



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**

**May 20, 2016  
8:30 a.m.  
AGENDA**

- I. Approval of Minutes from April 22, 2016 board meeting.
- II. Façade Improvement Grants
  - 1823 Fifth Avenue, Michael Flynn
  - 1831 Fifth Avenue, Michael Flynn
  - 383 Congress Street, Adam Siemiginowski
  - 64 Washington Street, Karla Guererri
  - 40-42 and 44 River Street, Daigle Development, LLC
  - 223 4<sup>th</sup> street, Jean Corina
  - 234 3<sup>rd</sup> street, Lynda Caccamo
  - 2942 Sixth Ave, Lorraine McCleary
  - 3 Hill Street, Guillermo Zappi
- III. Troy Living, LLC
- IV. Financials
- V. Old Business
- VI. New Business
- VII. Adjournment



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

**April 22, 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, Paul Goetz, Mary Ellen Flores, Jennifer LeMay, Harry Tutunjian, David Rounds, Rola Faraj, Nassib Tjaili, Deanna DalPos 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 March 11, 2016 board meeting.

**Andy Ross made a motion to approve the March 11, 2016 board meeting minutes.  
Dep. Mayor Monica Kurzejeski seconded the motion, motion carried.**

II. Façade Grant Program

The Chairman spoke to the 50/50 Façade Grant applicants and advised that all of the information submitted was reviewed ahead of time. Monica Kurzejeski asked all applicants to send in their estimates as soon as they are able to. The board noted that one application was removed from the list, Daigle Cleaning Systems, Inc. The board had a general discussion with the applicants about the process.

**Andy Ross made a motion to approve the 50/50 Façade Grants listed below:**

- 323 7<sup>th</sup> Ave, Jennifer LeMay
- 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**

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

III. SaxBST Audit Presentation

Paul Goetz from SaxBST discussed the audit that was recently completed. He advised the first item, is a letter that is required to discuss the conduct of the audit and noted there is nothing negative to report. The other item is the representation letter. Mr. Goetz noted that this letter needs to be signed off by management. The board had a general discussion on who would be responsible for signing the management letter and agreed to have the current and past CFO sign the letter.

Mr. Goetz reviewed the financial statements and advised that pages 2 & 3 present a clean opinion. He noted that as a governmental body usually requires and Management Discussion & Analysis letter, but because this is a smaller entity it is not needed. Mr. Goetz noted the statement of net position showing on page 3. He pointed out that the cash balance went down from the previous year due to significant funding of economic development activity. Mr. Goetz also noted the loans receivable section which is broken down into short and long term. The board had a general discussion on the loan program and spoke about setting lending limits going forward.

Mr. Goetz discussed revenues, expenses and changes in net positions listed on page 4. He advised operating revenue is listed at the top of the page and non-operating revenue is listed at the bottom. Mr. Goetz wanted to point out the sale of 444 River Street that is listed under non-operating revenue and noted that gain offset all of the other activity done throughout the year. Mr. Goetz recommended setting up cash flows and budgeting analysis for the economic development programs going forward. The board agreed.

Mr. Goetz discussed the statement of cash flow and internal controls. He noted significant activities that took place in 2015 and noted that a portion of the HUD Section 108 loan was repaid. Mr. Miller advised that the Portec loan is paid off and the King Fuels is left. Mr. Goetz advised that the transaction with the HUD loan is listed on page 9.

Mr. Goetz advised that the last report in this document is the Statement of Internal Controls over financial reporting. He advised that if there were findings with internal controls and reporting, they would be in this section.

The board had a general discussion on the budgeting process moving forward.

**Dep. Mayor Monica Kurzejeski made a motion to approve the 2015 audit as presented by SaxBST.  
Andy Ross seconded the motion, motion carried.**

IV. Spring Youth Baseball funding request

Monica Kurzejeski spoke about a grant request that came in for Spring Youth Baseball for \$5,000 for facility improvements. She explained that a new group is running Spring Little League as of late 2015 and there are some repairs that are needed to rejuvenate it and get it up and running again. Mrs. Kurzejeski advised that they City is working to add some speed bumps around the property. Mr. Miller advised that we will need their official company name and asked for an application to be filled out. The board did not have any other questions on the project.

