



Kevin O'Bryan, Chairman
Steven Strichman, Executive Director
John Donohue

Andrew Ross, Vice Chairman
Dep. Mayor Monica Kurzejeski

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

**September 23, 2016
8:30 a.m.
AGENDA**

- I. Approval of Minutes from August 19, 2016 board meeting.
- II. Façade Improvement Grants
 - 1 Washington Place, Keith & Michele Kamsu
 - 403 River Street, Chris Ryan
 - 328-330 Third Ave, Frank Grant
 - 183 2nd Street, Heather Hamlin & Jim Martin
 - 111 Washington Street, Heather Hamlin & Jim Martin
 - 27 Second Street, Kerry Fagan
 - 2 Irving Place, Cynde London McCoy
 - 1833 Fifth Ave, Geri deSeve
 - 5 Irving Place, Christopher Eastman
- III. BDAP Loan Authorizing Resolution
 - 22-24 4th Street d/b/a Troy Innovation Garage – Revised
- IV. BDAP Loan Applications
 - 309 3rd Ave, Mark Stevens
 - 1 14th Street, Vic Christopher and Heather LaVine
- V. Fisher Associates – Final Invoice for Downtown Parking Study
- VI. Financials
- VII. Old Business
- VIII. New Business
- IX. Adjournment



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

**August 19, 2016
8:30 a.m.**

BOARD MEMBERS PRESENT: Kevin O’Bryan, Steve Strichman, Dep. Mayor Monica Kurzejeski, Andy Ross, and Hon. John Donohue

ABSENT:

ALSO IN ATTENDANCE: Justin Miller, Mary Ellen Flores, Jim Lozano, Cheryl Kennedy, Hon. Jim Gulli, Sharon Martin, Adam Siemiginowski, HollyAnne Lupi, 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 July 8, 2016 board meeting.

**Andy Ross made a motion to approve the July 8, 2016 board meeting minutes.
Dep. Mayor Monica Kurzejeski seconded the motion, motion carried.**

II. Planning Commissioner

Monica Kurzejeski introduced Steve Strichman to the board members and explained that he is the City of Troy’s new Planning Commissioner. The chairman advised that as the Planning commissioner, he is now a voting member of the Troy LDC and will now take over the role as Executive Director.

III. 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. There were no questions from the board members. The board was happy to see that work will be done to this location. Ms. Kurzejeski asked if he planned on opening the store back up. Adam Siemiginowski advised that he hopes to re-open it next spring.

**Hon. John Donohue made a motion to approve the 50/50 Façade Grants for Adam Siemiginowski for 377 Congress Street.
Andy Ross seconded the motion, motion carried.**

IV. BDAP Loan - Troy Innovation Garage

The chairman advised that a loan term sheet was circulated to the board members along with the agenda. He verified that this loan is secured and we have personal guarantee from Mr. Nardacci. The board agreed that this is a good loan for the LDC. The board members had no questions on the term sheet. Andy Ross noted that the term sheet states that copies of their taxes are due each year within 45 days of filing. He advised that may be too close of a timeframe and is willing to be lenient on that point. The board agreed. HollyAnne Lupi asked when we would be able to set up a closing date. Justin Miller advised that it will take about two weeks. (See attached Authorizing Resolution 08/16 #1)

**Andy Ross made a motion to approve the loan term sheet and authorizing resolution for 22-24 4th Street, LLC d/b/a Troy Innovation Garage in the amount of \$120,000.
Steven Strichman seconded the motion, motion carried.**

V. Victorian Stroll

Monica Kurzejeski spoke to the board members about a request that was received from the Rensselaer County Chamber of Commerce to sponsor the Troy Victorian Stroll. She advised that the event takes place each December in Monument Square and is a huge economic driver. The board had a general discussion about the benefits of the Victorian Stroll.

**Hon. John Donohue made a motion to approve the sponsorship to the 2016 Victorian Stroll in the amount of \$5,000.
Steven Strichman seconded the motion, motion carried.**

VI. 2265 5th Avenue

Ms. Kurzejeski advised that 2265 5th Ave was given to the Troy LDC as a donation about a year ago and there are some maintenance issues that had to be addressed. We solicited bids from three different companies and received a reasonable bid from Lewis Lawn Care Services.

**Andy Ross made a motion to accept the contract with Lewis Lawn Care to maintain 2265 5th Avenue for the remainder of the 2016 season.
Hon. John Donohue seconded the motion, motion carried.**

VII. Financials

Jim Lozano discussed the balance sheet with the board members. He advised there is about \$4.1 Million in assets versus \$1.6 Million in liabilities leaving equity in the amount of \$2.5 Million as of the end of July. He noted changes to accounts receivable; the Quackenbush loan was paid off and there was one new loan to Ekologic in the amount of \$10,000. Mr. Lozano also explained that \$15,000 in new façade grants were issued. Mr. Lozano advised that accounts shows negative because we paid the PILOTs early. The chairman asked about the loans to current asset ratio which seems to be nearing 55%. Mr. Lozano advised that it's hard to look at the ratio the same way as a bank. The bank would have different assets than the

LDC. He advised that we look at it in terms of how much we have in our cash account and how much we need for operating costs.

Mr. Lozano discussed the profit & loss sheet with the board members. He advised that there is currently a \$110,000 deficit for the month; year to date it is \$201,000. He advised that for the month, the deficit is driven by \$97,000 which was paid to Urban Strategies and the \$15,000 in new façade grants.

Mr. Lozano distributed the delinquency report that was created for the board members. He advised that the items on the report show any delinquent loans or PILOTs along with their late fees. The chairman asked that we add the loan balance and delinquency ratio. Ms. Flores advised that is possible for future meetings. Ms. Kurzejeski spoke about a meeting that took place with Rare Form and he came up with a payment plan to assist him in getting caught up. Ms. Kurzejeski advised she also met with 77 Congress Street (Troy Kitchen) and advised that they are working with him to come up with a plan to get caught up and continue repayment. The other loan on the report, Infinity Café, has defaulted and is currently in demand status.

