



Kevin O'Bryan, Chairman  
Dep. Mayor Monica Kurzejeski

Andrew Ross, Vice Chairman

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

**April 22, 2016  
8:30 a.m.  
AGENDA**

- I. Approval of Minutes from March 11, 2016 board meeting.
- II. SaxBST Audit Presentation
- III. Façade Improvement Grants
  - 323 7<sup>th</sup> Ave, Jennifer LeMay
  - 44 River Street, Daigle Cleaning Systems, Inc.
  - 2346 15<sup>th</sup> Street, Nassib Tjaili
  - 2334 17<sup>th</sup> Street, Rola Faraj
  - 15-17 Second Street, Arlene Nock
  - 191 Second Street, Arlene Nock
  - 535 Fifth Ave, Harry Tutunjian
  - 426 River Street, Troy Typewriter Store
  - 45 2<sup>nd</sup> Street, Megan Reavey and David Linen
- IV. BDAP Loan request, Daigle Cleaning Systems, Inc.
- V. Spring Youth Baseball funding request
- VI. City of Troy funding request – Comprehensive Plan
- VII. PARIS report DRAFT
- VIII. Financials
- IX. Old Business
- X. New Business
- XI. Adjournment



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

**March 11, 2016  
8:30 a.m.**

**BOARD MEMBERS PRESENT:** Kevin O'Bryan, Dep. Mayor Monica Kurzejeski and Andy Ross

**ABSENT:**

**ALSO IN ATTENDANCE:** Justin Miller, James Lozano 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 February 19, 2016 board meeting.

**Andy Ross made a motion to approve the February 19, 2016 board meeting minutes.**

**Dep. Mayor Monica Kurzejeski seconded the motion, motion carried.**

II. Façade Grant Program

The board had a discussion about the current status of the façade grant program and how to reflect it in the financials. The Chairman advised that we have several requests that have come in and been approved, however we need to discuss a way to track the program. He asked that at the next meeting a proposal be put together in order to clarify the program. Mr. Miller advised we can adjust the grant funding line on the budget. He added that some boards include percentages to show how much of the funding has been used to date. Mr. Lozano advised that it is something that can be added to the monthly financials.

III. Financials

Mr. Lozano went over the balance sheet with the board. He advised the current assets are at \$4,585,000 verses liability of \$1,732,000 leaving a surplus of \$2,852,000. He advised a couple of façade grants have been paid out; David Bryce and Richard Kiernan. Mr. Lozano advised that there were no other real changes. He advised that there were three new grants approved in February and also had

some grants that expired and were written off. The chairman asked how long we need to leave the sub accounts on the balance sheet for paid off grants. Mr. Lozano advised they will stay in there as long as there is an entry from the previous year to compare it to. The chairman asked if this was a good time to fund the allowances for loans receivable with about 1-2% of the portfolio. Mr. Lozano advised that they are currently entering in the loan amortization schedules for all accounts. This will help us to better track their payments and decide how much should be placed in reserve. The board had a general discussion on how it was set up with past loans.

Mr. Lozano advised the board that there will also be a revision on future financial statements on the way loan payments and principle are recorded. He advised there is a deficit of \$22,000 for the month. No extraordinary activity for the month.

**Dep. Mayor Monica made a motion to approve the financials for February 19, 2016 as presented.  
Andy Ross seconded the motion, motion carried.**

IV. King Fuels site

The chairman advised that there is a need to discuss this item in executive session due to proposed litigation.

**Dep. Mayor Monica Kurzejeski made a motion to move into executive session to discuss proposed litigation.  
Andy Ross seconded the motion, motion carried.**

**Andy Ross made a motion to leave executive session with no action taken.**

**Dep. Mayor Monica Kurzejeski seconded the motion, motion carried.**

V. Upcoming meetings

The chairman advised that we will be moving the audit presentation by SaxBST and PARIS report review to the April meeting in order to have time to review and discuss the reports before they are submitted.

VI. New Business

Ms. Kurzejeski advised that she was approached by Tom Nardacci of Gramercy Communications for a possible loan for Troy Innovation Garage. She explained that it is a new business on 4<sup>th</sup> Street that will be a business incubator, set up similar to The Center of Gravity. More information will be presented at a future meeting.

VII. Interim Executive Director

The board had a discussion of appointing Ms. Kurzejeski as an interim Executive Director of the LDC and to add her to the bank accounts as a signatory.

