

**New York Main Street/Community Development Block Grant
NYS Agricultural & Community Relief Fund**

BUSINESS/PROPERTY OWNER APPLICATION FOR PROGRAM FUNDS

The New York Main Street/Community Development Block Grant program are being utilized to fund the NYS Agricultural & Community Relief Fund Program, which has been designed to distribute funding to address the needs of downtown building owners and local businesses impacted by Hurricane Irene and Tropical Storm Lee. Eligible activities under the NYS Agricultural & Community Relief Fund Program include, but are not limited to, the rehabilitation of buildings for commercial use and the replacement of permanent fixtures and equipment. NYS Agricultural & Community Relief funds will be allocated as grants to property owners. Due to limited funds, proposals will be evaluated based on the following priorities:

- Immediate health and safety concerns.
- Historic properties in danger of being lost.
- Certainty of business re-opening.

Date of Application: _____

Please submit applications to: Greene County Department of Economic Development, Tourism and Planning, 411 Main Street, Catskill, NY 12414

E-mail: Business@Discovergreene.com Phone: (518) 719-3290

APPLICANT INFORMATION

Legal Property Owner: _____

Address of Property: _____ Section, Block, Lot: _____

Contact: _____ Title: _____

Contact's Address: _____ Contact's Email Address: _____

Contact's Phone Number: _____ Alternate Phone Number: _____

PROJECT INFORMATION

Please provide the following information:

- **Exhibit A-** Pictures of the property, and specifically the areas in need of repair.
- **Exhibit B-** An assessment of property damage certified by the local building inspector, or another qualified party designated by the county. This assessment must include the total estimated amount of damage caused by the storms, and the amount of grant/insurance proceeds received to date along with the source(s), as shown in the chart below:.

Costs of Disaster

Land and/or infrastructure	\$ _____
Building(s)	\$ _____
Machinery/Equipment	\$ _____
Furniture/Fixtures	\$ _____
Materials/Supplies	\$ _____
TOTAL COSTS	\$ _____

Financial Assistance

Insurance proceeds	\$ _____
FEMA funds	\$ _____
Other Grants (CWC, GC, et al)	\$ _____
Other	\$ _____
TOTAL ASSISTANCE	\$ _____
GAP	\$ _____

Gap = Total costs – Total assistance. Please note that any assistance awarded under this program may not be used to repay loans.

- **Exhibit C-** A repair/cost estimate for the project to be funded using this program, including an itemized list of damage to be repaired/items to be replaced, with a total project cost estimate prepared by qualified contractor. If work was already completed and you are requesting reimbursement, please provide receipts for all purchases and/or contractor repair orders, as well as cover memo summarizing the total costs and when the work was completed. *When possible a second estimate should be provided but given the emergency nature of this work the county can waive the second estimate if it feels it is burdensome to the project.* An estimate of the business re-opening date should be provided if the business is not currently open.

Summary Project Description: _____

Project Costs

New Construction	\$ _____
Renovation	\$ _____
Machinery/Equipment	\$ _____
Furnishings/Fixtures	\$ _____
Materials/Supplies	\$ _____
_____	\$ _____
Total	\$ _____

- Exhibit D- If you are making application for construction related funding, please complete the attached income surveys for the persons employed in your business. New York State has required us to collect this information for all projects that are funded through the NYS Agriculture and Community Relief Fund as part of the Community Development Block Grant regulations.

Please label each Exhibit and put them in order.

Please list any additional information provided and any other special circumstances to be considered on this project:

Proposed Start Date:

Proposed Cost:

SUPPLEMENTAL INFORMATION

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino_____
Not Hispanic or Latino_____

Race: (Mark one or more)
White___ Black or African American _____
American Indian/Alaska Native____ Asian____
Native Hawaiian or Other Pacific Islander_____

Gender: Male_____ Female_____

APPLICANT CONSENT AGREEMENT:

I understand that I am obligated to comply with municipal and other governmental regulations and to obtain all necessary approvals and permits. I release the New York State Housing Trust Fund Corporation and Greene County from any and all claims arising from this project.