The chairman noted to the board members that we accrue interest on all of the loans with the expectation of getting paid. When it's doubtful, interest is accruing, but can be written off. He asked that he would like to start writing off the interest once the accounts are over six months due. Andy Ross agreed on writing the charges off after six months. The board asked about the principal balance on Infinity Café's loan. Mr. Lozano advised it was about \$23,500. The chairman advised we should assess what we think we will collect from this loan and how much will be taken from the reserve account. Mr. Lozano advised that the three delinquent loans total about \$90,000 and the reserve is at \$65,000. He felt that the reserve amount is sufficient. He suggested that we deal with them in stages; first they will be set to non-accrual, then charge off a portion to establish the true loan loss. The chairman advised that the general purpose is to reduce the impact on our balance sheet when we encounter a bad loan. Ms. Kurzejeski noted that we have only had two other loans that went this route. Mr. Donohue noted that we must have learned something from dealing with them. The board advised yes and noted that if we are lending six figures we have to be diligent. Mr. Ross asked if there are legal fees that are set for collecting bad debt. Mr. Miller advised that is something they can discuss further.

Dep. Mayor Monica Kurzejeski made a motion to approve the financials as presented.

Mr. Donohue seconded the motion, motion carried.

VIII. Executive Session

The board entered executive session at 9:10 a.m. to discuss real estate matters and pending litigation.

Dep. Mayor Monica Kurzejeski made the motion to enter into executive session to discuss real estate matters and pending litigation.

Andy Ross seconded the motion, motion carried.

The board returned from executive session at 9:39 a.m. with no action taken.

IX. Executive Director

The board had a general discussion of the appointment of Steven Strichman as the Executive Director and agreed on a salary for his position in the amount of \$15,000.

**Andy Ross made a motion to approve the \$15,000 salary to the Executive Director, Steve Strichman.
Steven Strichman abstained from the vote.
Monica Kurzejeski seconded the motion, motion carried.**

X. New Business

Ms. Kurzejeski advised that there two new loans that may be coming to the board.

XI. Adjournment

With no other items to discuss, the meeting was adjourned at 9:42 a.m.

**Andy Ross made a motion to adjourn the meeting.
Hon. John Donohue seconded the motion, motion carried.**

DRAFT

AUTHORIZING RESOLUTION

(22-24 4th Street, LLC d/b/a Troy Innovation Garage – Loan)

A regular meeting of the Troy Local Development Corporation was convened on August 19, 2016, at 8:30 a.m.

The following resolution was duly offered and seconded, to wit:

Resolution No. 08/16 #1

RESOLUTION OF THE TROY LOCAL DEVELOPMENT CORPORATION AUTHORIZING (i) THE ISSUANCE OF A \$120,000 REAL ESTATE LOAN TO 22-24 4TH STREET, LLC WITH RESPECT TO A CERTAIN PROJECT (AS DEFINED HEREIN) AND (ii) THE EXECUTION AND DELIVERY OF A LOAN AGREEMENT AND RELATED DOCUMENTS.

WHEREAS, the Troy Local Development Corporation (the “Corporation”) is a duly-established, not-for-profit local development corporation of the State pursuant to Section 1411(h) of the Not-for-Profit Corporation Law (“N-PCL”) and a Certificate of Reincorporation filed on April 5, 2010 (the “Certificate”) established for the charitable and public purposes of relieving and reducing unemployment, promoting and providing for additional and maximum employment, bettering and maintaining job opportunities, instructing or training individuals to improve or develop their capabilities for such jobs, by encouraging the development of, or retention of, an industry in the community or area, and lessening the burdens of government and acting in the public interest; and

WHEREAS, 22-24 4th Street, LLC, d/b/a Troy Innovation Garage has applied to the Corporation for a \$120,000 Loan (the “Loan”) in connection with a certain project (the “Project”) consisting of façade improvements at 22-24 4th Street, Troy, New York and certain soft costs authorized by TLDC; and

WHEREAS, the Corporation desires to authorize the issuance of the Loan, the terms of which have been presented at this meeting, and approve the execution and delivery of a Loan Agreement (“Agreement”), along with related documents, to memorialize the terms and conditions by which the Loan shall be extended by the Corporation, including the repayment thereof and security therefore.

NOW, THEREFORE, BE IT RESOLVED BY THE DIRECTORS OF THE TROY LOCAL DEVELOPMENT CORPORATION AS FOLLOWS:

Section 1. The Corporation hereby authorizes the provision of the Loan to the Company in furtherance of the Project. The Chairman, Vice Chairman and/or the Chief Executive Officer of the Corporation are hereby authorized, on behalf of the Corporation, to execute and deliver a Loan Agreement, along with related documents and modification agreements (collectively, the “Loan Documents”), in such form as prepared and approved by

counsel to the Corporation and as approved by the Chairman, Vice Chairman and/or the Chief Executive Officer.

Section 2. The Secretary or Assistant Secretary of the Corporation are hereby authorized, where appropriate, to affix the seal of the Corporation to the Loan Documents and to attest the same, all with such changes, variations, omissions and insertions as the Chairman, Vice Chairman and/or Chief Executive Officer of the Corporation shall approve, and the execution thereof by the Chairman, Vice Chairman and/or Chief Executive Officer of the Corporation to constitute conclusive evidence of such approval.

Section 3. The officers, employees and agents of the Corporation are hereby authorized and directed for and in the name and on behalf of the Corporation to do all acts and things required and to execute and deliver all such checks, certificates, instruments and documents, to pay all such fees, charges and expenses and to do all such further acts and things as may be necessary or, in the opinion of the officer, employee or agent acting, desirable and proper to effect the purposes of the foregoing resolutions and to cause compliance by the Corporation with all of the terms, covenants and provisions of the documents executed for and on behalf of the Corporation.