**Andy Ross made a motion to approve Dep. Mayor Monica Kurzejeski as the interim Executive Director of the Troy LDC.  
Monica Kurzejeski seconded the motion, motion carried.**

VIII. Adjournment

The meeting was adjourned at 9:11 a.m.

**Dep. Mayor Monica Kurzejeski made a motion to adjourn the meeting.  
Andy Ross seconded the motion, motion carried.**

DRAFT

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

**Received**  
3/9/16

**Applicant:**

Building Address 323 7th Avenue, Troy, NY 12182

Applicant Name Jennifer LeMay

Applicant Address 323 7th Avenue, Troy, NY 12182

Telephone 518-238-2159 Email jlemay5@nycap.rr.com

Is the applicant the owner?  Yes  No

Owner Name Jennifer LeMay

Owner Address 323 7th Avenue, Troy, NY 12182

**Building Information:**

Type of Construction:  Masonry  Frame  Other

Number of Floors: 1 Basement  Yes  No

Building Square Footage: \_\_\_\_\_ 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 checked="" type="checkbox"/>	At Risk
Side Wall(s):	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input checked="" 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 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: 0

**Schedule of Work:**

Proposed Method of Work:  Contract  Self-Help  Combination

Date work can begin by: April 2016

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: about \$12,000 Grant Request: \$5,000

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief summary of all proposed activities:

~~Front porch will be rebuilt as the structure has deteriorated. Floor and roof on the porch will be rebuilt/ fixed. New light will be replaced on the porch. Bushes in front of the porch will be removed. New front door will be replaced.~~

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

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

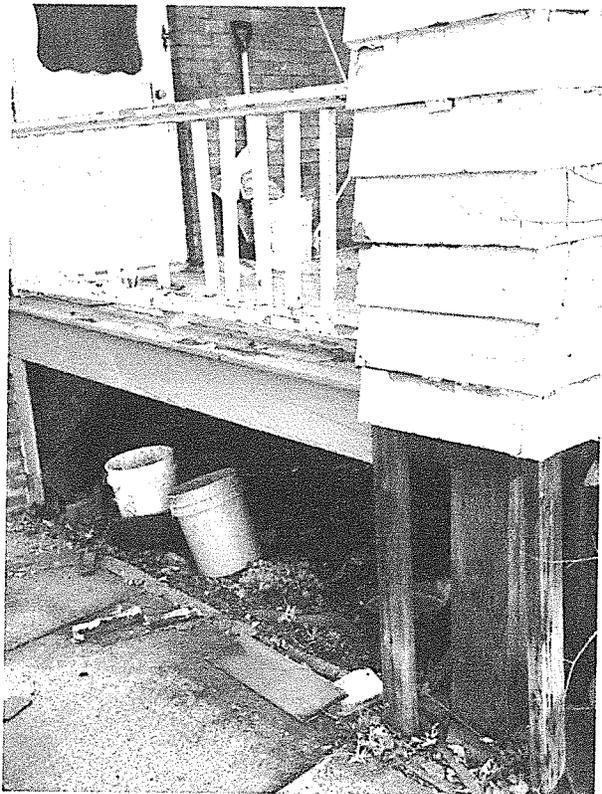
Have you ever received grant money for this project?  Yes  No  
If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature *[Handwritten Signature]* Date 3/9/16

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



# JC CUSTOM CUTS

DELIVERING SATISFACTION THROUGH INTEGRITY AND HARD WORK.

John C. Phelan, Master Carpenter  
(518) 915-5284  
JCCustomCuts@gmail.com

- Install new outlet over stove to power microwave

### Carpentry

- Install 64" base and upper cabinets on refrigerator wall
- Install 100" of base cabinets on exterior sink wall
- Install 60" upper cabinets over stove
- Install new L shaped post formed counter top on base cabinets
- Install 1/4" luan over existing floor
- Install new vinyl floor covering
- Repair the existing basement door
- Paint kitchen walls and ceilings
- Supply and install one vinyl hung replacement window over the sink

\$6000 Materials  
4,700 Labor  
 10,700 Total

Front Porch	\$11,500	
Front Door	600	
Kitchen	10,700	
	23,050	Total materials and labor
Permit / Filing Fees	702	

\$ 23,502 Total Project

 \_\_\_\_\_ Date 3/24/16  
 Contractor- J C Custom Cuts- John Phelan

 \_\_\_\_\_ Date 3/24/16  
 Owner- Jennifer LeMay

\_\_\_\_\_  
 Witness \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Witness \_\_\_\_\_ Date \_\_\_\_\_

Signed this 22nd day of January, 2016

# JC CUSTOM CUTS

DELIVERING SATISFACTION THROUGH INTEGRITY AND HARD WORK.

