



Kevin O'Bryan, Chairman
Ken Zalewski
Deputy Mayor Pete Ryan

Andrew Ross, Vice Chairman
Bill Dunne

**TROY LOCAL DEVELOPMENT CORPORATION
Board of Directors Meeting
Planning Department Conference Room
City Hall
433 River Street, Suite 5001
Troy, New York 12180**

**June 12, 2015
8:30 a.m.
AGENDA**

- I. Approval of Minutes from May 8, 2015 board meeting.
- II. Façade Improvement grant program (Bill)
 - 29 2nd Street
 - 7 Broadway
 - 2258 Old Sixth Ave
 - 125 4th Street
 - 97 Congress Street
 - 533 Pawling Ave
 - 702 3rd Ave
 - 624-626 2nd Ave
 - 254 Washington Street
 - 256 Washington Street
 - 11 State Street
 - 3 House Ave
 - 5 State Street
- III. Business Development Assistance Program (Bill)
 - Illium Café, 7 Broadway
 - 11 State Street
- IV. South Troy Industrial Road (Andrew)
- V. E-lot building security and code compliance (Andrew)
- VI. LDC Property Appraisals (Bill)
- VII. Business Development (Bill)
- VIII. Friends of the School 18 Playground (Bill)
- IX. Financials (Selena)
- X. Old Business
- XI. New Business
- XII. Adjournment



**TROY LOCAL DEVELOPMENT CORPORATION
Board of Director
Meeting Minutes**

**May 8, 2015
8:30 a.m.**

BOARD MEMBERS PRESENT: Kevin O'Bryan, Bill Dunne, Dep. Mayor Pete Ryan, Andy Ross and Hon. Ken Zalewski

ABSENT:

ALSO IN ATTENDANCE: Ken Crowe, Selena Skiba, Justin Miller, Heather Reina, Richard Kiernan, Brant Dean, Michael Paris, Denise Saint-Onge, Mary Ann Liotta, Neil Pelone, Andrew Kreshik and Denee Zeigler

Minutes

The Chairman called the meeting to order at 8:30 a.m.

I. Minutes

The board reviewed the minutes from the April 10, 2015 board meetings.

**Andy Ross made a motion to approve the April 10, 2015 board meeting minutes.
Hon. Ken Zalewski seconded the motion, motion carried.**

II. 50/50 Façade Grant Requests

772 2nd Ave - Bill Dunne introduced the first applicant to the board members. Heather Reina spoke about the exterior work that had to be completed for her property. Ms. Reina explained that new siding, supports for the front porch and a new front door. Mr. Zalewski asked if the property is owner occupied. Ms. Reina advised she lived there at one time and now lives in Albany. She advised her mother lives there now. Ms. Reina advised that she wants to improve the property and noted she was concerned with recent fires in the area that were targeting properties that appeared to be. Mr. Zalewski asked if the second floor is rented out. Ms. Reina advised yes. Ms. Reina handed out photos of the property to the board members. Mr. Dunne explained the next steps to the applicant.

**Dep. Mayor Pete Ryan made a motion to approve the 50/50 Façade grant for Heather Reina at 772 2nd Avenue.
Hon. Ken Zalewski seconded the motion, motion carried.**

80 Ferry St. – Mr. Dunne introduce the second applicant to the board members and advised he owns 82 Ferry Street. Richard Kiernan spoke about his recent purchase of the building next door to him, 80 Ferry Street. He advised that he would like to replace the siding and windows. Mr. Kiernan

has been in contact with his neighbors that are putting in a new fence. He would like to try and coordinate with them to keep the look consistent. Mr. Dunne advised that he is located in the Historic District and would require review of any work that needs to be done. Mr. Keirnan advised that he is set to go in front of the board on June 12th.

Hon. Ken Zalewski made a motion to approve the 50/50 Façade grant for Richard Kiernan at 80 Ferry Street. Dep. Mayor Pete Ryan seconded the motion, motion carried.

539 Pawling Ave – Mr. Dunne introduced the third project to the board members. Michael Paris, the tenant, and Brant Dean, property manager spoke on behalf of the landlord. The Mr. Paris explained his company moved into the complex earlier this year and is a national office furniture liquidator called Office Furniture Outlet. He advised that he is a lifelong resident of the area. He noticed the work done at Rainbow Cleaners and some other work being done in that area and would like to continue it in their plaza. The Chairman agreed that this is an important property for that area. Mr. Dunne also agreed and explained that was one of the reasons that they chose that area. Mr. Paris advised there is a lot of activity with the surrounding businesses. Pete Ryan asked where the loading and unloading of furniture takes place. Mr. Paris explained that they do most of the loading on Albia Ave and is always willing to work with the surrounding residents if there are any issues. Mr. Zalewski appreciates the investment in the area. Andy Ross asked if the grant is for them or the owner of the plaza. Mr. Paris advised it is for the owner of the plaza. He is located out of the area and has been helping the owner of the plaza to move this forward.

Hon. Ken Zalewski made a motion to approve the 50/50 Façade grant for HMS Route 303, LLC at 539 Pawling Avenue. Andy Ross seconded the motion, motion carried.

183 4th Street - Mr. Dunne introduced the fourth applicant to the board members. Denise Saint-Onge spoke about her recently purchased property at 183 Fourth Street and handed out a quote for the work that she would like to do to the façade. Mrs. Saint-Onge advised that there is a lot of stabilization work that needs to be done. It has been vacant for many years and everything from the top down needs to be re-done. Mr. Dunne asked about her other property that they had worked on. Mrs. Saint-Onge advised 227 Fourth Street was one of their completed projects. Mr. Dunne advised that property came out very nice. Mrs. Saint-Onge advised they will do a mixture of renovation and replacing. The Chairman advised that this property is exactly what this program was designed for. Mr. Ryan agreed that he is glad to see work in that area continuing.

Hon. Ken Zalewski made a motion to approve the 50/50 Façade grant for Denise Saint-Onge at 183 4th Street. Andy Ross seconded the motion, motion carried.

544 2nd Avenue - Mr. Dunne introduced the fifth applicant to the board members. The Chairman noted that he is excited to see these grants reaching outside the business district in Troy. The board asked where this property was located. Mary Ann Liotta advised that it is located between 114th and 115th on 2nd Avenue and distributed photos and estimates to the board members. Mr. Dunne advised that there other items needed to set up the grant paperwork and staff will be in touch.

Hon. Ken Zalewski made a motion to approve the 50/50 Façade grant for Mary Ann Liotta at 544 2nd Avenue. Andy Ross seconded the motion, motion carried.

III. BDAP Loan request

Bill Dunne introduced Neil Pelone to the board members. Mr. Pelone advised that he started his business in 2009 in a small office out of his apartment on Madison Street. He has been renting space at 18 2nd Street and is planning on expanding his business into 16 2nd Street. Mr. Pelone advised that business has been steady and he is planning to hire a new full time employee in the next few months. Mr. Ryan asked if his firm is doing work on River Street. Mr. Pelone advised yes, 155 River Street. He advised they do a lot of local projects that range in size. Mr. Pelone advised that his lease is for three years and asked that the loan be structured to match the lease. Mr. Miller asked if the loan is for furniture or tenant improvements. Mr. Pelone advised it will be for equipment and furniture and a small portion will assist in the renovations. Mr. Dunne advised it would be great for the board to assist a small business with their expansion.