**Andy Ross made a motion to approve the grant request from Spring Youth Baseball in the amount of \$5,000.  
Dep. Mayor Monica Kurzejeski seconded the motion, motion carried.**

V. Comp Plan funding request

Mrs. Kurzejeski spoke to the board about the current status of the City of Troy's Comprehensive Plan. She advised that they are nearing the end of the process and during the last few meetings with Urban Strategies it was determined that there is a funding shortage. After negotiations with them, the final amount needed is \$97,000. Mrs. Kurzejeski advised that plan has been funding by the Troy Redevelopment Foundation and two grants from The Department of State. Mrs. Kurzejeski noted that this will be used as a planning document for the City over the next 10-20 years. The board had a general discussion about the process to date. Mr. Ross asked about the deliverables. Mrs. Kurzejeski spoke about the past public meetings, 3D modeling and the final draft that will be ready in June. She added that they are including policy and an implementation schedule that will help us move forward with the suggestions in the plan. The board asked if there will be additional money needed going forward. Mrs. Kurzejeski advised that this will carry us to the completion.

The board asked if we will have any input on what will happen to the King Fuels parcel in South Troy. Mrs. Kurzejeski advised that the comprehensive plan is a suggestion of how to move forward, it will not change the zoning in anyway. There will be overlay policies for certain areas and hoped that the LDC will work with the vision of the City. Mr. Miller asked if there is a retainage for the final product. Mrs. Kurzejeski advised no. A final payment will be sent out once we have the final product in hand.

**Andy Ross made a motion to approve the funding request of \$97,000 to Urban Strategies to be used for the City of Troy's Comprehensive Plan.  
Dep. Mayor Monica Kurzejeski seconded the motion, motion carried.**

VI. PARIS report

A draft copy of the PARIS report was given to the board members to review. The audit and financial statements that were discussed earlier in the meeting will be added to the report before it is uploaded to NYS. Mr. Lozano advised that there were a couple of items that we were going look into and make sure they are posted on the website. The board had some general questions about ELAN and the work done at the King Fuels site and how the information is reported.

**Andy Ross made a motion to approve the PARIS report.  
Dep. Mayor Monica Kurzejeski seconded the motion, motion carried.**

VII. Financials

Jim Lozano went over the accounts receivable and explained the new layout of this section of the financials. He advised that the four accounts listed that are the accounts that are currently late with their payments; Quackenbush, Rare Form, Infinity Café and 77 Congress Street, LLC. Mr. Lozano advised that the loans have been corrected in QuickBooks to show that they are now listed as loans, instead of a receivable. He added that it will assist with getting accurate numbers for payoff and amounts due. The chairman asked if we can see a detail of the loans at least once a quarter. Mr. Miller asked for details on a couple of the loans to see if they should be put in default. Mary Ellen Flores spoke about the current status of the loans in default. Mr. Miller advised that we should present them with letters to start the clock. Mrs. Kurzejeski asked for copies of the letters and she will hand deliver them.

Mr. Lozano noted that there is a negative number listed in accounts payable which reflects the PILOT payments paid to the city.

The board had a general discussion about setting up amounts and policy for doubtful accounts. The chairman advised that we set up an allowance for loan loss of 10% of the portfolio.

Mr. Lozano went through the profit and loss section of the financials. He advised that there is a \$33,000 deficit showing due to two major expenses; Fischer Associates for the downtown parking study and two grants to the City of Troy for River Street Arts Festival and the Powers Park concert series.

**Dep. Mayor Monica Kurzejeski made a motion to set a loan loss reserve of 10% of the portfolio.  
Andy Ross seconded the motion, motion carried.**

**Dep. Mayor Monica Kurzejeski made a motion to approve the financials as presented.  
Andy Ross seconded the motion, motion carried.**

VIII. Old Business

The chairman advised that we received an insurance renewal packet. The board reviewed the information and had a general discussion.

**Dep. Mayor Monica Kurzejeski made a motion to approve an insurance renewal with William J. Fagan & Sons, Inc. in the amount of \$13,189.11  
Andy Ross seconded the motion, motion carried.**

IX. King Fuels site Variance

The board advised this item will be discussed at the next meeting.

- X. Mrs. Kurzejeski advised she has a personnel item to discuss in executive session.