John C. Phelan, Master Carpenter  
(518) 915-5284  
JCCustomCuts@gmail.com

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## Jennifer LeMay

323, 7th Ave., Troy, NY 12182

### Front Porch

#### Demo

- Remove shrubbery

#### Carpentry

- Install 3 ten inch sono tubes
- Support new deck system and existing roof with 4x4 pressure treated posts
- Install new floor system to be constructed with 2x8 pressure treated floor joists
- Install decking to be 1x6 pressure treated decking
- Install new railing and posts to be white vinyl
- Wrap roof header with white aluminum
- Install porch ceiling to be white vinyl soffit
- Enclose bottom of porch with white vinyl lattice
- Will keep existing stairs as is

#### Materials

\$6,500

5,000 Labor

11,500 Total

### Outdoor Work

#### Demo

- Remove existing entry door and screen door

#### Carpentry

- Install new door to be 32" 6 panel metal door with new knob and dead bolt
- Install new screen door to be 32" aluminum with 1/2 window and 1/2 screen
- Scrape and Paint garage and windows

\$400 Materials

200 Labor

600 Total

### Kitchen

#### Demo

- Remove existing cabinets
- Remove wall tile
- Install new stainless steel sink
- Install new chrome faucet with sprayer
- Install new dish washer (customer allowance \$300)

#### Electric

- Install 1 new GFI protected outlet on refrigerator wall

433 River St.

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

Received  
3/14/16

**Applicant:**

Building Address 44 River St.  
Applicant Name Daigle ~~Development~~ Cleaning Systems, Inc.  
Applicant Address 19C Pointe West Dr., Clifton Park, NY 12065  
Telephone (518) 763-9000 Email daiglecleaningsystemsinc@gmail.com  
Is the applicant the owner?  Yes  No (In process of purchasing)  
Owner Name Derek Foster  
Owner Address 19 Eaton Rd, Troy, NY 12180

**Building Information:**

Type of Construction:  Masonry  Frame  Other  
Number of Floors: 2 Basement  Yes  No (crawl space)  
Building Square Footage: 5,000sf Lot Dimensions: .9 Acre

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 type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input checked="" 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 checked="" type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Roof:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" 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: 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
Daigle Cleaning Systems	Derek Foster 19 Eaton Rd Troy, NY 12180	<del>1</del>	4

# of residential units in the building: 0

**Schedule of Work:**

Proposed Method of Work:  Contract  Self-Help  Combination

Date work can begin by: ~~to be determined?~~  
Date work must be completed by: 9/1/16

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: \$90,000 (Renovation) Grant Request: 20,000 \$5,000

Describe any recent improvements you have made to the building, if any.  
None yet, in process of finalizing purchase

Provide a brief summary of all proposed activities:  
- Daigle Cleaning Systems, Inc. Headquarters (1500sf)  
- 3 commercial office suites in remainder of Bldg.  
or 4

**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 2/22/16

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**  
3/17/16

**Applicant:**

Building Address 2346 - 15<sup>th</sup> St Troy, NY 12180

Applicant Name Nassim T Faraj

Applicant Address same as above

Telephone 518 272-3962 Email Bela Faraj 37@gmail.com

Is the applicant the owner?  Yes  No

Owner Name Nassim T Faraj

Owner Address 2346 - 15<sup>th</sup> St Troy, NY 12180

**Building Information:**

Type of Construction:  Masonry  Frame  Other

Number of Floors: 2 Basement:  Yes  No

Building Square Footage: 2000 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 type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input checked="" type="checkbox"/>	At Risk
Rear Wall:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Poor	<input checked="" type="checkbox"/>	At Risk
Roof:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input checked="" type="checkbox"/>	At Risk
Other:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input checked="" 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: None

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: ASAP  
Date work must be completed by: ASAP

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: 50%

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

Provide a brief summary of all proposed activities:  
front porch, back wall  
second floor porch railing  
doors and windows  
side 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:

city of troy helped restore front porch but contractor did a terrible job 10 years ago