Section 4. These Resolutions shall take effect immediately.

The question of the adoption of the foregoing Resolution was duly put to a vote on roll call, which resulted as follows:

	<i>Yea</i>	<i>Nea</i>	<i>Absent</i>	<i>Abstain</i>
Kevin O'Bryan	[X]	[]	[]	[]
Monica Kurzejeski	[X]	[]	[]	[]
Steven Strichman	[X]	[]	[]	[]
Andrew Ross	[X]	[]	[]	[]
John Donohue	[X]	[]	[]	[]

The Resolution was thereupon duly adopted.

STATE OF NEW YORK)
COUNTY OF RENSSELAER) ss.:

I, the undersigned Secretary of the Troy Local Development Corporation, DO HEREBY CERTIFY:

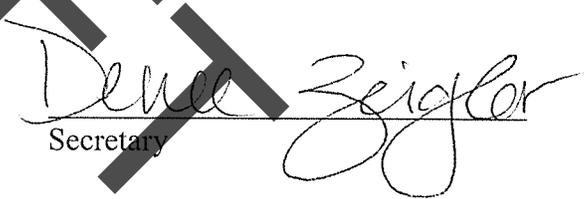
That I have compared the annexed extract of minutes of the meeting of the Troy Local Development Corporation (the " Corporation "), including the resolution contained therein, held on August 19, 2016 with the original thereof on file in my office, and that the same is a true and correct copy of the proceedings of the Corporation and of such resolution set forth therein and of the whole of said original insofar as the same related to the subject matters therein referred to.

I FURTHER CERTIFY, that all members of said Corporation had due notice of said meeting, that the meeting was in all respects duly held and that, pursuant to Article 7 of the Public Officers Law (Open Meetings Law), said meeting was open to the general public, and that public notice of the time and place of said meeting was duly given in accordance with such Article 7.

I FURTHER CERTIFY, that there was a quorum of the members of the Corporation present throughout said meeting.

I FURTHER CERTIFY, that as of the date hereof, the attached resolution is in full force and effect and has not been amended, repealed or modified.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation this 19TH day of August, 2016.


Secretary

[SEAL]

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

received
9-8-16

Applicant:

Building Address 1 Washington Place Troy, N.Y. 12180.

Applicant Name KEITH + MICHELLE KANSU.

Applicant Address 1 Washington Pl. Troy NY 12180.

Telephone 631 885-1447. Email KJKANSU@aol.com

Is the applicant the owner? Yes No

Owner Name KEITH + MICHELLE KANSU.

Owner Address 1 Washington Pl. Troy NY 12180.

Building Information:

Type of Construction: Masonry Frame Other

Number of Floors: 4 Basement Yes No

Building Square Footage: 6000sq 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 type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor	<input type="checkbox"/> At Risk
Other:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input checked="" 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: Oct. 15, 2016
Date work must be completed by: Dec 2017

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: 12,000.00? Grant Request: Half - 6000.00

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

Painting Back, Install Storm New Water Main Plumbing
Updates Bathroom, Install New Kitchens, Security, Cameras,
Interior Painting

Provide a brief summary of all proposed activities:

Install New Storm Windows
Repair all downspouts around windows
Repair + Repoint Bricks -
Install New Flat Re-roof Roof
Painting etc, etc, etc

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 9-6-16

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
 9-8-14

Applicant:

Building Address 403 RIVER ST.
 Applicant Name CHRISTOPHER RYAN (THREE GRIFFINS REALTY LLC)
 Applicant Address 403 RIVER ST.
 Telephone (518) 598-7227 Email Cjryan@aol.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: 6,000 Lot Dimensions: 80x25

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 type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input checked="" 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: 3

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

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address
Ryan's Wake Pub	Chris Ryan	12	

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: 16,000.00 Grant Request: 5,000.00

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

New Windows on Side and Rear of Building

Provide a brief summary of all proposed activities:

The deteriorated brick and mortar will be removed and replaced. A historical mortar mix will be used to prevent any chipping of existing softer BRICK on the facade. Approximately 600 BRICK to be replaced. After Repair the wall would then be painted to match existing color.

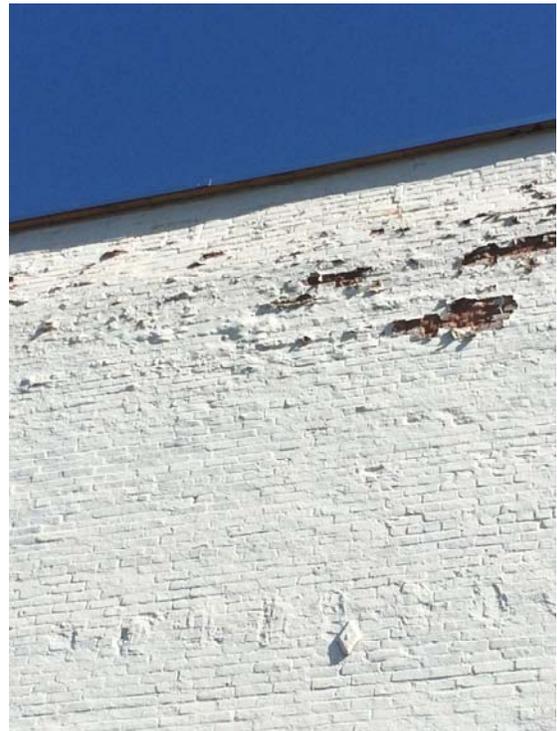
Additional Information:

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 9/7/16

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.





PROPOSAL

Michael Donlon
Donlon Construction Company
32 Caroline Street
Latham N.Y. 12110
Office 785-1962
E-MAIL MDONLON1@NYCAP.RR.COM

No.
Date: 3/29/16

Proposal Submitted To: Work To Be Performed At:

Name CHRIS RYAN Street 403 RIVER STREET

Address City/St. TROY N.Y.
City/St.
Phone

We hereby propose to furnish the materials and perform the labor necessary for the rebuilding of the masonry located on the south side of 403 River Street.