Hon. Ken Zalewski made a motion to approve the BDAP loan for Neil Pelone at 16 2nd Street. Hon. Pete Ryan seconded the motion, motion carried.

IV. Clark House refinance

Mr. Dunne advised that the applicant is not here, however we have reviewed this loan in previous meetings. The board was given a final copy of the loan term sheet and amortization schedule. Mr. Miller advised that this will be a modification of their previous loan. The board took some time to review the paperwork.

Hon. Ken Zalewski made a motion to approve the modification and restructure of Clark House LLC's previous loan to include an additional \$75,000. Andy Ross seconded the motion, motion carried.

V. Temple University

Mr. Dunne explained that the drawings hanging up in the conference room are the final product of the Temple University students. He asked the board members to take a look at the final product.

VI. King Fuels

Andrew Kreshik spoke about the current status of the King Fuels site. He advised that work has recommenced and there has been a change in the air monitoring company from Alpine to Atlantic Environmental Services. Mr. Kreshik explained that the Department of Labor advised us what work needs to be completed in order to start working again at the site. Atlantic is currently taking samples of the piles that were identified as needing characterization. These samples will be provided to the Department of Labor in order to get the variance to recommence activity at the site. Mr. Kreshik advised that there are some piles that we know contain some cross contamination a result of one of the building demolitions. The pipe on site is no longer there, but the asbestos wrap was left behind. The various other piles on the site from are assumed to test negative for asbestos. Once

Atlantic is done with the testing, they will present their findings to the Department of Labor. When we get permission to work again on the site, there will be a two-step process to remove the debris. The contaminated material will be quarantined and dealt with by a licensed asbestos removal company which will require a separate contract. The clean debris can be removed by any contractor. After that, the site will be considered clean and National Grid can move in to do their work. The tenant on the site will also be out by June 1st. The site could conceivably be ready for National Grid by July 1st.

Mr. Kreshik noted further discussions will be needed regarding the asbestos contaminated material found on the site by the previous contractor. There may be some financial responsibility on their part. He advised that it is in our best interest to start working again with another contractor once we get the test results back. There is another company named Atlantic that does asbestos abatement and is familiar with this site.

The board had a general discussion on the change of contractors.

Mr. Ross asked if National Grid will be able to start the work this calendar year. Mr. Kreshik advised that the work can start as soon as clearance is received from The Department of Labor. Mr. Miller advised that National Grid will have to extend their license agreement. Mr. Ross asked if the overall timeframe will be 14-16 months. Mr. Miller advised that Phase 1 will be about 6 months and Phase 2 will be about 1 year. Mr. Kreshik advised that is an accurate timeframe but may run into delays with the gas lines on site.

VII. Scolite site

Mr. Kreshik advised that he was contacted by NYS DEC and advised that they are working to co-ordinate the cleanup of four local sites in the Capital Region by working with the same contractor. He advised that our site is a grade and cap. Mr. Dunne asked if there is a request for funding. Mr. Kreshik advised the City is obliged to 10% of the remedial cost according to the record of decision, but we may be able to cover the cost under a Brownfield's grant. Mr. Kreshik advised that funds will be needed for a new building survey. A survey was done by Angstrom Environment about 10 years ago but there have been many changes to the requirements by the Department of Labor. The board had a general discussion on the site. Mr. Kreshik advised that the fee for the survey was \$2969. If anything additional is found on the site they amount would change. Mr. Dunne advised we could propose up to \$4,000.

**Andy Ross made a motion to approve up to \$4,000 for Angstrom Environmental to complete a survey of the site.
Hon. Ken Zalewski seconded the motion, motion carried.**

VIII. Proposed real estate

Mr. Miller advised that there is a real estate item that needs to be discussed in executive session due to the fact that if discussed publicly the value could be affected.

**Hon. Ken Zalewski made a motion to move to executive session to discuss the proposed sale of real estate.
Andy Ross seconded the motion, motion carried.**

Hon. Ken Zalewski made a motion to adjourn executive session.

Andy Ross seconded the motion, motion carried.

The board returned from executive session with no action taken.

Hon. Ken Zalewski made a motion to expend up to \$10,000 to undertake appraisals of property owned by the Troy Local Development Corporation.

Andy Ross seconded the motion, motion carried.

IX. Financials

Selena Skiba reviewed the financials with the board members. Mrs. Skiba noted the cash deposit held for \$25,000 is for a parking study. The allowance receivables have been adjusted for the payments received by To-Do Development. Grants payable is the façade grants that are waiting to be paid.

Mrs. Skiba went over the operating statement and bad debt recoveries. Mr. Skiba advised that the proceeds for the sale of the Neitzel building have been adjusted. Mr. Zalewski asked for a recap of the sale. Mr. Miller advised that the building was sold for \$650,000. We received \$350,000 up front and will receive the balance of \$300,000 in 18 months. He advised that interest will accrue after that point.

The board questioned the allowance for loan receivables and loan loss allowance. Mrs. Skiba advised that is the amount set aside for what our loss could be.

Mr. Dunne asked if the notes payable needs to change. Mr. Miller asked if it reflects the payoff amount for Scolite. Mrs. Skiba advised she will look into.

Dep. Mayor Pete Ryan made a motion to accept the financials as presented.

Andy Ross seconded the motion, motion carried.

X. Adjournment

The Chairman asked if there was any other business to discuss. With no other items, the meeting was adjourned at 9:48 a.m.

Dep. Mayor Pete Ryan made a motion to adjourn the meeting.
Hon. Ken Zalewski seconded the motion, motion carried.

Troy Local Development Corporation
50/50 Façade Improvement Program
Application for Funding Assistance

Applicant:

Building Address 29 2nd Street
 Applicant Name Tracy + Brendan Kennedy
 Applicant Address 29 2nd Street
 Telephone 518-326-0664 Email tracywkennedy@gmail.com
 Is the applicant the owner? Yes No
 Owner Name _____
 Owner Address _____

Building Information:

Type of Construction: Masonry Frame Other
 Number of Floors: 3 Basement: Yes No
 Building Square Footage: 4000+ Lot Dimensions: _____

Existing conditions of the building:

Front Façade:	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Side Wall(s):	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Rear Wall:	<input checked="" type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Roof:	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Other:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk

Occupancy Information:

Building is vacant Yes No
 # of commercial units in the building: 0

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address

of residential units in the building: 1

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: 5/1/2015
Date work must be completed by: 10/15/15

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost: \$10-15,000 Grant Request: \$5000.00

\$2150 for doors -- quote attached. Paint quotes are coming.

Describe any recent improvements you have made to the building, if any:
Brick has been repointed - in back of house. Repaired + painted Stoop,
repaired stonework around windows in front of house. Replaced seven
windows in back of house. Repaired brick & masonry of carriage house.

Provide a brief summary of all proposed activities:

We would like to strip the paint off of the front doors and molding to
restore to original wood, varnish, strip door knobs & replace missing hardware.
We would like to repair gutters on the front of the house.
We would like to repair and repaint bay window & cornice. Paint house
using historical colors that we have chosen in collaboration with
TAP, Inc. Previous owner used 6+ colors - we'd like to use only 3 historical
colors.