Signature Walter Ray Date 3-11-16

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

**Received**  
3/17/16

**Applicant:**

Building Address 2334 - 17th St  
 Applicant Name Rola Faraj  
 Applicant Address 2334 - 17th St  
 Telephone 880-7268 Email Rolafaraj37@gmail.com  
 Is the applicant the owner?  Yes  No  
 Owner Name Rola Faraj  
 Owner Address ~~200~~ 2334 - 17th St Troy

**Building Information:**

Type of Construction:  Masonry  Frame  Other  
 Number of Floors: 2 Basement:  Yes  No  
 Building Square Footage: 2000 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 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 checked="" 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: No

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

# of residential units in the building: \_\_\_\_\_

**Schedule of Work:**

Proposed Method of Work:  Contract  Self-Help  Combination

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

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: 5000 Grant Request: 50%

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

roof

Provide a brief summary of all proposed activities:

windows, doors, siding

**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 Fela Kung'u Date 3-11-14

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

**received**  
4/8/16

**Applicant:**

Building Address 15-17 Second St., Troy

Applicant Name Arbore Nock

Applicant Address 191 Second St., Troy

Telephone 518.928.9897 Email mail.nock@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: ~6000 Lot Dimensions: \_\_\_\_\_

Existing conditions of the building:

Front Façade:	<input type="checkbox"/> Excellent	<input checked="" 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 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: 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>Fleur de Lis</u>	<u>Mary Lourdes</u>	<u>~15</u>	<u>—</u>

# of residential units in the building: 7

**Schedule of Work:**

Proposed Method of Work:  Contract  Self-Help  Combination

Date work can begin by: June 2016  
Date work must be completed by: August 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 \$12,000 Grant Request \$5,000

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

- 2015 - New roof
- 2012 - New furnace and converted 17 Second to hot water heat (was steam)
- 2012 - New hot water heater
- 2015 - Masonry repairs: Reprinting brick, repair to stone steps
- Multiple plumbing, electrical, kitchen updates

Provide a brief summary of all proposed activities:

The 3 exterior doors (15 Second, the shop door, and 17 Second) need to be replaced with more aesthetically pleasing doors that are energy efficient and more attractive. The front of 17 Second looks like a concrete block facade. Plan is to have architectural help to design a more historically appropriate front of the building that is not brick. Also, the 1st floor window is not consistent with historical nature of the building and needs replacement.

**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 Alfred Date 4/5/16

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

**received**  
4/7/16

**Applicant:**

Building Address 191 Second Street, Troy

Applicant Name Arlene Nock

Applicant Address 191 Second Street, Troy

Telephone 518.928.9897 Email mail.nock@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: 7,500 Lot Dimensions: \_\_\_\_\_

Existing conditions of the building:

Upper Front Façade:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input checked="" 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 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: May 1, 2016  
Date work must be completed by: June 3, 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 - \$15,000 Grant Request \$5,000

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

- 2011 - Roof; Insulated attic; new furnace; new hot water heater
- 2014 - New floor (wood)
- 2012 - New Windows
- 2015 - Repair of masonry on balcony of 2nd floor
- Numerous painting, plumbing, electric improvements over the years.

Provide a brief summary of all proposed activities:

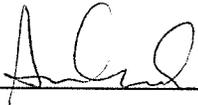
The Bay window areas on the 2nd and 3rd floor are rotting to the point rain can seep in. Due to the height, scaffolding or cherry picker is needed. Wood will need to be replaced. The entire area painted. Possibly some masonry work will be needed. Must be done or weather damage will continue to destroy it.

**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 4/5/16

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

**Applicant:**

Building Address 535 Fifth Ave Toy, New York 12182

Applicant Name Harry J. Tutunjian

Applicant Address 312 24th Street Troy, NY 12180

Telephone 274-6784 Email harry.tutunjian@hotmail.com

Is the applicant the owner?  Yes  No

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

**Building Information:**

Type of Construction:  Masonry  Frame  Other

Number of Floors: 1 Basement:  Yes  No

Building Square Footage: 850 Lot Dimensions: 45x50

Existing conditions of the building:

Front Façade:	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input 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 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 checked="" 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

# of residential units in the building: \_\_\_\_\_

**Schedule of Work:**

Proposed Method of Work:  Contract  Self-Help  Combination

Date work can begin by: May 1, 2016

Date work must be completed by: July 1, 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 16,000 Grant Request 5,000

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

~~Replaced sill plates and box beams on North and South portions of the building. Raised entire structure, repaired and or replaced all floor joists. Installed new Advantech engineered subfloor. Patched roof, cleaned out debris from basement. Repaired damaged plumbing. Cleaned exterior of building.~~