The job process involves the erecting of a temporary fence to close off the area in along the South side of 403 River Street. The use of a boom lift will be used for the construction of the masonry.

The deteriorated brick and mortar in addition to sections of wall that are deteriorated and loose will be removed and replaced using a brick to match the existing as close as possible. A historical mortar mix will be used to prevent any chipping of the existing softer brick located on the façade. Approximate brick to be removed on the South side of 403 River Street, would be approximately 600 or so brick. Once the bricks have been replaced, the wall sections would then be repainted to match the existing as picked out by the owner.

The approximate time to do the masonry repairs would be approximately two weeks. The cost for a crew of four, two mason's and two laborers including all insurances and worker's comp would be \$7200.00 per week. The other costs would be materials, equipment, fencing, and necessary permits at approximately \$4500.00.

Respectfully submitted, Michael P. Donlon

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for the above work and completed in a substantial workmanlike manner for the sum of: Dollars [\$], with payments made as follows:

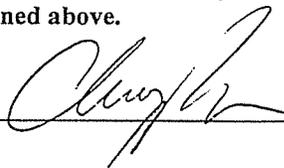
*Note-This proposal may be withdrawn by us if not accepted within 10 days.

Any alteration or deviation from the above specifications involving Extra costs, will be executed only upon written orders, and will Become an extra charge over and above the estimate. All agreements Contingent upon strikes, accidents or delays beyond our control. Owner To carry fire, tornado and other necessary insurance upon above work. Workman's Compensation and Public Liability Insurance on above Work to be taken out by CONTRACTOR
Acceptance of Proposal

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

Signature: _____

Date: 9/10/16

Signature: 

PROPOSAL

**Michael Donlon
Donlon Construction Company
32 Caroline Street
Latham N.Y. 12110
Office 785-1962
E-MAIL MDONLON1@NYCAP.RR.COM**

**No.
Date: 3/29/16**

Proposal Submitted To:

Work To Be Performed At:

Name CHRIS RYAN

Street 403 RIVER STREET

Address
City/St.
Phone

City/St TROY N.Y.

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Respectfully submitted, Michael P. Donlon

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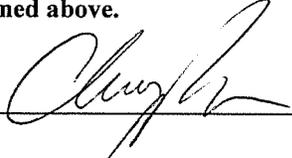
*Note-This proposal may be withdrawn by us if not accepted within 10 days.

Any alteration or deviation from the above specifications involving Extra costs, will be executed only upon written orders, and will Become an extra charge over and above the estimate. All agreements Contingent upon strikes, accidents or delays beyond our control. Owner To carry fire, tornado and other necessary insurance upon above work. Workman's Compensation and Public Liability Insurance on above Work to be taken out by CONTRACTOR
Acceptance of Proposal

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

Signature: _____

Date: 9/10/16

Signature: 

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

Received
9-8-16

Applicant:

Building Address 328-330 THIRD AVE
 Applicant Name FOCUS DAY LLC DENISE + FRANK GRANT
 Applicant Address 20 TURNBERRY DRIVE, SLINGERLANDS, NY, 12159
 Telephone 518 526 2255 Email FG@CKWIRELESS.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: 3 Basement: Yes No
 Building Square Footage: Approx 3000+ Lot Dimensions: .25

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 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
<u>Residential</u>			

of residential units in the building: 3

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: 9/7/16
Date work must be completed by: 10/1/16

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: \$4700 Grant Request: \$2350

Describe any recent improvements you have made to the building, if any:
Painted interior 1st floor
New Carpet Living

Provide a brief summary of all proposed activities:
Paint Body of House
- All windows, Porches, Decks, Doors
- Apply second coat to South side of Building

Additional Information:

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

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

Signature Frank Gant Date 9/7/16

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.

Front



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

Applicant:

Building Address 183 2nd STREET
 Applicant Name HEATHER Hamlin MARTIN + Jim MARTIN
 Applicant Address 164 1st ST., TROY NY 12180
 Telephone 518.441-5700 Email heather.hamlin@gmail.com
 Is the applicant the owner? Yes No
 Owner Name JAM PROPERTIES
 Owner Address 164 1st ST. TROY NY 12180

Building Information:

Type of Construction: Masonry Frame Other
 Number of Floors: 4 Basement Yes No
 Building Square Footage: 6000^{sq ft} est. Lot Dimensions: 28 x 130

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 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 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
<u>N/A</u>			

of residential units in the building: 6

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: 8/1/17
Date work must be completed by: 9/20/17

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

Total Project Cost: \$11,480.00 Grant Request: \$5000.00

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

Provide a brief summary of all proposed activities:
repair, restore + paint all windows on facade with approved colors. Repair bay windows + paint all non brick surfaces.

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 Heath H. Mark Date 9-20-16

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.

Scope of Work

Building Address: 183 2nd STREET

Contact Information: HEATHER HAMILIN JIM MARTIN 518 441-5700 **Phone:** _____ **Email:** heather.hamlin@gmail.com

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

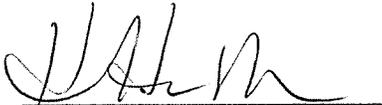
	Upgrade Existing	New Replacement	New Installation	Repair Existing	Removal	Estimate
Roofing						
Masonry						
Windows / Doors				4080. ⁰⁰		
Storefront						
Detailing / Restoration						
Painting / Siding				5100. ⁰⁰		
Handicap Accessibility						
Other: <u>Lift Rental</u>						2300. ⁰⁰
					Total:	<u>\$11480.⁰⁰</u>

2. Attachments

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

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

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


Applicant's Signature

8-18-16
Date

J.P. M.A.