**Andy Ross made a motion to enter into executive session to discuss a personnel issue.**

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

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

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

- XI. Adjournment

The meeting was adjourned at 9:45 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**  
 4/20/11

**Applicant:**

Building Address 1823 FIFTH AVENUE  
 Applicant Name MICHAEL J. FLYNN  
 Applicant Address 1823 FIFTH AVENUE / MAILING MAILING  
 Telephone 272-1122 Email MICHAELFLYNN@NYCAP.RR.COM  
 Is the applicant the owner?  Yes  No  
 Owner Name MICHAEL J. FLYNN  
 Owner Address BOX # 64 TROY NY. 12181-0064

**Building Information:**

Type of Construction:  Masonry  Frame  Other  
 Number of Floors: 3 Basement:  Yes  No  
 Building Square Footage: 6000 Lot Dimensions: 25X130

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 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 checked="" 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
<u>NONE</u>			

# of residential units in the building: 6

**Schedule of Work:**

Proposed Method of Work:  Contract  Self-Help  Combination

Date work can begin by: ANYTIME CONTRACTOR IS READY

Date work must be completed by: NO SCHEDULED TIME

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:

NEW BOILER 2014

Provide a brief summary of all proposed activities:

WASH FACADE

SCRAPE, PRIME, PAINT TRIM

REPAIR / REPLACE ROTTED WOOD, GLAZING, GLASS

MINOR BLONNINGS REPAIR

**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 Hyman 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.

# ESTIMATE

## DMG CONTRACTING

14 Old Hickory Road • Troy, NY 12180

**Phone (518) 496-6465**

**FAX (518) 279-0100**

*Commercial  
& Residential*



DATE April 18, 2016

**CUSTOMER INFORMATION**

NAME Michael FLYNN  
 ADDRESS P.O. Box 64  
 CITY Troy STATE NY ZIP 12181  
 TELEPHONE \_\_\_\_\_

**WORK TO BE PERFORMED AT:**

NAME \_\_\_\_\_  
 ADDRESS 1823 5<sup>th</sup> Ave  
 CITY Troy STATE NY ZIP 12180  
 TELEPHONE \_\_\_\_\_

DESCRIPTION	AMOUNT
WASH front of Building	
Scrape - prime - paint	
Cornice - bay window - all trim	
Repair or Replace all rotted wood	
glaze all glass + replace broken glass	
Minor brownstone repair	
Lift rental	1200.00
Labor & Material	9800.00
on Labor	8% TAX 784.00
<b>TOTAL</b>	<u>11784.00</u>
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*

**Scope of Work**

Building Address: 1823 5<sup>th</sup> AVENUE

Contact Information: MICHAEL FLYNN Phone: 8570445 Email: MICHAEL.FLYNN@MYCSP.RR.COM

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

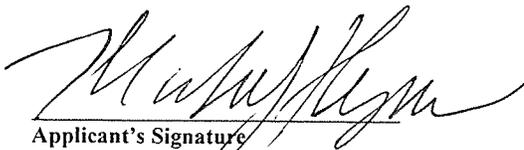
	Upgrade Existing	New Replacement	New Installation	Repair Existing	Removal	Estimate
Roofing						
Masonry				900.00		900.00
Windows / Doors				X		800.00
Storefront						
Detailing / Restoration				X		3100.00
Painting / Siding	X					5000.00
Handicap Accessibility						
Other: <u>Lift Rental</u>						1200.00
					<b>Total:</b>	<u>11000.00</u>

TAX 784.00  
11784.00

**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.

  
Applicant's Signature

April 18/2016  
Date



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

received  
 4/20/16

Applicant:

Building Address #1831 FIFTH AVENUE  
 Applicant Name MICHAEL J. FLYNN  
 Applicant Address 1831 5<sup>th</sup> AVENUE / MAILING BOX 64 TROY NY  
 Telephone 272-1122 Email MICHAELFLYNN@NYCAP.RR.COM  
 Is the applicant the owner?  Yes  No  
 Owner Name MICHAEL J. FLYNN  
 Owner Address BOX #64 TROY NY 12181-0064

Building Information:

Type of Construction:  Masonry  Frame  Other  
 Number of Floors: 3 Basement:  Yes  No  
 Building Square Footage: 6,000<sup>±</sup> Lot Dimensions: 25x130

Existing conditions of the building:

Front Façade:  Excellent  Good  PAINTED Fair  Poor  At Risk  
 Side Wall(s):  Excellent  Good  Fair  Poor  At Risk  
 Rear Wall:  Excellent  Good  Fair  Poor  At Risk  
 Roof:  Excellent  Good  Fair  Poor  At Risk  
 Other:  Excellent  Good  Fair  Poor  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
<u>NONE</u>			