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature Pracy Kennedy Date 6/2/15

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Tuesday, June 2, 2015 at 11:53:49 AM Eastern Daylight Time

Subject: estimate

Date: Friday, May 23, 2014 at 10:35:40 AM Eastern Daylight Time

From: sarah@sarahvadney.com

To: tracywkennedy@gmail.com

Kennedy's

Staircase molding repair:

Re-attach molding \$50.00

Entry interior veneer repair:

Repair and stabilize veneer. Work to be done on site. 1-2 days \$425.00

Entry exterior doors, molding and top windows:

Exterior doors and upper windows to be removed for work to be completed in shop. Complete re-finish \$2500.00
a 50% deposit is required upon agreement.

Exterior doors refinish on site and in place. (only one side of the door refinished)
\$1200.00 50% deposit required upon agreement.

Entry exterior molding re-finished on site. \$950.00 a 50% deposit is required upon agreement.

Door Knob hole:

Repair hole re-grain over patch (both sides). \$475.00

All work will be completed in a clean professional manor. Please contact me with and questions. Thank you for considering Sarah Vadney restorations.

David Vadney (cabinet maker)

233-1720

DavidVadneyDesigns.com

Rick Vadney (contractor)

225-5690

Thank you Tracy!

Sarah

⇒ \$ 1200.⁰⁰
95.⁰⁰

\$ 2150.⁰⁰

**Troy Local Development Corporation
50/50 Façade Improvement Program
Application for Funding Assistance**

Received
6-5-15

Applicant:

Building Address 7 Broadway, Troy, NY 12180
 Applicant Name Marla Ortega
 Applicant Address 9 Broadway Troy, NY 12180
 Telephone 518 5421417 Email theilliumcafe@gmail.com
 Is the applicant the owner? Yes No
 Owner Name _____
 Owner Address _____

Building Information: (unit info)

Type of Construction: Masonry Frame Other
 Number of Floors: 5 1 Basement Yes No
 Building Square Footage: 1800 SF Lot Dimensions: _____

Existing conditions of the building:

Front Façade:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Side Wall(s):	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Rear Wall:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Roof:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Other:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk

Occupancy Information:

Building is vacant Yes No
 # of commercial units in the building: 3

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address
<u>Truly rhe</u>	<u>Rhe Troy NY 12180</u>	<u>8</u>	
<u>Weathered wood</u>	<u>Danny Troy NY</u>	<u>1</u>	
<u>Illiumcafe</u>	<u>Marla Troy NY</u>	<u>6</u>	

of residential units in the building: over 30 units

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: 6/3/2015
Date work must be completed by: N/A

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost \$11,632.14 Grant Request \$5,000

Describe any recent improvements you have made to the building, if any:

We recently painted the exterior of the illiura cafe.

Provide a brief summary of all proposed activities:

We want to install lighting in the windows. We also want to put an awning over the windows. We have to readjust the current opening of the door. We need to install a new door and locks. The front entrance needs to be recemented to even out with the sidewalk.

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature  Date 6/3/2015

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.



ILLIUM EXPANSION PROPOSAL

PURAVIDA CULINARY GROUP, LLC | 9 BROADWAY | TROY, NY 12180

518-273-7700 | THEILLIUMCAFE@GMAIL.COM

	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
ESTIMATE OVERALL EXPENSE	5	Window Canopy (awntec)	\$365.00	\$1,825.00
	8	Emblem lights	\$265.00	\$2,120.00
	4	concrete	\$10.50	\$42.00
DATE	24	2 x 4 boards	\$2.75	\$66.00
6/3/2015	1	New door specialty glass door	\$580.00	\$580.00
	12	4 x 4 boards	\$5.50	\$66.00
ADDRESS	1	New locks	\$42.00	\$42.00
7 BROADWAY	6	Outside paint	\$34.00	\$204.00
CITY/STATE/ZIP	6	Primer	\$32.00	\$192.00
TROY, NY	3	Electrical wire	\$178.00	\$534.00
PHONE	8	Junction box	\$13.00	\$104.00
518-542-1617	15	Piping 150 FT GALVANIZED	\$16.50	\$247.50
E-MAIL	15	Electrician hourly rate	\$40.00	\$600.00
theillumcafe@gmail.com	32	Contractor hourly rate	\$65.00	\$2,080.00
	25	Painter hourly rate	\$16.00	\$400.00
CONTACT	1	Window canopy installation	\$800.00	\$800.00
MARLA ORTEGA	1	Miscellaneous screws	\$22.00	\$22.00
PROJECT	1	Signage	\$520.00	\$520.00
KITCHEN EXPANSION	1	Installation of sign	\$100.00	\$100.00
	2	New door handles	\$25.00	\$50.00
	8	Lightbulbs	\$22.00	\$176.00

ATTENTION

BILL DUNNE

Planning & Development

Troy, NY 12180

THIS PROPOSAL INCLUDES THE CONDITIONS NOTED:

This is an estimate of our proposed expenses for the façade. We will be adding lights to the existing café as well.

SUBTOTAL	\$10,770.50
TAX RATE	8.00%
SALES TAX	\$861.64
OTHER	
TOTAL	\$11,632.14

Troy Local Development Corporation
50/50 Façade Improvement Program
Application for Funding Assistance

Applicant:

Building Address 2258 Old Sixth Ave
 Applicant Name Jeannie Steigler
 Applicant Address Same as above
 Telephone 779-2501 Email steigljz@mpj.edu
 Is the applicant the owner? Yes No
 Owner Name _____
 Owner Address _____

Building Information:

Type of Construction: Masonry Frame Other
 Number of Floors: 3 Basement: Yes No
 Building Square Footage: 3,960 Lot Dimensions: 25 x 120

Existing conditions of the building:

Front Façade:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Side Wall(s):	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Rear Wall:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Roof:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Other:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk

Occupancy Information:

Building is vacant: Yes No
 # of commercial units in the building: 0

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address

of residential units in the building: 3

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: July 2015
Date work must be completed by: June 2016

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost: \$ 8,000 Grant Request: \$ 4,000

Describe any recent improvements you have made to the building, if any:

We have made more inside improvements -
Hardwood Floors on 3rd FL fixed hole in entrance cornice
Painted 1st Floor - Tiled Kitchen backsplash -

Provide a brief summary of all proposed activities:

Scrape & remove paint (Buckley) from existing trim and ornate
fixtures; repair wooden trim on box bay, reset existing
triple track windows. Paint window trim, box bay &
ornamental trim.