8/18/16

183 2nd Street Estimated costs

Painting	\$ 3,600.00	We estimate 90 hours of priming/painting of windows and trim. See quote from Mike Marino Home Improvements
Paint and supplies	\$ 1,500.00	This is an estimate based on experience and includes wood filler and repair supplies, sandpaper, caulk, masonry supplies and Benjamin Moore paint. See attached receipt for cost of 1 gallon
Masonry	\$ 1,000.00	This is an estimate based on experience. Zach Kaiser would be the mason
Restoration Carpentry	\$ 3,080.00	Cost estimated at \$220 each window per Mike Marino Home Improvement and there are 14 windows
Lift Rental	\$ 2,300.00	See actual cost from another project from Country True Value. Estimated time 1 month. This could go over estimate based on weather
	\$ 11,480.00	

Other Details

Estimated work to begin in May of 2017
Insurance will be provided by contractors and is included on lift in rental quote

Michael Marino

637 Schodack Landing Rd.
Schodack Landing
NY 12156

Estimate

Date	Estimate #
8/18/2016	16

Name / Address
Jim Martin 160 1st Street Troy, NY 12180

Project

Description	Qty	Cost	Total
Paint non-brick surfaces (Cornice and trim) of building at 183 2nd Street	90	40.00	3,600.00
Repair and reglazing of 14 windows at \$220 each	14	220.00	3,080.00
		Total	\$6,680.00

Customer Signature _____

2 Troy Rd.
 East Greenbush, NY 12061
518-477-1104
 Fax 518-477-1108



217 North Greenbush Rd.
 Troy, NY 12180
518-283-6246
 Fax 518-283-6871

MARTIN, JAMES
 164 1ST ST
 TROY, NY 12180

Customer #: 11389
 518-369-5701 Phone

Contract #: 18928-1
 Status: Reservation

Operator: Anthony Gross

Reserved Date: Fri 7/29/2016 8:00AM

Salesman: HOUSE ACCOUNT

Delivery and Pickup

Delivery: Fri 7/29/2016 8:00AM

Contact: JAMES

Pickup Date: Mon 8/29/2016 8:00AM

Phone:

Used at Address: 164 1ST ST ; TROY, NY 12180

Qty	Key	Items	Ser#	Status	Agreed Return Date	Price
1	48-045#01	LIFT, ARTICULATING BOOM- 45' S/	Z452504-22902	Reserved	Mon 8/29/2016 8:00AM	\$1,796.69
		1day \$300.00 1week \$695.00 4weeks \$1,700.00 Gave customer same price as last year. *DIESEL FUEL ONLY* \$5.50 PER GAL. IF NOT RETURNED FULL*OPERATE ONLY ON A LEVEL WORK AREA* 500 LB CAPACITY!* ALWAYS USE SUPPLIED LANYARD AND BODY HARNESS* EXTREME CLEANING FEE CHARGED FOR PAINT OR CHEMICAL CONTAMINATION*				
1	48-004-1	N/C LANYARD & HARNESS COMB	48-004-51	Reserved	Mon 8/29/2016 8:00AM	\$0.00
1	MISC	DELIVERY CHARGE		Selling		\$140.00

DAMAGE WAIVER CHARGE (DWC) IS 10.00% OF RENTAL CHARGE.

Rental Contract

RENTAL DELIVERIES MUST BE CALLED OFF RENT WHEN DONE OR ADDITIONAL CHARGES WILL BE APPLIED _____

MISSING KEY CHARGE WILL BE \$10.00 _____

DIESEL IS \$5.50 PER GALLON, GASOLINE IS \$4.99 PER GALLON IF NOT RETURNED FULL _____

MISSING LANYARD/HARNESS CHARGE WILL BE \$99.99 _____

IF EQUIPMENT DOES NOT FUNCTION PROPERLY, NOTIFY DEALER WITHIN ONE HOUR _____

RUN TIME ALLOWANCE: 1DAY = 8 HOURS, 1 WEEK = 40 HOURS, 4 WEEKS = 160 HOURS _____

I have read and understand the terms and conditions on both sides of this agreement and certify that those printed on the other side are agreed to as if printed above my signature. There are no oral or other representations not included herein. I also agree to the damage waiver charges. I have received a copy of this agreement.

Signature: _____
MARTIN, JAMES

Rental:	\$1,796.69
Damage Waiver:	\$179.67
Delivery Charge:	\$140.00
Subtotal:	\$2,116.36
SALES TAX:	\$169.31
Total:	\$2,285.67
Paid:	\$0.00
Amount Due:	\$2,285.67

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

Applicant:

Building Address 111 WASHINGTON STREET
 Applicant Name HEATHER HAMLIN MARTIN + Jim Martin
 Applicant Address 164 1ST ST. TROY, NY 12180
 Telephone 518.441-5700 Email heather.hamlin@gmail.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: 3 Basement: Yes No
 Building Square Footage: 412700 sq ft Lot Dimensions: 23 x 75

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 checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Roof:	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk
Other:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	At Risk

Occupancy Information:

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

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

Business Name	Owner Name & Address	# Of Years at Current Address	# Of Years at Previous Address
<u>N/A</u>			

of residential units in the building: 3

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: 8/15/17
Date work must be completed by: 9/20/17

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: \$12862.51 Grant Request: \$5000.00

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

Provide a brief summary of all proposed activities:
install 10 historically appropriate windows in front of building

Additional Information:

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

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

Signature *Heather Marie* Date 9-20-16

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.