# of residential units in the building: 6

**Schedule of Work:**

Proposed Method of Work:  Contract  Self-Help  Combination

Date work can begin by: ANYTIME CONTRACTOR IS READY

Date work must be completed by: NO SCHEDULED TIME

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:

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

Provide a brief summary of all proposed activities:

STRIP PAINT OFF BRICK ON FRONT FACADE

SCRAPE, PRIME, PAINT WOOD FRAME

REPAIR & REPLACE ANY ROTTED WOOD

**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 J. Hyms 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.

# ESTIMATE

## DMG CONTRACTING

14 Old Hickory Road • Troy, NY 12180

Phone (518) 496-6465

FAX (518) 279-0100

Commercial  
& Residential



DATE April 18, 2016

### CUSTOMER INFORMATION

NAME Michael Flynn  
ADDRESS P.O. Box 64  
CITY Troy STATE NY ZIP 12181  
TELEPHONE \_\_\_\_\_

### WORK TO BE PERFORMED AT:

NAME \_\_\_\_\_  
ADDRESS 1831 5th AVE  
CITY Troy STATE NY ZIP 12180  
TELEPHONE \_\_\_\_\_

### DESCRIPTION

### AMOUNT

DESCRIPTION	AMOUNT
<u>Strip paint off Brick on front of Building</u>	
<u>Scrape - prime &amp; paint Cornice AND wood on front entrance way</u>	
<u>repair dry window &amp; window trim</u>	
<u>Repair or replace any rotted wood.</u>	
<u>Lift Rental</u>	<u>1200.00</u>
<u>Material &amp; Labor</u>	<u>16,400.00</u>
<u>on Labor</u>	<u>5% TAX 1312.00</u>
<b>TOTAL</b>	<b>18912.00</b>
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*

**Scope of Work**

Building Address: 1831 5<sup>th</sup> AVENUE

Contact Information: MICHAEL FLYNN Phone: 857.0445 Email: MICHAELFLYNN@MYCAP.RR.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	X					4400.00
Handicap Accessibility						
Other: <u>Lift Rental</u>						1200.00
<u>Removal of Paint</u>						1200.00
					<b>Total:</b>	<b>17600.00</b>

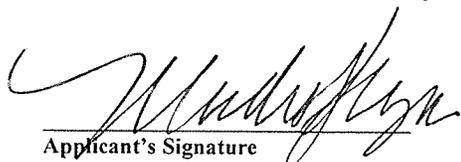
**2. Attachments**

- 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

tax 1312.00  
18 912.00

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

4/18/2016  
Date



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

**Received**

**Applicant:**

Building Address 383 Congress St. Troy, NY 12180  
 Applicant Name Adam Siemiginowski  
 Applicant Address 377 Congress St. 2nd Floor. Troy, NY 12180  
 Telephone 518-526-4122 Email adam@susthomes.com  
 Is the applicant the owner?  Yes  No  
 Owner Name Adam Siemiginowski / Susthomes LLC  
 Owner Address 377 Congress St. 2nd Floor. Troy, NY 12180

**Building Information:**

Type of Construction:  Masonry  Frame  Other  
 Number of Floors: 3 Basement:  Yes  No  
 Building Square Footage: 2500 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 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 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: 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: 5/9/16  
Date work must be completed by: 6/30/16

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 4800 Grant Request 2400 (50% Estimate)

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

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

Provide a brief summary of all proposed activities:

Pressure Wash Façade  
Scrape / Fill / Caulk Window Frames + Fenestration  
Repair Woodwork - Top Fenestration + Storefront  
Paint 7 Windows - 2 Coats  
Paint Top Fenestration - 2 Coats  
Repair / Patch Concrete Steps  
Remove Broken Aluminum Railing

**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 5/5/16

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.