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature J Steeger Date _____

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Troy Local Development Corporation
50/50 Façade Improvement Program
Application for Funding Assistance

Applicant:

Building Address 125 4th St, Troy NY 12180
 Applicant Name Mike Camaj
 Applicant Address 125 4th St, Troy NY 12180
 Telephone 274 0071 Email VPEpaJE@aol.com
 Is the applicant the owner? Yes No
 Owner Name Mike Camaj
 Owner Address 125 4th St Troy NY 12180

Building Information:

Type of Construction: Masonry Frame Other
 Number of Floors: _____ Basement: Yes No
 Building Square Footage: _____ Lot Dimensions: _____

Existing conditions of the building:

Front Façade:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Side Wall(s):	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Rear Wall:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Roof:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Other:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk

Occupancy Information:

Building is vacant: Yes No
 # of commercial units in the building: 1

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address
<u>I LOVE PIZZA</u>	<u>Mirash Camaj</u>	<u>19</u>	

of residential units in the building: 4

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by:
Date work must be completed by:

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost: 9,237.00 Grant Request: _____

Describe any recent improvements you have made to the building, if any:

pressure wash, paint, Repaint all Bricks

Provide a brief summary of all proposed activities:

Pressure wash, scrape paint, Repaint
Brick

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature [Signature] Date 5-27-15

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Scope of Work

Building Address: 125 4th St Troy NY 12180

Contact Information: Mike/Vicky Phone: 274-0071 Email: VpepaJ@aol.com

1. Describe Proposed Work:

(Please estimate amounts where applicable)

	Upgrade Existing	New Replacement	New Installation	Repair Existing	Removal	Estimate
Roofing						
Masonry						
Windows / Doors						
Storefront	✓					
Detailing / Restoration	✓					
Painting / Siding	✓					
Handicap Accessibility						
Other:						
					Total:	

2. Attachments

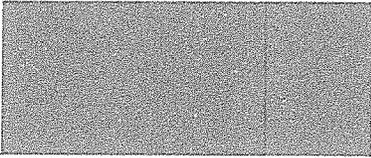
- Photographs of building – all sides & roof, if applicable. Detailed photos of problem Areas are recommended
- Estimates/Quotes of proposed work
- An estimated project schedule
- Evidence of insurance

I, the applicant, hereby agree to perform the work in accordance with the permit guidelines established by Bureau of Code Enforcement in the City of Troy.

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

Mike Eyr
Applicant's Signature

Date



All Contracting Inc.

PO Box 264

Wynantskill NY

PRESSURE WASHING AND PAINTING DONE AT 12~~5~~⁴TH ~~ST~~ST
SIZE IS 2000 SQUARE FT TWO STORIE BUILDING

ONE COLOR TO ITS ORIGINAL WHITE MASONARY PAINT
THEN TO ITS ORIGINAL GREEN TRIM WOOD AND MASONARY PAINT

(97 congress / 129 4th st)
ALSO PAINT ING DONE AT 97 CONGRESS PRESSURE WASHING AND PRIMER AND PAINT ALL
WINDOW AREAS BOTH SIDES AND CLEAN

TOTAL PRICE 9,237.00

5/19/2015

Total price is for Both properties

**Troy Local Development Corporation
50/50 Façade Improvement Program
Application for Funding Assistance**

Applicant:

Building Address 129 4th St / 97 Congress (Corner Building)

Applicant Name Mike Campy

Applicant Address 125 4th St Troy NY 12180

Telephone 518 274 0071 Email vpepage@aol.com

Is the applicant the owner? Yes No

Owner Name [Signature]

Owner Address _____

Building Information:

Type of Construction: Masonry Frame Other

Number of Floors: _____ Basement: Yes No

Building Square Footage: _____ Lot Dimensions: _____

Existing conditions of the building:

Front Façade:	<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Side Wall(s):	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Rear Wall:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Roof:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Other:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk

Occupancy Information:

Building is vacant: Yes No

of commercial units in the building: 1

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address
<u>I have my pizza boy</u>			

of residential units in the building: 3

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: 5/24/15
Date work must be completed by: 5/30/15

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost: 9,237.00 Grant Request: _____

Describe any recent improvements you have made to the building, if any:
pressure wash, paint, repaint all brick

Provide a brief summary of all proposed activities:
PRESSURE WASH, SCAPE PAINT, REPAINT BRICK

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No
Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature [Signature] Date 5-27-15

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Cornet Building
Scope of Work

Building Address: 129 4th St / 97 Congress St

Contact Information: Mirash Curry Phone: 214 0071 Email: vpepa@coi.com

1. Describe Proposed Work:
 (Please estimate amounts where applicable)

	Upgrade Existing	New Replacement	New Installation	Repair Existing	Removal	Estimate
Roofing						
Masonry						
Windows / Doors						
Storefront						
Detailing / Restoration						
Painting / Siding				✓		9,237.00
Handicap Accessibility						
Other:						
					Total:	9,237.00

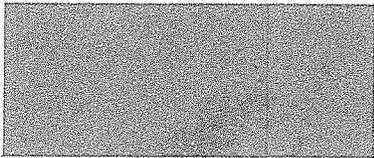
2. Attachments

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

I, the applicant, hereby agree to perform the work in accordance with the permit guidelines established by Bureau of Code Enforcement in the City of Troy.
 For properties located in the City of Troy's local Historic District, I hereby agree to perform the work in accordance with the historical technical specifications for maintenances and repair work.

Mirash Curry
 Applicant's Signature

5-27-15
 Date



All Contracting Inc.

PO Box 264

Wynantskill NY

PRESSURE WASHING AND PAINTING DONE AT ~~127 5TH AVE~~
SIZE IS 2000 SQUARE FT TWO STORIE BUILDING

125 4th st / 129 4th st
97 congress st

ONE COLOR TO ITS ORIGINAL WHITE MASONARY PAINT
THEN TO ITS ORIGINAL GREEN TRIM WOOD AND MASONARY PAINT

ALSO PAINT ING DONE AT 97 CONGRESS PRESSURE WASHING AND PRIMER AND PAINT ALL
WINDOW AREAS BOTH SIDES AND CLEAN

TOTAL PRICE 9 237.00

5/19/2015

Total price is for Both properties.

Troy Local Development Corporation
 50/50 Façade Improvement Program
 Application for Funding Assistance

received
 5/22/15

Applicant:

Building Address 533 Pawling Ave, Troy, N.Y 12180

Applicant Name John & Barbara Spall

Applicant Address 317 Sixth Ave, Troy 12182

* Telephone 237-0621 *Email COTA127@yahoo.com

Is the applicant the owner? Yes No

Owner Name John & Barbara Spall

Owner Address 317 Sixth Ave, Troy 12182

Building Information:

Type of Construction: Masonry Frame Other

Number of Floors: 2 Basement: Yes No

Building Square Footage: _____ Lot Dimensions: _____

Existing conditions of the building:

Front Façade:	<input checked="" type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Side Wall(s):	<input checked="" type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Rear Wall:	<input checked="" type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Roof:	<input checked="" type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Other:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk

Occupancy Information:

Building is vacant: Yes No

of commercial units in the building: 1

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address
<u>Shelby's Salon</u>	<u>Barbara Spall 317 6th Ave Troy</u>	<u>26 years</u>	<u>5 yrs</u>

of residential units in the building: 1

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: end of June
Date work must be completed by:

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost: 10,000 Grant Request: 5,000

Describe any recent improvements you have made to the building, if any:

siding + new roof

Provide a brief summary of all proposed activities:

new energy efficient front windows + new screen doors + awning to improve looks of front of building

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature John Spall Date 5/22/15

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Scope of Work

Building Address: 533 Pawling Ave. Troy, N.Y. 12180
 Contact Information: Phone: 237-0621 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:	10,000

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

John Spall
 Applicant's Signature

5/22/15
 Date

amanda Sign out

Outlook.com

ShelbysSalon/facade Download Add to OneDrive Print ...