Scope of Work

Building Address: 111 WASHINGTON STREET

Contact Information: HEATHER HAMLIN Phone: 518 441-5700 Email: heather.hamlin@gmail.com
JIM MARTIN

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

	Upgrade Existing	New Replacement	New Installation	Repair Existing	Removal	Estimate
Roofing						
Masonry						
Windows / Doors		7662.51	3900.00			
Storefront						
Detailing / Restoration						
Painting / Siding				2200.00		
Handicap Accessibility						
Other:						
					Total:	<u>12862.51</u>

2. Attachments

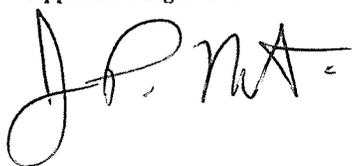
- Photographs of building – all sides & roof, if applicable. Detailed photos of problem Areas are recommended
- Estimates/Quotes of proposed work
- An estimated project schedule
- Evidence of insurance

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

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


 Applicant's Signature

8-18-16
 Date



8-18-16

111 Washington Street Estimated costs

Windows	\$	7,662.51	See attached 2016 invoice from Harbrook for windows for entire building. 10 windows are needed for façade. Windows that are proposed have already been approved by Historic Review for 160 1st Street but will be resubmitted for approval for this job
Window Installation	\$	2,400.00	See attached 2016 quote from Mike Marino Home Improvements for installation of each window \$240 each, 10 windows
Painting	\$	1,600.00	We estimate 40 hours of priming/painting of windows and trim. See quote from Mike Marino Home Improvements
Materials	\$	600.00	This is an estimate based on experience and includes wood filler and repair supplies, sandpaper, caulk and Benjamin Moore paint. Gallon of paint is \$35.00
Carpentry	\$	600.00	See estimate from Mike Marino Home Improvements
	\$	12,862.51	

Other Details

Estimated work to begin in June of 2017
Insurance will be provided by contractors

Michael Marino

637 Schodack Landing Rd.
Schodack Landing
NY 12156

Estimate

Date	Estimate #
8/18/2016	15

Name / Address
Jim Martin 160 1st Street Troy, NY 12180

Project

Description	Qty	Cost	Total
painting around newly installed windows at 111 Washington Street	40	40.00	1,600.00
Repair of rotted wood	15	40.00	600.00
Installation of 10 windows at \$240.00 each	10	240.00	2,400.00
		Total	\$4,600.00

Customer Signature _____

INVOICE

HARBROOK

47 Railroad Avenue
 Albany, New York 12205
 phone: 518-437-0016; fax: 518-437-0026

client: Jim Martin/Heather Hamlin
 project: 160 First St.
 date: 8/3/2016

mark	qty	description/model no.	unit price	extended price
Manufacturer		Integrity from Marvin		
Specification		windows installed		
glass		insulating glass with low e and argon - LoE 272		
exterior		ultrex - pultruded fiberglass - bronze		
interior		bare wood - pine - factory painted standard white		
hardware		almond frost		
screens		full, aluminum frame - bronzer, mesh - charcoal fiberglass		
bay flankers	2	insert double hung operating windows	\$600.40	\$1,200.80
1st flr		io 21-7/8" x 69-5/8"		
bay flankers	4	insert double hung operating windows	\$647.01	\$2,588.04
2nd & 3rd flr		nominal size 28" x 69-5/8"		
bay picture	3	insert double hung operating	\$834.24	\$2,502.72
all 3 floors		nominal size 46" x 69-5/8"		
front alcove	2	insert double hung operating windows	\$686.51	\$1,373.02
2nd & 3rd flr		nominal size 34" x 69-5/8"		
	3	pcs frame expander - 1" x 144" - bronze	\$46.61	\$139.83
			materials	\$7,804.41
			tax	\$624.35
			subtotal	\$8,428.76

for 11 windows = 766.25 each
 cost for 10 = 7662.51

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

Received
9-15-16

Applicant:

Building Address 27 Second Street, Troy, NY

Applicant Name Kerry M. Fagan

Applicant Address 38 East Road, Troy, NY

Telephone 867 2123 Email kerrymfagan@gmail.com

Is the applicant the owner? Yes No Kerrymfagan@gmail.com

Owner Name _____

Owner Address _____

Building Information:

Type of Construction: Masonry Frame Other

Number of Floors: 4 Basement Yes No

Building Square Footage: 4600 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 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: 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: _____

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

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

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: \$12500 \$10k Grant Request: \$6250 \$5k

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

I bought this building in August of 2013 when it was 50% full and had been neglected by an out of state owner for years. I have since done a ton of cosmetic upgrades including painting, refinishing hardwood floors, and tiling bathrooms. Gorgeous building that the previous absentee landlord had neglected. I look forward to owning the building indefinitely and continuing to make improvements every day year. During this time I have always paid my taxes and water bills to the city in full and on time too.

Provide a brief summary of all proposed activities:

I will be having 27 Second Street professionally cleaned on the outside from top to bottom which is 4 stories. All of the masonry will be re pointed by a mason and all repairs completed. All of the wood surrounding the doors and windows will be stripped and redone by a woman and her wood. The front door will be replaced because it is in very poor condition and is not salvageable. Thanks in advance for your consideration.

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 8/12/16

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

received
 8-12-16

Applicant:

Building Address 2 Irving place
 Applicant Name Cynde London McCoy
 Applicant Address 28 Henkes Lane Latham NY 12110
 Telephone 542-5245 Email Cynde.McCoy@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: 3070 Lot Dimensions: _____

Existing conditions of the building:

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

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: END of Sept
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: \$ 7430 Grant Request: \$ 3715.00

Describe any recent improvements you have made to the building, if any:
Painting interior, new appliances, new light fixtures,
refinished wood floors

Provide a brief summary of all proposed activities:
Repair cracked and peeling facade (brownstone)
Repair cracked brownstone steps
Paint exterior bay window, soffits and window
frames on 2nd and 3rd floors

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 Cynthia McCoy Date 8/

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 1833 5th Ave. Troy, NY 12180
 Applicant Name Geraldine A. de Seve
 Applicant Address 1833 5th Ave. Troy, NY 12180
 Telephone 518-421-4723 Email gadeseve@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: ~ 5000 sq. ft.? Lot Dimensions: _____

Existing conditions of the building:

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

Occupancy Information:

Building is vacant: Yes No

of commercial units in the building: 0

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

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: September 2016
Date work must be completed by: October 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: \$10,644 GAD 9/14/16 Grant Request: \$5,000 GAD 9/14/16
~~\$6,000~~ ~~\$3,000~~