Provide a brief summary of all proposed activities:

~~Plan to replace all exterior glass and front door with new energy efficient glass and aluminum. May install awnings over new windows. May also replace all vinyl siding.~~

~~May also repair/replace sidewalks that will not be replaced under the proposed city program.~~

**Additional Information:**

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

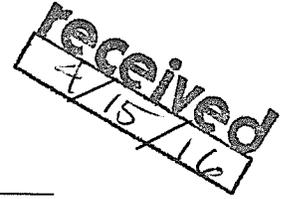
Have you ever received grant money for this project?  Yes  No  
If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature  Date April 18, 2016

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 426 River Street

Applicant Name David S Rounds

Applicant Address 573 7th Ave Troy NY 12180

Telephone 533-8887 Email \_\_\_\_\_

Is the applicant the owner?  Yes  No

Owner Name David S Rounds

Owner Address 573 7th Ave

**Building Information:**

Type of Construction:  Masonry  Frame  Other

Number of Floors: 2 Basement:  Yes  No

Building Square Footage: 2,672.0 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 checked="" 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: 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
<b>Troy Typewriter</b>	<b>David S. Rounds 573 7th Ave</b>	<b>34 yrs</b>	<b>25 yrs</b>

# of residential units in the building: 1

**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: \_\_\_\_\_ Grant Request: \_\_\_\_\_

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

**No Recent Improvements**

Provide a brief summary of all proposed activities:

**Looking To Scrap Down Front Of Building & Repaint Same Colors That Are On It Now**

**Additional Information:**

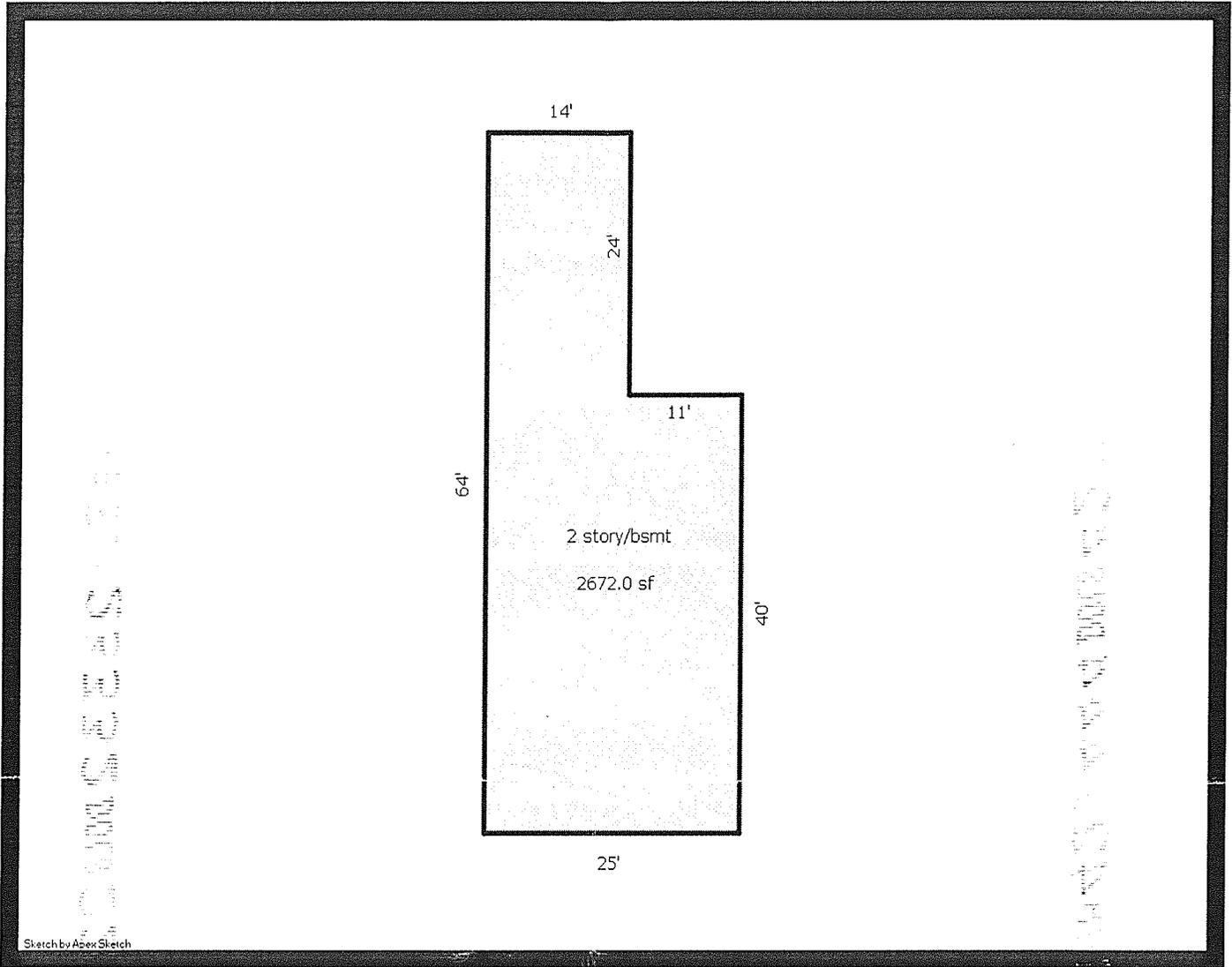
Are you or any other owner of the property a City of Troy employee?  Yes  No