FASANO HOME IMPROVEMENTS Inc.
3 Pheasant Ln Castleton, NY 12033
518-852-6208

John Spall
533 Pawling Ave
Troy NY, 12180

Facade Estimate

- Replace two windows and discard
- Reframe winow sills and jambs
- Install two new 6'x6' double pane low E argon insulated wind
- Reinsulate lower wall below winows
- Replace Any Rotten wood structure
- Re Cap around new installed windows
- Remove and Discard two old exterior doors
- Install two new exterior doors
- Remove old screen doors and discecard
- Install new screen doors
- Install Retractable awning
- Remove Rear exertior door
- Reframe/ Install new exterior door

Total----- \$10,000.00

FASANO HOME IMPROVEMENTS Inc.
3 Pheasant Ln Castleton, NY 12033
518-852-6208

John Spall
533 Pawling Ave
Troy NY, 12180

Facade Estimate

- Replace two windows and discard
- Reframe window sills and jambs
- Install two new 6'x6' double pane low E argon insulated windows
- Reinsulate lower wall below windows
- Replace Any Rotten wood structure
- Re Cap around new installed windows
- Remove and Discard two old exterior doors
- Install two new exterior doors
- Remove old screen doors and discard
- Install new screen doors
- Install Retractable awning

Total----- \$9,200.00

Troy Local Development Corporation
 50/50 Façade Improvement Program
 Application for Funding Assistance

Received
 5/14/15

Applicant:

Building Address 702 3rd Avenue, Troy, 12182
 Applicant Name Michael Marro
 Applicant Address 702 3rd Avenue, " "
 Telephone 813-3485 Email eleanor.jean46@gmail.com
 Is the applicant the owner? Yes No
 Owner Name Michael E. Marro
 Owner Address same as above (702 3rd...)

Building Information:

Type of Construction: Masonry Frame Other "old style" (b. 1890)
 Number of Floors: 2 Basement: Yes No
 Building Square Footage: 2256 Lot Dimensions: acreage .20
 Existing conditions of the building: (2 covered porches & back attached room)

Front Façade:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Side Wall(s):	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Rear Wall:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Roof:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Other:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk

Occupancy Information:

Building is vacant: Yes No
 # of commercial units in the building: 0 none
 List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address
family daycare	Michael Marro	N/A	N/A

of residential units in the building: 1

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: A.S.A.P.
Date work must be completed by: November 30, 2015 → May 2016

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost: \$ 10,000 Grant Request: \$ 5,000

Describe any recent improvements you have made to the building, if any:
primarily cosmetic in nature ... interior

Provide a brief summary of all proposed activities:
repair & preserve the two covered porches
the entire gutter "system" needs professional evaluation
as the inefficiency of said system seems to be
the cause of water damage. Gutters appear new; but,
dry with cobwebs.

Basement entrance needs repair ... possibly needs to
have basement walls "sealed" to prevent basement moisture.
Trees in yard need to be trimmed and landscape needs rock

Additional Information:
* window work as well...
Are you or any other owner of the property a City of Troy employee? Yes No work to preserve the lot.

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature X Michael Duane Date 5/12/2015

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Troy Local Development Corporation
50/50 Façade Improvement Program
Application for Funding Assistance

Received
 5-11-15

Applicant:

Building Address 624-626 ~~Street~~ Second Ave. Troy
 Applicant Name Chuck Fentekes
 Applicant Address 3 Alsid Ct. Troy, N.Y. 12180
 Telephone 858-6272 Email HotDog1322@AOL.com
 Is the applicant the owner? Yes No
 Owner Name Charlies Food Co. Inc.
 Owner Address _____

Building Information:

Type of Construction: Masonry Frame Other
 Number of Floors: 2 Basement: Yes No
 Building Square Footage: _____ Lot Dimensions: _____

Existing conditions of the building:

Front Façade:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Side Wall(s):	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Rear Wall:	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Roof:	<input checked="" type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Other:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk

Occupancy Information:

Building is vacant: Yes No
 # of commercial units in the building: 2

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address
<u>Hot Dog Charlies</u>	<u>Chuck Fentekes Same</u>		

of residential units in the building: 2 Possible

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: Immediately
Date work must be completed by:

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost \$10,800 Grant Request \$5,000

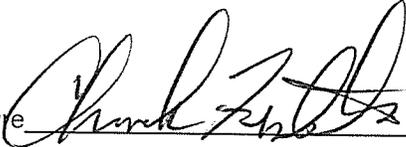
Describe any recent improvements you have made to the building, if any:
New Roof After Fire and Total Gut Inside

Provide a brief summary of all proposed activities:
New Windows Upstairs, 3 new Oak Exterior Doors
Replace siding with new 1/8 cedar, Refurbish sign & Awning
Repair Concrete on bottom of building
Remove and Repair metal roofs in front of building
Remove and Repair Trim in front of building
Scrape and Paint Exterior of building.

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature  Date 5/11/15

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Scope of Work

Building Address: 624-626 Second Ave Troy, NY, 12182

Contact Information: Chuck Fentley Phone: 858-6222 Email: HotDog1922@AOL.com

1. Describe Proposed Work:
(Please estimate amounts where applicable)

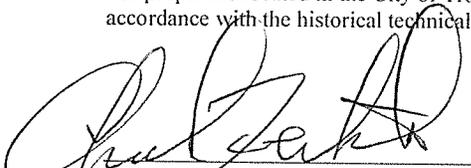
	Upgrade Existing	New Replacement	New Installation	Repair Existing	Removal	Estimate
Roofing				✓ metal		
Masonry						
Windows / Doors		✓	✓			
Storefront	✓			✓		
Detailing / Restoration				✓		
Painting / Siding	✓			✓		
Handicap Accessibility						
Other: <u>Awnings</u>				✓		
<u>Sign</u>				✓		
					Total:	<u>\$10,800</u>

2. Attachments

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

I, the applicant, hereby agree to perform the work in accordance with the permit guidelines established by Bureau of Code Enforcement in the City of Troy.

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


Applicant's Signature

5/11/15
Date

Proposal

United Restorations
396 First Street
Troy NY 12180

Chuck Fentekes

PROPOSAL SUBMITTED TO:	JOB NAME	JOB #
ADDRESS 3 Alsid Ct. Troy, N.Y. 12180	JOB LOCATION	
PHONE # 858-6222	DATE	DATE OF PLANS
FAX #	ARCHITECT	

We hereby submit specifications and estimates for:

Remove Existing windows - Replace New wood frame windows
 Remove of Doors - Replace - with New oak doors
 scrape & paint Exterior Face of Building
 Remove & Replace with New oak or cedar 1/8 string
 Refurbish Siding in front of Building
 Refurbish AWNING in front of Building
 Repair concrete on Bottom of Building
 Remove & Repair of metal roofs on front of Building
 Remodel & Repair to of wall with New metal face
 Remove & Repair trim of front of Building
 If any unseen wood work behind wall is an Extra
 clean up all debris
 10 year personal guarantee on work performed

We propose hereby to furnish material and labor - complete in accordance with the above specifications for the sum of:

\$ Ten thousand eight hundred ~~and~~ 10800 Dollars
with payments to be made as follows: 6800 DOWN 4000 on completion

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully submitted 

Note - this proposal may be withdrawn by us if not accepted within _____ days.