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

Provide a brief summary of all proposed activities:

Refinish Front Door and Railings
Including:
Removing old finish, sanding, staining or painting
Sealing, etc.
* Repair + paint cornice + front windows GAD 9/14/16

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:

* Estimate does not include front ironwork which
I anticipate will be the same as railing, so I
have added an additional \$9500 to estimated amount,
GAD 9/14/16 Paint, repair cornice and windows. ATC
Signature: Geraldine C. DeLeve Date: 8/15/16 Amended 9/14/16 GAD

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, INC

14 Old Hickory Road • Troy, NY 12180

Phone (518) 496-6465

Commercial
& Residential



DATE Sept. 14, 2016

CUSTOMER INFORMATION

NAME Geri DeSeve
 ADDRESS 1833 5th Ave
 CITY Troy STATE NY ZIP 12180
 TELEPHONE 518-421-4723

WORK TO BE PERFORMED AT:

NAME _____
 ADDRESS 1833 5th Ave
 CITY Troy STATE NY ZIP 12180
 TELEPHONE _____

DESCRIPTION	AMOUNT
Front Facade	
Scrape, prime and finish coat of paint on cornice, windows, wrought iron repairs to cornice where rotted.	
Includes - Permit, material, labor	3200.00
Lift. Rental	1188.00
8%	TAX 256.00
TOTAL	4644.00
	DEPOSIT
	BALANCE DUE

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

AUTHORIZED SIGNATURE DATE

AUTHORIZED SIGNATURE DATE

Thank You



Restoration Specialists

Andrea Daley

253 4th St Troy, NY 12180 Cell: 518-470-7369 DiyRrestorelt@gmail.com DiyRestoreIt.com

To: Gerri DeSeves

5th Ave

Troy NY 12180 PH: 518-421-4723 Email: gdeseve@ins.state.ny.us

Date: September 12, 2016

ESTIMATE



Mahogany door with surrounding ornate trim.

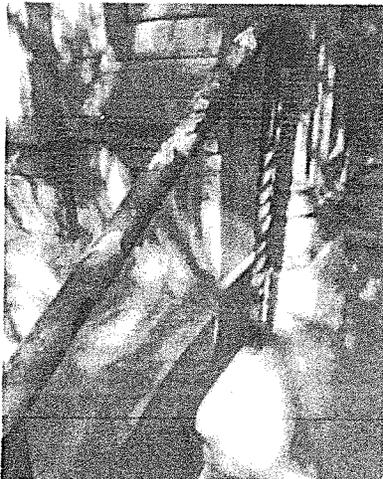
Complete strip, sand, seal, stain and refinish - 5 coats. Outside and surround.

Labor: \$4,200.00

Materials: 415.00

Tax: 336.00

Total: \$4951.00



Railing

Sand, fill-ins, prime and paint.

Labor: \$450.00

Materials: 60.00

Tax: 36.00

Total: \$546.00

★Received HRC approval 8/16

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

Received
8-16-16

Applicant:

Building Address 5 Irving Place, Troy

Applicant Name Christopher Eastman

Applicant Address 5 Irving Place, Troy, NY 12180

Telephone 518-284-2227 Email christopher.eastman@dos.ny.gov

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: 2,100 Lot Dimensions: 16x130

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 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 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: 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
<u>N.A.</u>			

of residential units in the building: 1

Schedule of Work:

Proposed Method of Work: Contract Self-Help Combination

Date work can begin by: August 29, 2016

Date work must be completed by: November 18, 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: \$5,000 Grant Request: \$2,500

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

~~Repaired and resurfaced roof. Repaired back porch. Repointed rear facade.~~

Provide a brief summary of all proposed activities:

~~Repair deteriorated wood in window bay and cornice. Paint bay and cornice, front facade, window jambs, front doors, and, eventually, restore and paint original windows.~~

Additional Information:

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

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

Signature  Date August 16, 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
BUSINESS DEVELOPMENT ASSISTANCE PROGRAM
Application for Funding Assistance**

received
7/8/16

Applicant:

Owner: Mark Stevens

Owner Address: 1267 Spring Ave Wynantskill NY 12198

Email: marks@park-pub.com Telephone: (518) 281-1951

Business/Project Address: 309 3rd Ave Troy NY 12182

Total Project Cost: \$180,000 est

Loan Request: \$150,000.00 Grant Request: _____

Business Type: Corp. Partnership Sole Prop

Year Established: 2016 FEIN: 81-2368456

Years at current address: Business 10 Home 18

Gross Annual Sales: \$ \$840,000.00

Other Sources of Income: \$ 119822.00

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
Mark Stevens	President	331/3	N/A
Brad Stevens	Vice President	331/3	N/A
James S. Conroy	Secretary/treasurer	331/3	N/A

Affiliates:

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

Name	Title	% Owned	Annual Compensation
Mark Stevens/Park Pub	owner	50%	\$20,000.00
Brad Stevens/ B-rads	owner	100%	\$55,000.00
James Conroy/Residential real estate	owner	100%	\$75,000.00

List all Bank account information:

Bank Name	Checking	Savings	Other	Balance
Key Bank	yes			\$6500.00
SEFCU		Yes		\$4000.00
First New York	yes	yes		\$500.00

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

Source of Funds	Use of Funds	Dollar Amount
On separate sheet		
		Total Project Cost
		Total Funds Requested
		Total Owner Equity

Description of Collateral Offered:

Collateral	\$ Value	Mortgage/Lien	\$ Value
Banquet House	\$800,000.00	\$200,000	
Parking Lot			
2 family			

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

Lender	Original Amt.	Balance	Monthly Payment
Wells Fargo	\$170000.00	\$95000.00	\$1200.00
Saratoga National	\$25000.00	\$2000.00	\$500.00
First New York	\$200,000.00	\$190,000.00	\$1250.00

Additional Information:

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

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

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

If yes to any question, please explain:

Project Description:

We are opening a banquet hall and event venue.
This will be operated for on premise catering for Wedding and special events to include Proms, birthday parties, showers, fund raisers etc...
We will employ 5 full time staff and up to 15- 20 part time, all from local community.