CONTRACTOR	
Brian Bink	5/4/2016
20 Spruce St. Albany, NY 12205	
ESTIMATE	
Facade Restoration	
FOR	
Adam Siemiginowski	
377 Congress St. 2nd Floor. Troy, NY 12180	
518-526-4122	
JOB SITE	
383 Congress St. Troy, NY 12180	
SCOPE	
Painting, Masonry	
LABOR ITEMS	
Pressure Wash Front Facade and Steps	250
Scrape + Fill/Caulk + 2 Coats Paint for 7	450
Scrape + Fill/Caulk Top Fenestration	400
Repair Woodwork on Top Fenestration	300
Paint Top Fenestration 2 Coats	950
Patch Concete Step	25
Scrape + Fill/Caulk Storefront	350
Repair Storefront Overhang	150
Paint Store Front 2 Coats	450
Repair Window Ledge	100
RENTAL ITEMS (Contractor Orders, Owner Pays)	
Man Lift / Week	695
Man Lift, 10% Insurance / Week	69.5
Man Lift, 8% Tax / Week	55.6
Man Lift, Delivery (up to 10 miles)	150
Pressure Washer (Owner Supplied)	0
MATERIALS (Owner Orders and Pays, Contractor Picks Up)	
5 Gallons Paint (Sherwin Williams)	250
Painting Materials	150
LABOR TOTAL	3425
TOTAL	4795.1



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

**Applicant:**

Building Address 64 Washington Street

Applicant Name Karla Guererri

Applicant Address 64 Washington Street

Telephone 518-368-8961 Email kguererri@mac.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: 2200 Lot Dimensions: 25x80

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
None			

# of residential units in the building: 1

**Schedule of Work:**

Proposed Method of Work:  Contract  Self-Help  Combination

Date work can begin by: **June 13, 2016**

Date work must be completed by: June 30, 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: \$8,880 (\$6900 without alley facade) Grant Request: \$4,440 (\$3,450 without alley facade)

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

In 2010, I completed major foundation stabilization work on my house via a contractor.

Provide a brief summary of all proposed activities:

~~Scrape loose paint on window trim and sash. Apply liquid wood epoxy to rotten wood. Fill gaps with wood epoxy (Abatron). Sand, prime, two coats of paint (Benjamin Moore Hale Navy HC154). Repair loose wood on cornice, prime, paint, two coats. Scrape, prime, paint two coats on exterior entrance (Benjamin Moore Windham Cream HC-6). Repeat entire treatment for windows on west side of house which faces a very busy alley leading to Sage Colleges and which is highly visible from the street. Work will be professionally done by a contractor and all materials and labor is included.~~

**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 May 12, 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.



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 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
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**  
 4/22/16

**Applicant:**

Building Address 223-4th STREET  
 Applicant Name JEAN CORINA  
 Applicant Address 223-4th STREET  
 Telephone 518-728-9198 CELL Email JMCORINA@MSN.COM  
 Telephone 518-271-0280 H  
 Is the applicant the owner?  Yes  No  
 Owner Name JEAN CORINA  
 Owner Address 223-4th STREET

**Building Information:**

Type of Construction:  Masonry  Frame  Other  
 Number of Floors: 2 Basement:  Yes  No  
 Building Square Footage: \_\_\_\_\_ Lot Dimensions: 25 x 120

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: RESIDENTIAL Building

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: 6/20/2016  
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: \$4,320.00 Grant Request: \_\_\_\_\_

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

NEW ROOF, MAINTENANCE FRONT OF BUILDING  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief summary of all proposed activities:

- ① COMPLETE RESTORATION OF EXTERIOR ENTRANCE DOOR & SURROUNDING PANELING
- ② REMOVE FINISH & SANDING ALL SURFACES FOR FINISH (WITH MARINE VARNISH)
- ③ APPLY 4-5 COATS OF HIGH QUALITY MARINE GRADE VARNISH TO EXTERIOR & SURROUNDING PANELS

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 M. Corvini Date 4/21/2016

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.

**Woman and Her Wood LLC**

360 Third Street, NY 12180 US  
518-928-2678  
sarah@sarahvadney.com

**Estimate**

ADDRESS  
Jean Corina  
223-4th St  
Troy NY, 1218  
223 4th St., NY 12180

ESTIMATE #	DATE	EXPIRATION DATE
1001	01/14/2016	06/15/2016

ACTIVITY	QTY	RATE	AMOUNT
<b>Entrance doors Exterior</b> This estimate is for the complete restoration of your exterior entrance door and surrounding paneling. I will begin by removing the pre-existing finish. I will then sand all surfaces to prepare for finish. I will make any minor repairs necessary. If there are any major repairs or imperfections I will discuss them with you and decide what action to take. There may be an additional expense if need be but I will express this to you and we will come to a new agreement. I will then apply 4-5 coats of a high quality marine grade varnish. this project may take 3-4 weeks to complete depending on weather conditions. All work will be conducted on-sight in a clean professional manor.	1	4,000.00	4,000.00T

Thank you for considering Woman and Her Wood LLC.