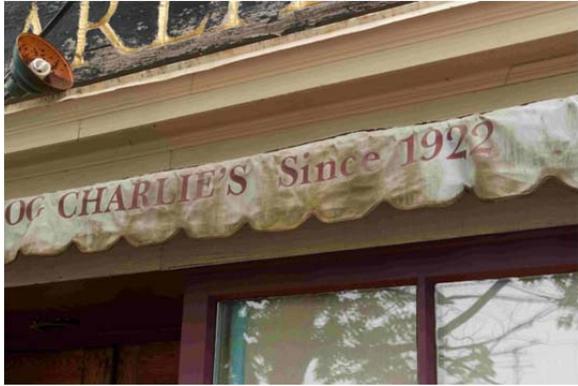
Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature 

Date of Acceptance 9/15

Signature _____



**Troy Local Development Corporation
50/50 Façade Improvement Program
Application for Funding Assistance**

Received
5/20/15

Applicant:

Building Address # 254 Washington Street

Applicant Name MICHAEL FLYNN

Applicant Address BOX #64 TROY NY 12181

Telephone 272-1122 Email MICHAEL.FLYNN@NYCAP.RR.COM

Is the applicant the owner? Yes No

Owner Name SAME

Owner Address _____

Building Information:

Type of Construction: Masonry Frame Other

Number of Floors: 3 Basement: Yes No

Building Square Footage: _____ Lot Dimensions: _____

Existing conditions of the building:

Front Façade:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input checked="" type="checkbox"/>	At Risk
Side Wall(s):	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Rear Wall:	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Roof:	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Other:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk

Occupancy Information:

Building is vacant: Yes No

of commercial units in the building: 0

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address

of residential units in the building: 6

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: ON APPROVAL OF GRANT
Date work must be completed by: 6-8 WEEKS

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost: 16,760 - Grant Request: 5000

Describe any recent improvements you have made to the building, if any:
IMPROVEMENT TO EXISTING APARTMENTS

Provide a brief summary of all proposed activities:
SEE CONTRACTOR ESTIMATE PROPOSAL
REMOVE CONTEMPORARY PORCH OVER HANG
REPAIR BROWNSTONE WALLS AND STOP
SCAPE PRIME PAINT ALL WOOD
REPAIR REPLACE ROTTED WOOD AND SKULS
REGLAZE AND REPLACE BROKEN WINDOWS (1" PLATE GLASS)
REPAIR WOOD ON BAY WINDOW

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature Michael Flynn Date 5/20/15

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Revised 06/20/13

N.B. ATTACH CONTRACTOR ESTIMATE

ESTIMATE

DMG CONTRACTING

14 Old Hickory Road • Troy, NY 12180

Phone (518) 496-6465

FAX (518) 279-0100

**Commercial
& Residential**



DATE May 26, 2015

CUSTOMER INFORMATION

NAME Michael FLYNN
 ADDRESS Box #64
 CITY Troy STATE NY ZIP 12181
 TELEPHONE 518-272-1122

WORK TO BE PERFORMED AT:

NAME _____
 ADDRESS 254 Washington Street
 CITY Troy STATE NY ZIP 12180
 TELEPHONE SAME

DESCRIPTION	AMOUNT
① Scrape, prime and paint all wood trim on all three sides of Building	
② Repair or Replace Rotted window sills, Replace Rotted wood on Bay Window, Replace missing glazing on windows, Replace broken glass	
③ Brownstone Facade and step Repair	
④ Cost of removal of 1/2" of front door canopy	
⑤ includes 1/2 cost of Lift shared with 256 Washington Street	
1/2 Lift rental 85FT	1100.00
Material + Labor	14500.00
	15600.00
	8% TAX 1160.00
TOTAL	16760.00
	DEPOSIT
	BALANCE DUE

THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE HEREBY ACCEPTED. YOU ARE AUTHORIZED TO COMPLETE THIS CONTRACT AS SPECIFIED.

 AUTHORIZED SIGNATURE DATE

 AUTHORIZED SIGNATURE DATE

Thank You

Troy Local Development Corporation
 50/50 Façade Improvement Program
 Application for Funding Assistance

received
 5/26/15

Applicant:

Building Address # 256 WASHINGTON STREET
 Applicant Name MICHAEL FLYNN
 Applicant Address BOX #64 TROY NY 12181
 Telephone 272-1122 Email MICHAELFLYNN@MYCAP.RR.COM
 Is the applicant the owner? Yes No
 Owner Name SAME
 Owner Address _____

Building Information:

Type of Construction: Masonry Frame Other
 Number of Floors: 3 Basement: Yes No
 Building Square Footage: _____ Lot Dimensions: _____

Existing conditions of the building:

Front Façade:	<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Side Wall(s):	<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Rear Wall:	<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Roof:	<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Other:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> At Risk

Occupancy Information:

Building is vacant: Yes No
 # of commercial units in the building: 0
 List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address

of residential units in the building: 5

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: ON APPROVAL OF GRANT

Date work must be completed by: 6-8 WEEKS

Do you anticipate a need for architect design services? Yes No

Do you anticipate a need for contractor design services? Yes No

Total Project Cost: 14,060.- Grant Request: 5000

Describe any recent improvements you have made to the building, if any:

IMPROVEMENT TO EXISTING APARTMENTS

Provide a brief summary of all proposed activities:

SEE CONTRACTOR ESTIMATE PROPOSAL
REMOVE CONTEMPORARY PORCH OVERHANG
REPAIR BROWNSTONE WALLS AND STOP
SCRAPE PRIME PAINT ALL WOOD
REPAIR REPLACE ROTTED WOOD AND SILL
REBAR'S AND REPLACE BROKEN WINDOWS (1/4" PLATE GLASS)

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature Muhafflym Date 5/26/15

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Revised 06/20/13

N.B. ATTACH CONTRACTOR ESTIMATE

**Troy Local Development Corporation
50/50 Façade Improvement Program
Application for Funding Assistance**

Applicant:

Building Address 11 State Street, Troy NY 12180

Applicant Name Kelly Kendall

Applicant Address 5 State Street, Troy NY 12180

Telephone 917-502-1646 Email kellykendall3@icloud.com

Is the applicant the owner? Yes No

Owner Name 16 First Street Properties LLC

Owner Address 5 State Street, Troy NY 12180

Building Information:

Type of Construction: Masonry Frame Other

Number of Floors: 3 Basement: Yes No

Building Square Footage: 22,000 sq. ft. Lot Dimensions: _____

Existing conditions of the building:

	Excellent	Good	Fair	Poor	At Risk
Front Façade:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side Wall(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Wall:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Occupancy Information:

Building is vacant Yes No

of commercial units in the building: 5

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address
The Balance Loft	Kelly Kendall, 5 State Street Troy NY 12180	0	5
Dalle Accounting	Dan Lorti, 5 State Street, Troy NY 12180	.5	N/A (new business)
Ceresia Law Firm	Richard Ceresia, 1 State Street, Troy NY 12180	18	N/A
Enigma Clothing	Jonathan Brust, 16 First Street, Troy NY 12180	1	N/A (new business)

of residential units in the building: 4

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: June 15th, 2015

Date work must be completed by: July 15th, 2015

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost: \$4318.00 Grant Request: \$2159.00

Describe any recent improvements you have made to the building, if any:

The interior of the building has been completely
rebathed and upgraded, with new wall, floors and
ceilings, fixtures and systems.