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

**I Think Back In The 80's The Whole Block Was Done Over With Grand Money My Father Was Owner Then, But I Was Working With Him since We Bought The Building Back In Early 80's**

Signature  Date **4/12/16**

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**SWIS: 381700**  
**Print Key: 101.38-8-11.2**  
**Comment: Sketch**



TROY TYPEWRITER & SUPPLY CO.

426

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

**received**  
4/14/16

**Applicant:**

Building Address 45 2nd Street Troy NY 12180  
 Applicant Name Megan Reavey & David Linen  
 Applicant Address 45 2nd Street Troy NY / 24 Division St Cohoes NY 12047  
 Telephone 518-369-3268 Email Meg  
 Is the applicant the owner?  Yes  No  
 Owner Name Megan Reavey & David Linen  
 Owner Address 45 2nd St, Troy NY 12180

**Building Information:**

Type of Construction:  Masonry  Frame  Other  
 Number of Floors: 4 Basement:  Yes  No  
 Building Square Footage: Apx 1000 Lot Dimensions: 34x52 ft (26x130)  
 Existing conditions of the building: 6218 sq ft

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 checked="" 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: 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

# of residential units in the building: 4

**Schedule of Work:**

Proposed Method of Work:  Contract  Self-Help  Combination

Date work can begin by: ASAP  
Date work must be completed by: U/K

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

Total Project Cost: 20,000 Grant Request: 5,000

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

(Same) Remove and Replace water damaged interior walls  
(Same) electrical service upgrade.

Provide a brief summary of all proposed activities:

- Remove existing facade and restore original brick work and masonry
- Repair front entry concrete steps
- Remove covering on soffit / cornice and restore/replace original woodwork cornice
- Repair front masonry damages including cracks and window sills
- Paint renovated front of building with historical paint colors
- Repair front railings and entry ways

**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 Regan Rowley Date \_\_\_\_\_

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

3/14/16

**Applicant:**

Owner: Derek Foster, Daigle Cleaning Systems  
 Owner Address: 19 Eaton Rd, Troy, NY 12180 ↑ 19C Park to west Dr. Clifton Park, NY 12065  
 Email: daiglecleaningsystemsinc@gmail.com Telephone: (518) 763-9200  
 Business/Project Address: 44 River st  
 Total Project Cost: Purchase - 130K rent - 190K  
 Loan Request: \$170,000 Grant Request: \$20,000  
 Business Type: Corp.  Partnership  Sole Prop   
 Year Established: 2011 FEIN: 45-3859538  
 Years at current address: Business 4 Home 25  
 Gross Annual Sales: \$ 850K projected 2017: 1.1 mil.  
 Other Sources of Income: \$ 0

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
Derek Foster	President	70	80K
Michelle Daigle	Vice President	30	70K

**Affiliates:**

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

Name	Title	% Owned	Annual Compensation

**List all Bank account information:**

Bank Name	Checking	Savings	Other	Balance
Pioneer Savings	✓			60,000

**List all sources of project funding, and dollar amount and use (s) of funds requested.**

Source of Funds	Use of Funds	Dollar Amount
Personal	property purchase	\$ 26,000
Bank mortgage construction	purchase loan	\$ 101,500
		\$ 190,000
		<b>Total Project Cost</b> \$ 317,000
		<b>Total Funds Requested</b> 296,500
		<b>Total Owner Equity</b> \$ 20,500

