



**U·P·P·E·R
UNION
S·T·R·E·E·T**

**Façade Improvement Program
Application Form**

Date Received
(Office Use Only)

APPLICATION INFORMATION	
<p>You should carefully review the Program Operating Guidelines Dated May 15, 2007 before submitting this application. If you need a copy of the guidelines, or would like to ask questions about the program, call Anne Savage at 518-273-8980 x20.</p>	
<p>A \$1,000 deposit is required with the application. If you complete your project, this deposit is applied to your portion of the construction funds. If you withdraw from the program before completing the project, these funds are used to reimburse the program for expenses incurred on behalf of your project. Please include a certified check or money order to Metroplex as Escrow Agent along with this application. Please put the property address on the memo line of the check.</p>	
<p>You will be notified of your application status in writing within 30 days of your application.</p>	
<p>Return application to either of these locations:</p>	
<p>Michael's Shoes 1605 Union Street Schenectady, NY 12309 attn: Michael Mastroianni</p>	<p>River Street Planning 101 Lenox Ave Albany, NY 12203 attn: Anne Savage</p>

I. APPLICANT INFORMATION	
1. Legal Name:	
2. Business Organization: <input type="checkbox"/> Corporation (d/b/a)	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Sole Proprietorship	
3. Contact Information	
Name:	
Mailing Address:	
Telephone Number(s):	
Fax Number:	
email Address:	
4. Are you an <input type="checkbox"/> Owner or <input type="checkbox"/> Commercial Tenant of the building?	
<i>If you are a tenant, you must attach a signed copy of the owner consent form.</i>	

II. PROPERTY INFORMATION	
5. Property Address:	
6. Property Tax Identification Number:	
7. Is the property in the Upper Union BID assessment district? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<i>Only properties in the Upper Union BID Assessment Area can apply to this program.</i>	
8. Are all property taxes for this property up to date? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<i>Only properties that are up to date on all property tax payments can apply to this program.</i>	
9. Does the building have at least one commercial use? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<i>Properties that are solely residential may not apply to this program.</i>	
10. Who are the commercial tenants in the building?	
<i>If there are more than two commercial tenants continue on additional sheets.</i>	
Business Name:	<input type="checkbox"/> First Floor <input type="checkbox"/> Upper Floor
	Number of employees: _____
Business Name:	<input type="checkbox"/> First Floor <input type="checkbox"/> Upper Floor
	Number of employees: _____

III. PROJECT INFORMATION

11. What is the anticipated TOTAL construction budget for this improvement including non-façade work, if any? \$ _____
Include in this total your best estimate of all work to be done including both façade and non-façade work.
12. What is the anticipated construction budget for the eligible façade portion of this improvement? \$ _____
See section 2 of the operating guidelines for a description of eligible and ineligible use of program funds.
13. How much would you like to have funded by the façade program? \$ _____
The program can fund no more than half of the eligible portion of the project, and typically the program will fund no less than \$1,500 and no more than \$30,000.
14. Have you already hired an architect for this project? Yes or No
If not, the program architect will assist you in developing plans and specifications for your project.
15. Attach a description of the improvement to be funded. If you have any sketches, plans or specifications, please include them. Be sure to review the program guidelines regarding eligible improvements.
If you will not be using the program architect, please include full construction documents.
16. Attach photographs of the building showing the façade(s) to be improved.

IV. ATTACHMENT CHECKLIST

*Please review carefully to confirm that you have included all required attachments.
Check the box only if the item is attached.*

17. Certified Check or Money Order for \$1,000. *(Required for all applications. Make checks payable to "Metroplex as Escrow Agent and place the property address on the memo line.")*
18. Project Description *(Required for all applications, see question 15.)*
19. Photographs *(Required for all applications, see question 16.)*
20. Property Owner Consent *(Only if you are not the owner of the property, see question 4.)*
21. Tenant List *(Only if necessary, see question 11.)*
22. Renderings, Plans or Specifications *(Only if available, see question 15.)*

V. SIGNATURE

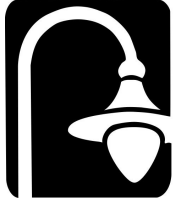
The undersigned certifies that

- He/she is authorized to execute this application on behalf of the applicant.
- He/she has received, read, and intends to abide by the Upper Union Street BID Façade Improvement Program Operating Guidelines dated May 15, 2007.
- He/she has received, read and understood the Grant Award Agreement and is willing to sign this agreement if the application is funded.
- All information in this application, and all information furnished in support of this application is true and complete to the best of his/her knowledge.

Signature:

Name (printed):

Date:



**U·P·P·E·R
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**Upper Union BID Façade Improvement Program
Owner Consent Form**

APPLICATION INFORMATION
Applicant Name:
Property Address:
Property Owner Name:

CERTIFICATION
<p>The undersigned certifies that</p> <ul style="list-style-type: none"> ▪ He/She is authorized to execute this Owner Consent Form on behalf of the rightful owner of the property. ▪ He/She has received, read, and understood the Upper Union Street BID Façade Improvement Program Operating Guidelines dated May 15, 2007. ▪ He/She has received, read and understood the Grant Award Agreement and is willing to sign this agreement if the application is funded. ▪ He/She has reviewed the completed façade improvement program application form prepared by the applicant and agrees to permit the applicant and the applicant’s contractors to implement the improvements described in the application.

SIGNATURE
Signature:
Name (printed):
Date:

NOTARY
State of New York, County of _____.
On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.
Notary Public signature: _____
Notary ID number: _____
Expiration date: _____
Notary Stamp