar with the requirement to provide a minimum 50% match. I verify that I have the necessary funding to cover 100% of the costs of the project until reimbursement is made and commit it to the project. I understand that if the budget for my project exceeds the maximum amount of my grant award, that I will be responsible for providing such additional non-reimbursable funds as needed.

I hereby certify that to the best of my knowledge, all of the information provided in this application is true and correct. I understand that any willful misstatement of material fact will be grounds for disqualification. Schuyler County Partnership for Economic Development (SCOPED) is hereby authorized to verify any of the above information in any appropriate matter, and to inspect the property prior to grant approval and following work completion.

I understand that any contract for improvements to be paid for, in part, by the Program shall be between the contractor and myself, and that I should not sign any contract for work under this program until authorized to do so in writing. I understand that the grant payment is subject to satisfactory completion of the approved work.

I also understand that SCOPED or Schuyler County is not responsible or liable for any breach of contract, faulty workmanship, accident, liability or damage, or environmental clean-up issues, which might arise from (my/our) relationship with the contractor.

I also understand and agree that during the construction period, I will be required to submit, as a condition of the award, satisfactory comprehensive insurance that names the County of Schuyler and its officers, employees and agents [collectively, the County] and Schuyler County Partnership for Economic Development and its officers, employees and agents [collectively, SCOPED] as Additional Insured in connection with the work being performed pursuant to the program guidelines and requirements of the Fund. Notwithstanding the limits of any policy of insurance provided or maintained by me, I shall defend, indemnify and hold harmless the County and SCOPED from all claims, actions, suits, liabilities, damages, awards, costs and expenses (including, without limitation, attorneys' fees) of every nature and description arising out of or related to the work being performed pursuant to the program guidelines and requirements of the Fund, or arising out of or caused by any act, omission, or negligence of myself officers, employees, volunteers, or agents during the construction period.

I hereby grant SCOPED and/or Schuyler County the unrestricted right to use, for any lawful purpose, photographs taken of the property listing herein, which I own and/or for which I have the authority to grant such permission, and to use my name in connection therewith if it so chooses. I release and discharge SCOPED and Schuyler County from any and all claims or causes of action arising from the use of such photographs, including, without limitation, claims for libel or invasion of privacy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFLICT OF INTEREST DISCLOSURE:  
PROVIDE ONE FOR EACH OFFICER, LLC MEMBER, PARTNER OR OWNER [COPY AS NECESSARY]**

Please place an "X" in the appropriate box for all questions listed below so that we may make a determination of whether any conflicts may be applicable to your project. Answer for all applicants if there is more than one applicant.

1. Are you now, or have you ever been an employee, committee member, director, or an officer of Schuyler County?  
 YES *[If yes, please provide details in the space below].*  
 NO
  
2. Are you now, or have you ever been an employee, committee member, an elected officer, or a member of a board of the Villages of Burdett, Montour Falls, Odessa or Watkins Glen?  
 YES *[If yes, please provide details in the space below].*  
 NO
  
3. Are you related to an employee, committee member, director, or an officer of Schuyler County?  
 YES *[If yes, please provide details in the space below].*  
 NO
  
4. Are you related to an employee, committee member, an elected officer, or a member of a board of the Villages of Burdett, Montour Falls, Odessa or Watkins Glen?  
 YES *[If yes, please provide details in the space below].*  
 NO

***If you answered "yes" to any of the questions above, please indicate to whom you are related and the relationship.***

By signing below, I certify that all of the information provided above is true, correct, and complete:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_