Provide a brief summary of all proposed activities:

We propose installing a new front door
and replacing the storefront window
with new efficient, sound-proof glass.

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature [Handwritten Signature] Date June 5, 2015

The Troy Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Second FRIDAY
6-12 @ 8.30 am

Troy Local Development Corporation
50/50 Façade Improvement Program
Application for Funding Assistance

Applicant:

Building Address 3 House ave

Applicant Name Kalaya Joseph

Applicant Address 21 Second ave apt. Renss. NY 12144

Telephone 518-330-8219 Email jkahdesha@yahoo.com

Is the applicant the owner? Yes No

Owner Name _____

Owner Address _____

Building Information:

Type of Construction: Masonry Frame Other

Number of Floors: 2 Basement: Yes No

Building Square Footage: _____ Lot Dimensions: _____

Existing conditions of the building:

Front Façade:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Side Wall(s):	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Rear Wall:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input checked="" type="checkbox"/>	At Risk
Roof:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Other:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk

Occupancy Information:

Building is vacant: Yes No

of commercial units in the building: 0

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address

of residential units in the building: 2

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: AUGUST 1st, 2015
Date work must be completed by: N/A

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost: _____ Grant Request: _____

Describe any recent improvements you have made to the building, if any:

The foundation

Provide a brief summary of all proposed activities:

For all old siding and windows be replaced. removed and replaced.

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

Signature [Signature] Date 6.9.2015

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Proposal

19 Parker RD
Serkirk NY
12158

Dennis Stephens
Masonry + Remolding

Cell 858-2226

PROPOSAL SUBMITTED TO: * KALAVIA - Joseph	JOB NAME: Siding + windows	JOB #: 601-6-15
ADDRESS: * 21 second ave apt. 2 Rensselaer NY 12144	JOB LOCATION: 3 House St Troy N.Y.	DATE: 6-4-15
PHONE #: * 318-256-7062	FAX #:	DATE OF PLANS: N/A
	ARCHITECT: N/A	

We hereby submit specifications and estimates for: Labor and Material For Siding and windows

Remove Old siding From Building. Install All new Siding + Trim, Fascia + Soffit
Color To Be Picked By owner No special order
Owner To Supply Dumpster
Total Labor + Material \$12,826.00

Remove All window + Trim Install new windows in All openings Single Hung half screen Trim out All windows outside wrap with metal
No Basement or Entry Doors Total Labor + Material \$7,980.00
\$12,826.00 Siding
7,980.00 windows
Total 20,806.00

We propose hereby to furnish material and labor - complete in accordance with the above specifications for the sum of:
\$ Twenty Thousand Eight Hundred and six _____ Dollars
with payments to be made as follows: 1/3 \$7000.00 1/3 \$7000.00 Balance \$6,806.00

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully submitted: *Dennis Stephens*

Note - this proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature _____

Date of Acceptance _____

Signature _____

Troy Local Development Corporation
50/50 Façade Improvement Program
Application for Funding Assistance

Applicant:

Building Address 5 First Street or 216 River Street, Troy, NY 12180

Applicant Name Lolly Tai

Applicant Address 748 Glen Road, Jenkintown

Telephone 2145-284-9887 Email lollytai@hotmail.com

Is the applicant the owner? Yes No

Owner Name (Current owner: Rice Building, Inc) (New owner after closing July/2015: Rice Building 1871, LLC)

Owner Address (Current owner: 216 River St., Troy, NY)(New owner: 748 Glen Road, Jenkintown)

Building Information:

Type of Construction: Masonry Frame Other

Number of Floors: 5 Basement Yes No

Building Square Footage: 18,790 rentable/26,000 gross Lot Dimensions: .12-acre (triangular lot)

Existing conditions of the building:

Front Façade:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Side Wall(s):	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Rear Wall:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Roof:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Other:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk

Occupancy Information:

Building is vacant: Yes No

of commercial units in the building: 7

List all existing businesses at this address or any business proposed to occupy the building:

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address
RPI	216 River St	13	
Empire State College	216 River St	4	
Gavant	216 River St	7	
Float Tech, Inc	216 River St	12	

of residential units in the building: 0

<i>Katie O</i>	"	<i>4</i>
<i>Clark + Walker</i>	"	<i>4</i>
<i>Buffy Owens</i>	"	<i>2</i>

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: July/2015 (or soon after closing)

Date work must be completed by: July/2016 or sooner

Do you anticipate a need for architect design services? Yes No
Do you anticipate a need for contractor design services? Yes No

Total Project Cost: \$144,000 Grant Request: \$5,000

Describe any recent improvements you have made to the building, if any:

~~We have not done anything to building yet.~~
~~We are anticipating closing on the building in July or August 2015~~
~~and will begin work after closing.~~

Provide a brief summary of all proposed activities:

~~The building has a lot of deferred maintenance. Rotten wood on windows need to be repaired and restored. Windows and other parts of the facade need to be painted. Bricks need to be repaired and repointed. Tiles need to be repaired and installed. The most immediate work will be repairing and painting the windows.~~

Additional Information:

Are you or any other owner of the property a City of Troy employee? Yes No

Have you ever received grant money for this project? Yes No
If yes, please describe:

~~We received a facade grant for 17 First Street and 13 First Street.~~

Signature *Dee Turner* Date 5/9/15

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Façade Grant
Rice Building image captions

Image 1: Photo of Rice Building. There has been deferred maintenance on the building. Many windows and a variety of details on the building all need attention.



Image 2: Tiles have fallen out and need to be repaired and reinstalled. Bricks need to be repaired and repointed.



Image 3: Rotten wood on windows needs to be repaired and restored.
The most immediate work will be repairing and painting the windows.



**TROY LOCAL DEVELOPMENT CORPORATION
BUSINESS DEVELOPMENT ASSISTANCE PROGRAM
Application for Funding Assistance**

received
6-5-15

Applicant:

Owner: Marla Ortega

Owner Address: 9 Broadway Troy, NY 12180

Email: theilliumcafe@gmail.com Telephone: (518) 542 1417

Business/Project Address: 7 Broadway Troy NY 12180

Total Project Cost: 45,000

Loan Request: 20,000 Grant Request: If possible

Business Type: Corp. Partnership Sole Prop

Year Established: 2009 FEIN: _____

Years at current address: Business 6 Home 11

Gross Annual Sales: \$ 680,000

Other Sources of Income: \$ _____

Income from alimony, child support, or separate maintenance payments need not be revealed. Examples of other income include social security, disability, or rental income.

Ownership of Applicant Company:

List all principals with 20% or more ownership:

Name	Title	% Owned	Annual Compensation
Marla Ortega	Owner/Chef	40 %	20,000
Deby Ortega	Owner	40 %	20,000
Marylyn Baligh	Owner	20 %	

Affiliates:

List all businesses in which applicant or any owner has an interest.