**Description of Collateral Offered:**

Collateral	\$ Value	Mortgage/Lien	\$ Value
Chevy Van	\$ 29,000		
Chevy Van	\$ 29,000		
Cash	\$ 100,000		

**Outstanding Debt (List all loans, credit cards, lines of credit, installment debt, leases, and mortgages)**

Lender	Original Amt.	Balance	Monthly Payment
Wells Fargo Auto	50,000	46,000	720.00
Capital One CC		4,000	4,000
Honda Financial	Lease		\$ 218
Toyota Financial	Lease		\$ 228
Home depot	Paid off monthly		\$ 800

**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:**

- 5,000 sq commercial Renovation
- completely rehab interior & exterior including storefront to create Vaigle cleaning systems Headquarters w/ the remaining square footage being converted into commercial office suites.
- Restore all bricks to original color
- new storefront / front entryway
- Fenced in parking lot
- New windows, trim, flooring, complete rehab of bathrooms & garage, new garage door, new kitchenettes, make sure all utilities (mace, hot water heater are working correctly)
- Construction to be done by [unclear] 19 quote obtained

Wainschat Associates, Rensselaer County

**Attorney:**

Name Catherine Hedgman  
Address \_\_\_\_\_  
Contact Kate Hedgman

Zip Code \_\_\_\_\_  
Telephone (518) 573-3108

**Accountant:**

Name Don Rowland  
Address \_\_\_\_\_  
Contact Don Rowland

Zip Code \_\_\_\_\_  
Telephone (518) ~~444-3705~~  
229-8359

**Trade References:**

- 1. Name Atsco Products  
Address 445 N. Pearl St. Zip Code 12204  
Contact Dave Thompson Telephone (518) 465-8894
  
- 2. Name BBL Construction Services  
Address 302 Washington Ave Ext Zip Code 12204  
Contact Frank Emmer Telephone (518) 461-3082
  
- 3. Name Prime Companies  
Address 621 Columbia St. Cohoes, NY Zip Code 12047  
Contact Todd Curley Telephone (518) 7859000

**Insurance Agent/Bonding Company:**

Name The Heritage Group Zip Code 12110  
Address 1184 Troy-Schenectady Rd Telephone (518) 782-0001  
Contact Tyler Tegening  
↳ Latham, NY 12110

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 [Signature] Date 2/22/16

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.

## FAÇADE IMPROVEMENT GRANT PROGRAM

*through Troy Local Development Corporation (TLDC)*

### Grant Request for Spring Youth Baseball

[physical address 99 Spring Ave, Troy NY 12180. Mailing address PO box 921. Troy NY 12181]

Request amount \$5,000

#### Purpose;

Started in 1955, Spring Youth Baseball is the oldest community based youth sports organization in Troy. In a typical year we have over 300 games, 500 children and over 3,000 visitors from Troy and the surrounding region at the fields playing baseball from April through October. In October of 2015, the previous Board of Directors resigned leaving the organization in significant debt. A new Board of 15 new civic mind families took charge have addressed most the previous debts and other matters left in default, while trying to plan for the Upcoming Season. This grant will along Spring to improve the Facade of our existing infrastructure. This combined with other grants we have applied for to improve our field space, will make Spring Youth Baseball an attractive site for State and Regional tournaments. This will generate additional tax revenue for the City of Troy through additional visitors to local establishments. The Board has made a concerted effort to partner with our local small businesses, as sponsors, to increase and support local business.

This grant would allow the Board to focus our efforts on enrollment and getting ready for the 2016 season. The grant would go to upgrading the concession stand, seating areas and "clubhouse" areas that were left in Blight and in need of repair (windows, broken doors, cosmetic repairs, bathroom repair, Repainting buildings]. The majority of work to be completed would be visible as you travel down Walker Avenue to reach Spring Ave or from Spring Ave.

Your grant would allow the Board the flexibility to allocate some of our fundraising efforts to go directly to equipment items (i.e. baseballs, sod and field equipment) needed for the upcoming season.

In 2016 the number of games and visitors will increase as we will be hosting a tournament at the fields, along with renting the fields to other teams in need of a place to play (our 3 year plan is to bring in teams from around the State not just the Capital Region by becoming a regional hub).