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud Greene County and may be a felony under the laws of the State of New York. I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

SIGNATURE

DATE

CERTIFIED STATEMENT OF DAMAGES:

I _____ owner of the property in the County of Greene at address _____
_____ in the State of New York, certify that funds being requested are for the repair of damage
specifically attributed to the recent flooding event. All funds being requested are for repairs to make the subject
property operational and habitable. These repairs have not been previously paid for by an additional outside
funding source.

SIGNATURE

DATE

CERTIFIED STATEMENT of TAX LIEN:

I _____ owner of the property in the County of Greene at address _____
_____ in the State of New York, certify that there are no state or local tax liens being held against the
property for unpaid taxes. I certify that the property is in good standing and that it will be so at the time the
contract for program funds is signed.

SIGNATURE

DATE

ACKNOWLEDGMENT OF SIGNATORY(IES)

State of New York)
)ss
County of Greene)

On the _____ day of _____ in the year 20____ before me, the undersigned, a Notary Public
in and for said state, personally appeared _____ to me known or proved to me on
the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that
by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the
individual(s) acted, executed the instrument.

Signature of Notary Public

Loan Applicant:
Office or Capacity of signatory(ies):
Notary Stamp:

Greene County Agriculture and Community Recovery Fund Owner/Employee Family Income Questionnaire

This employer has applied for financial assistance from Greene County and the U.S. Department of Housing and Urban Development (HUD) for funding to assist with relief from Hurricane Irene. A condition of this assistance is that Federal regulations require all employees of the firm, including the owner, must provide certain information regarding their family income status as of the day prior to application or hiring. Please provide the information requested below. Your responses will be kept entirely confidential.

Applicant Name _____ Job Title: _____ Interview Date ___/___/___

Please circle the appropriate number of persons in your family (family is defined as all persons living in the same household who are related by birth, marriage, or adoption). Then check the income range on your Household Population's line that most closely matches the total of the annualized income(s) of your family prior to today's date. **This form is geared to the 2012 HUD Low-Income Limits for Greene County.**

Household Population	Below	Between	Between	Above
1 Person	___ \$12,400	___ \$20,650	___ \$33,050	___
2 Persons	___ \$14,200	___ \$23,600	___ \$37,800	___
3 Persons	___ \$15,950	___ \$26,550	___ \$42,500	___
4 Persons	___ \$17,700	___ \$29,500	___ \$47,200	___
5 Persons	___ \$19,150	___ \$31,900	___ \$51,000	___
6 Persons	___ \$20,550	___ \$34,250	___ \$54,800	___
7 Persons	___ \$21,950	___ \$36,600	___ \$58,550	___
8 Persons	___ \$23,400	___ \$38,950	___ \$62,350	___

In order to assure that non-discrimination requirements of this federal program are met, you are requested to complete the following statement: **"I consider myself to be one of the following"** (check appropriate category):

___ White, ___ Black/African American ___ Asian, ___ American Indian/Alaskan Native, ___ Native Hawaiian/Other Pacific Islander, ___ American Indian/Alaskan Native and White, ___ Asian and White, ___ Black/African American and White, ___ American Indian, Alaskan Native and Black/African American, ___ Other _____ (describe)

Also check the following if applicable:

You are Hispanic (Spanish Origin)? ___ Your household is female-headed? ___
 You are a handicapped individual? ___ You are 62 or over? ___
 Were you previously unemployed? ___

The information provided above is true to the best of my knowledge.

Applicant's Signature _____ Date ___/___/___

EMPLOYER CERTIFICATION

The above person works in the business (check one)
 ___ Full Time ___ Part Time

Does this position offer health care benefits? ___

The information provided above is true to the best of my knowledge. I understand that this form will not be accepted as proper documentation of employment unless it is complete, including signatures of both the applicant and the employer.

Signed _____ Title _____ Date ___/___/___