Name of Applicant: _____ Application # _____
Office Use Only

SUFFOLK COUNTY
DOWNTOWN REVITALIZATION GRANT

ROUND 11

Total grant amount $250,000

APPLICATION

Developed by the
SUFFOLK COUNTY
DOWNTOWN REVITALIZATION CITIZENS ADVISORY PANEL

To provide funds to organizations working to revitalize
downtown areas in Suffolk County.

Application Due: 4:30 p.m. on Monday, June 3, 2013

STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

JOANNE MINIERI
DEPUTY COUNTY EXECUTIVE/COMMISSIONER

SUFFOLK COUNTY
DEPARTMENT OF ECONOMIC DEVELOPMENT AND PLANNING
P.O. BOX 6100 HAUPPAUGE, NY 11788
PHONE 631-853-4800

Revised 3/13

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ALL DOWNTOWN GRANT APPLICATIONS MUST INCLUDE THE FOLLOWING ATTACHMENTS:

_____ 1) Completed Application

_____ 2) The following Resolutions:

A. An adopted resolution from the partnering municipality which supports the application. The resolution must note the specific project.
B. An adopted resolution acknowledging easement requirement (for state, town or village owned property) and the willingness of the municipality to enter into such an easement with the County.
C. An adopted resolution of the partnering municipality making a SEQRA determination on the project and the supporting EAF.

_____ 3) Written estimate for each facet of the project (equipment, installation, etc.)

_____ 4) Letters of financial commitment from all sources providing leveraged funds indicating specific dollar amounts committed. (Letters must be included or leveraged funding will not be counted.)

_____ 5) A recent aerial photo or Google Earth printout.

DO NOT INCLUDE ANY OTHER ATTACHMENTS

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SUFFOLK COUNTY DOWNTOWN REVITALIZATION ROUND 10 APPLICATION

APPLICATIONS WILL ONLY BE ACCEPTED IN THIS FORMAT. *DO NOT MODIFY*.

APPLICANT INFORMATION

1) NAME OF COMMUNITY ORGANIZATION: _____

2) ADDRESS: _____

3) CONTACT PERSON: _____

4) POSITION_____

5) CONTACT'S PHONE:_____CONTACT'S CELL: _____

6) CONTACT'S FAX: _____

7) CONTACT'S E-MAIL: _____

8) ORGANIZATION'S WEBSITE: _____

9) COUNTY LEGISLATIVE DISTRICT WHERE PROJECT IS LOCATED:

(A) DISTRICT #: _____ (B) NAME OF LEGISLATOR: _____

PARTNERING MUNICIPALITY

10) TOWN or VILLAGE: _____

11) ADDRESS: _____

12) CONTACT PERSON: _____

13) POSITION_____

14) PHONE: _____FAX_____

15) E-MAIL: _____

16) FEDERAL TAX ID #: _____

17) SUPPORTING RESOLUTION # ***: _____DATE ADOPTED:_____

******MUST ATTACH TOWN OR VILLAGE RESOLUTION SUPPORTING PROJECT.***

(See attached sample exhibit)

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18) PROPERTY OWNER OF PROJECT SITE:_____

18) LOCATION (Project is in or adjacent to a Downtown.) **Points Value: 0 – 20**

(Based on Sliding Scale)

A) TAX MAP #: District _____ Section _____ Block _____ Lot _____.

B) STREET ADDRESS: _____

20) BRIEFLY DESCRIBE THE SPECIFIC PROJECT FOR WHICH FUNDING IS REQUESTED: (Limit to 10 Lines)

PROJECT COST: $_____

21) PROJECTED DATE OF COMPLETION: _____

22) DOES SITE CURRENTLY GENERATE REVENUE? NO__ YES__ REVENUE: 2011 _____2012_____

IF YES, WHO COLLECTS REVENUE?_____

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23) REASONABLE EXPECTATION OF COMPLETION WITHIN CONTRACT TERM (Contract term is 2.5 years from the date of the "Notice of Award") **Points Value: 0 – 20** – (Based on Sliding Scale)

Describe the project's capacity to succeed, including project timetable, maintenance and follow-through.

24) PART OF A DOWNTOWN IMPROVEMENT PLAN **Points Value: 0 – 20** – (Based on Sliding Scale)

Describe how this project is an integral part of a downtown area and part of an adopted Downtown Improvement Plan. Specify which plan(s) and the date(s) of adoption.

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25) PROVIDES ECONOMIC BENEFITS **Points Value: 0 – 20 -** (Based on Sliding Scale)

Explain how the specific project will economically benefit or improve the vitality of the downtown area.

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PROJECT BUDGET

1) Projected costs only for project described on page 2 question # 3:

Line 1 - Project Costs $_____

2) Leveraged Funds for this specific project **Points Value: 0 – 20** - (based on sliding scale)

****In order for funds to be considered, a commitment letter from the funding agency, noting the amount, must be attached.****

Applicant …… $_____
Town / Village ...…….. $_____
New York State ……. $_____
Other (Specify)…..……... $_____
Other (Specify)…..……... $_____

Line 2 - Total Leveraged Funds $_____

Grant Request (Line 1 – Line 2) $_____

Detailed Budget for line 1 (Written estimates must be attached)

Budget Line	*Quantity*	*Unit Cost*	*Total*
Equipment			
Item 1: _____	_____	$_____	$_____
Item 2: _____	_____	$_____	$_____
Item 3: _____	_____	$_____	$_____
Item 4: _____	_____	$_____	$_____
Sub Total			$_____
Materials			
Item 1: _____	_____	$_____	$_____
Item 2: _____	_____	$_____	$_____
Item 3: _____	_____	$_____	$_____
Item 4: _____	_____	$_____	$_____
Sub Total			$_____
Contracted Services			
Item 1: _____	_____	$_____	$_____
Item 2: _____	_____	$_____	$_____
Item 3: _____	_____	$_____	$_____
Item 4: _____	_____	$_____	$_____
Sub Total			$_____
TOTAL (must equal Line 1)			$_____