Name	Title	% Owned	Annual Compensation

Additional Information:

Is your business party to any claim or lawsuit? Yes No

Have you or any owner, officer, director or partner ever owned a business that has declared bankruptcy? Yes No

Does your business owe taxes for other than the current year? Yes No

If yes to any question, please explain:

Project Description:

we will be creating a fully operational kitchen in the space adjacent to the current Illiom see other pages for specifics.

Attorney:

Name E. Stewart Jones office
Address 28 2nd St Zip Code 12180
Contact Kimberly Sanger Jones Telephone (518) 274 5820

Accountant:

Name Dalle Accounting / Santora Accounting
Address 7 State St Zip Code 12180
Contact John Santora Telephone (518) 276-9243

Trade References:

1. Name Supco
Address Clifton Park Zip Code ~~12200~~ 12065
Contact Anthony busone Telephone (518) 3657308

2. Name US foods
Address Clifton Park Zip Code 12065
Contact Dennis Lineback Telephone (518) 429 9545

3. Name Adventures in food
Address Menands, Ny Zip Code 12204
Contact Todd Telephone (518) 4367603

Insurance Agent/Bonding Company:

Name Anchon Agency
Address 1st columb Ave Zip Code 12204
Contact Marglyn Raleigh Telephone (518) 458-8908

By signing below, my business and I both agree to be liable for the indebtedness incurred on this loan. I certify to the truth of my statements above and authorize the City of Troy to obtain 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 and to report its transactions with me, in the event of non-payment of any loan established hereunder.

Signature  Date 6/3/2015

The Troy Local Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

**TROY LOCAL DEVELOPMENT CORPORATION
BUSINESS DEVELOPMENT ASSISTANCE PROGRAM
Application for Funding Assistance**

Applicant:

Owner: Kelly Kendall
 Owner Address: 5 State Street Apt 3 Troy
 Email: kellykendall3@icba.com Telephone: 917 502-1646
 Business/Project Address: The Balance Loft
 Total Project Cost: \$53,361.18
 Loan Request: \$20,517 Grant Request: _____
 Business Type: Corp. Partnership Sole Prop
 Year Established: 2015 FEIN: 47-3773604
 Years at current address: Business 8 Home 1 yr
 Gross Annual Sales: \$ 78K
 Other Sources of Income: \$ 500 consignment biz

Income from alimony, child support, or separate maintenance payments need not be revealed. Examples of other income include social security, disability, or rental income.

Ownership of Applicant Company:

List all principals with 20% or more ownership:

Name	Title	% Owned	Annual Compensation

Affiliates:

List all businesses in which applicant or any owner has an interest.

Name	Title	% Owned	Annual Compensation
<u>Kelly Kendall</u>	<u>owner</u>	<u>100</u>	<u>\$15,000</u>

Additional Information:

Is your business party to any claim or lawsuit? Yes No

Have you or any owner, officer, director or partner ever owned a business that has declared bankruptcy? No Yes

Does your business owe taxes for other than the current year? Yes No

If yes to any question, please explain:

Project Description:

See Biz Plan

Attorney:

Name Cros Faucher Zip Code Albany NY 12260
Address Commerce Plaza Telephone (518) 487-7643
Contact Whiteman Osterman & Hanna

Accountant:

Name Vicki Vetsch - CPA Zip Code 12110
Address 974 Albany State Rd Telephone () 518-783-0000
Contact Stocum, DeAngelus & Ass.

Trade References:

1. Name Tony Cerbo
Address Saratoga
Contact Client

Zip Code 12866
Telephone () _____

2. Name Anne Gaushu
Address Saratoga Springs
Contact Client

Zip Code 12866
Telephone (518) 441-7904

3. Name Lauren D. Achille
Address White Plains
Contact Client

Zip Code _____
Telephone (917) 806 3279

Insurance Agent/Bonding Company:

Name AMSURE
Address 12 Computer Drive W
Contact Michael McBride

Zip Code 12212
Telephone (518) 458 1800

By signing below, my business and I both agree to be liable for the indebtedness incurred on this loan. I certify to the truth of my statements above and authorize the City of Troy to obtain 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 and to report its transactions with me, in the event of non-payment of any loan established here under.

Signature [Handwritten Signature] Date June 5, 2015

The Troy Local Development Corporation certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

FIT UP ESTIMATE: The Balance Loft

Kelly Kendall
 11 State street
 Troy, NY 12180

Zone	Material	Labor	Sub-Contractors	Tenant Portion	Landlord Portion	Total	Client Materials
Demolition	\$ -	\$ 4,368.00	\$ -	\$ -	\$ 4,368.00	\$ 4,368.00	Mirrors \$1,745.00
Middle Wall	\$ 775.00	\$ 1,584.00	\$ -	\$ 2,359.00	\$ -	\$ 2,359.00	Heaters 4,000.00
Flooring	\$ 1,016.00	\$ 1,584.00	\$ -	\$ 2,600.00	\$ -	\$ 2,600.00	Flooring 5,000.00
Glass Block Wall	\$ 191.00	\$ 1,584.00	\$ -	\$ 1,775.00	\$ -	\$ 1,775.00	TOTAL: \$11,735.00
Doors	\$ 980.00	\$ 528.00	\$ -	\$ 1,508.00	\$ -	\$ 1,508.00	Facade - \$4,318.
Baths (2)	\$ 843.00	\$ 2,376.00	\$ 800.00	\$ 4,019.00	\$ -	\$ 4,019.00	
Paint	\$ 500.00	\$ 2,376.00	\$ -	\$ 2,876.00	\$ -	\$ 2,876.00	
Ceiling (Yoga area)	\$ 1,242.18	\$ 1,056.00	\$ -	\$ 2,298.18	\$ -	\$ 2,298.18	
Finishes	\$ 1,500.00	\$ 750.00	\$ -	\$ 2,250.00	\$ -	\$ 2,250.00	
Electrical	\$ -	\$ -	\$ 6,000.00	\$ 2,500.00	\$ 3,500.00	\$ 6,000.00	
HVAC	\$ -	\$ -	\$ 7,000.00	\$ 3,000.00	\$ 4,000.00	\$ 7,000.00	
Permits, Taxes, Insurance	\$ -	\$ -	\$ -	\$ -	\$ 2,500.00	\$ 2,500.00	
Miscellaneous	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00	
Totals	\$ 7,047.18	\$ 16,206.00	\$ 13,800.00	\$ 26,685.18	\$ 14,368.00	\$ 41,053.18	

*These are allowances. If additional materials or labor is requested, prices will be adjusted accordingly.
 *Materials provided by The Balance Loft : Glass Block, Matt Flooring, Mirrors and Heaters in yoga area - Material cost NOT included, installation IS.
 *Additional electrical work may be needed for installation of heaters.
 *Any required structural repairs uncovered during demolition will be 100% paid for by 16 First St Properties LLC.
 *Electrical quote includes installation of recessed can lights. Any additional lighting desired will be the responsibility of tenant.

Total Amortized Tenant Cost	\$ 26,685.18
6% Interest	\$ 1,601.11
Total due by month, including interest over 5 years:	\$ 471.44
Total monthly lease payment	\$ 1,541.44

Agreed To By: Kelly Kendall
 Date

41,707.
 41,306.40
 15,076.40