## FAÇADE IMPROVEMENT GRANT PROGRAM

*through Troy Local Development Corporation (TLDC)*

In return for consideration for this grant spring Youth Baseball would list the city and TLDC as supporters for the season not only at the field but on our website [with improvements made since last October is now averaging 100 views a week, this will increase as the season begins, we encourage you to check it out). and social media outlets (The Spring Youth Baseball Facebook and Spring Renegades (Travel Program) Facebook ] .

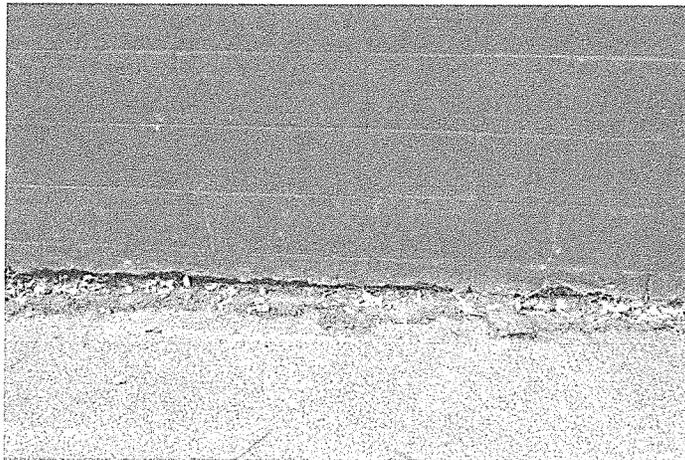
Again for the 2016 season we are looking to increase our marketing outreach through the use of Social Media for Spring Youth Baseball as a whole, which in turn would lead to an increase in secondary marketing for TLDC . Making it a “Win-Win” opportunity for all involved . I encourage you to check out our website and Facebook page.

Respectfully

Sean Tuckey

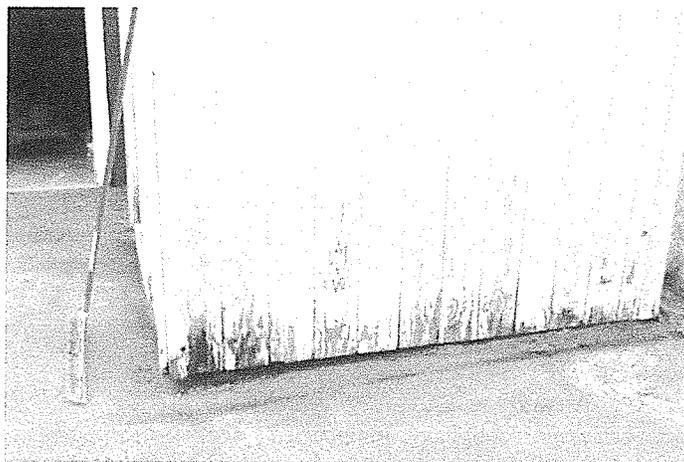
VP for Spring Youth Baseball, 518 598 4059

Attachment A. Pictures



Main bldg. facing Spring Ave

**FAÇADE IMPROVEMENT GRANT PROGRAM**  
*through Troy Local Development Corporation (TLDC)*



**Bldg 2 Facing Walker Ave**

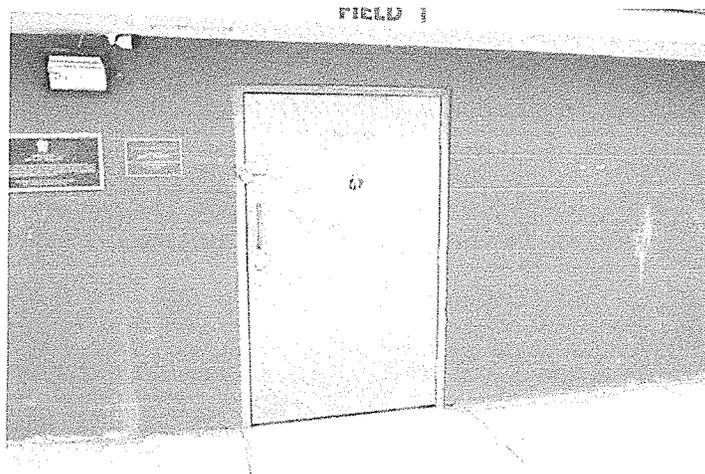


**Broken Shed Door facing Walker Ave**

**FAÇADE IMPROVEMENT GRANT PROGRAM**  
*through Troy Local Development Corporation (TLDC)*



Main Bldg facing Spring Ave



Front door facing Walker Ave