SUBTOTAL	4,000.00
TAX (8%)	320.00
<b>TOTAL</b>	<b>\$4,320.00</b>

Accepted By

Accepted Date



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

**Received**  
 5/13/16

**Applicant:**

Building Address 234 THIRD ST., TROY NY  
 Applicant Name LYNDA CACCAMO  
 Applicant Address 234 THIRD ST.  
 Telephone 428-3566 Email LACCAMO@NYCAP.IG.COM  
 Is the applicant the owner?  Yes  No  
 Owner Name SAME  
 Owner Address SAME

**Building Information:**

Type of Construction:  Masonry  Frame  Other  
 Number of Floors: 2 Basement  Yes  No  
 Building Square Footage: 1520 Lot Dimensions: 1742

Existing conditions of the building:

Front Façade:  Excellent  Good  Fair  Poor  At Risk  
 Side Wall(s):  Excellent  Good  Fair  Poor  At Risk  
 Rear Wall:  Excellent  Good  Fair  Poor  At Risk  
 Roof:  Excellent  Good  Fair  Poor  At Risk  
 Other:  Excellent  Good  Fair  Poor  At Risk

**Occupancy Information:**

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

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>CITY HOUSE INTERIORS</u>	<u>LYNDA CACCAMO</u>	<u>1</u>	<u>0</u>

# of residential units in the building: 1

**Schedule of Work:**

Proposed Method of Work:  Contract \_\_\_\_\_ Self-Help \_\_\_\_\_ Combination \_\_\_\_\_

Date work can begin by: WILL BE BASED ON GRANT APPROVAL  
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 9K Grant Request 4.5K

Describe any recent improvements you have made to the building, if any: (1) TREE PLANTED to Replace DEAD TREE  
(2) BAY WINDOWS ROTTEN WOOD REPLACED / REPAIRED.  
(3) BAY WINDOWS REPLACED.  
(4) MASONRY WORK ON STAIRS  
(5) BACK STAIRS REPLACED.  
(6) COMPLETE PAINTING OF FACADE  
(7) PLUMBING LINE REPAIRED / REPLACED IN FRONT AND REAR.  
(8) NEW KITCHEN MAKE OVER FOR WASHER DRYER - DISHWASHER - COUNTERS.

- FRONT DOUBLE DOOR REFINISHED 3K .
- DOOR REPLACEMENT FOR 1st FLOOR FRONT + REAR - BASEMENT 5K
- MILL WORK ADDED TO BAY WINDOWS TO COMPLEMENT EXISTING 1K

**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 Lynda Caccamo Date 5/11/16

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  
 5/13/16

Applicant:

Building Address 2942 6th Ave  
 Applicant Name LORRAINE McCleary  
 Applicant Address 2942 6th Ave  
 Telephone 518 592-1137 Email YMAUZION55@gmail.com  
 Is the applicant the owner?  Yes  No  
 Owner Name Lorraine McCleary  
 Owner Address 2942 6th Ave Troy NY 12180

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 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 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 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: 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

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

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: 2800 Grant Request: at least 1/2

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

Nothing recent in past 8 years - Had it painted  
in front of Bldg. blue when City put in new  
gully works. Fixed some patch of the front  
of Building

Provide a brief summary of all proposed activities:

Need to install front window on 2nd floor  
one of the window fell out into the ground.  
Need a window 1915 A.P.

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

Romaine McLean Date 5.12.16

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**

**Applicant:**

Building Address 3 HILL ST., TROY, NY 12180

Applicant Name GUILLERMO ZAPPI

Applicant Address 3 HILL ST., TROY, NY 12180

Telephone 518-391-3373 Email GDZAPPI@HOTMAIL.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: \_\_\_\_\_ 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 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: \_\_\_\_\_

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 1<sup>ST</sup> 2016  
Date work must be completed by: JULY 31<sup>ST</sup> 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:  
NEW ELECTRICAL, PLUMBING, FLOORS, WALLS, CEILINGS

Provide a brief summary of all proposed activities:  
REPAIR CORNICES, PAINT TRIM, REPAIR FRONT DOOR, RE-POINT BRICK, REMOVE PAINT, PAINT

**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. J. Zahi Date MAY 13<sup>TH</sup> 2016

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