Attorney:

Name Scott Ely
Address PO Box 294 West Sand Lake, NY Zip Code 12196
Contact Scott Ely Telephone (\$840,000.00) 518-391-9334

Accountant:

Name Dalle Accounting
Address 7 State St Troy Zip Code 12180
Contact Dan or Larry Telephone (119822.00) 518-270-9243

Trade References:

1. Name Ginsberg
Address 29 Ginsberg Rd, Hudson NY Zip Code 12534
Contact Lane Young Telephone (518) 441-8001

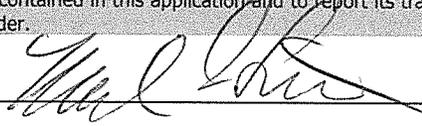
2. Name Reliable meats
Address 185 Cohoes Ave Green Island NY Zip Code 12183
Contact Bob Jackson Telephone (518) 253-7192

3. Name Lusco
Address 1401 5th Ave Troy Zip Code 12180
Contact Sue Telephone (518) 274-4061

Insurance Agent/Bonding Company:

Name Rose & Kiernan Inc
Address 99 Troy Road, East Greenbush, NY 12061 Zip Code 12061
Contact Richard Otis Telephone (518) 244-4245

By signing below, my business and I both agree to be liable for the indebtedness incurred on this loan. I certify to the truth of my statements above and authorize the City of Troy to obtain personal credit reports in connections with this application. If it does so, upon request, I will be informed of that fact and each credit bureau's name and address. I also authorize the City of Troy to verify with others information contained in this application and to report its transactions with me, in the event of non-payment of any loan established hereunder.

Signature  Date 8 July 2016

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.

Source of Funds Loan & Personal:

Use of Funds :

- Replacing all old smoky painted 3 times paneling with sheet rock*
- Taping new sheet rock*
- Adding wood trim*
- Painting all sheet rock and trim etc.. *
- Replacing all carpeting that has been ripped up by previous owner*
- Replacing missing flooring *
- Repairing and replacing light fixtures*
- Repairing /replacing all the windows (\$13000)
- Replacing all emergency exits lights and safety lights (Per City Code) (\$1600)
- Refinishing the wood floors in Hall*
- Adding windows to the covered windows in basement (1250.00)
- Adding emergency smoke/Fire alert pull linked/Monthly Monitored system (\$12000.00) (Per City Code)
- Camera / alarm Security System (\$12,500.00)
- Kitchen Cooking Equipment & Small Wares (\$14,000.00)
- 5 Panic Bars for emergency exits (Per City Code) (\$1200)
- Updated All 4 Bathrooms (\$10,000.00)
- Repairing parking lot (paving, painting & trees & shrubbery) (Per City Code) (\$5500.00)
- Fencing around 2 family home (per city code) (\$3500.00)
- Repairing roof to entrance of building (\$2500)
- Replacing ansul & hood system in kitchen (per city Code) (\$4200)
- Tables, chairs, plates, glassware, linen, decorations etc.. (\$15,000.00)
- Small repairs & servicing updating HVAC & Refrigeration etc.... (\$5000)
- Startup, Advertising, vender fees, deposits & licenses (\$13,750.00)

*=JAS Construction totaling \$65,000.00

Plus All Above

Totaling \$180,000.00 in total project cost!

Received
9-15-16

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

Applicant:

Owner: Vic Christopher, Heather LaVine

Owner Address: 12 Second Street, Troy NY 12180

Email: vic@clarkhousehospitality.c Telephone: (917) 693-7430

Business/Project Address: 1 14th Street, Troy NY 12180

Total Project Cost: \$419,500

Loan Request: \$59,500 Grant Request: n/a

Business Type: Corp. Partnership Sole Prop

Year Established: 2012 FEIN: 45-53266814

Years at current address: Business 2012 Home 2011

Gross Annual Sales: \$ 2.5M

Other Sources of Income: \$ \$90,000

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
Heather LaVine	President	50%	\$45,000
Vic Christopher	Vice President	50%	\$45,000

Affiliates:

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

Name	Title	% Owned	Annual Compensation
Paulie Gee's LLC	Owners	1.5%	\$2,000
22 2nd St Wine Co	Owners	100%	\$10,000

List all Bank account information:

Bank Name	Checking	Savings	Other	Balance
First Niagara	X			\$41,302
KeyBank	X			\$2,200
Pioneer	X			\$21,278

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

Source of Funds	Use of Funds	Dollar Amount
Anticipated revenue	Property acquisition	\$200,000
Reassignment of mortgages	Property acquisition	\$160,000
Troy LDC	Equipment, start-up costs	\$59,500
		Total Project Cost \$419,500
		Total Funds Requested \$59,500
		Total Owner Equity 100%

Description of Collateral Offered:

Collateral	\$ Value	Mortgage/Lien	\$ Value
Personal guarantee	\$59,500		\$59,500
Restaurant contents	\$100,000		\$100,000
295 Fourth Street	\$120,000	\$21,000	\$99,000

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

Lender	Original Amt.	Balance	Monthly Payment
Pioneer	\$160,000	\$135,000	\$1,900
Pioneer	\$274,000	\$250,000	\$2,200
Pioneer	\$220,000	\$205,000	\$2,200
HSBC	\$62,500	\$21,000	\$990

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:

Donna's pays tribute to the Minissale's matriarch, and will continue a 38-year tradition of great Italian food in Troy's Hill neighborhood.

The kitchen will be led by award-winning chef Nick Ruscitto.

A classic dining room along with a lush garden will provide the backdrop for many parties, gatherings and good times for years to come. This project will create an estimated seven full-time equivalent jobs.

Attorney:

Name Peter Jones

Address 258 Hoosick Street

Contact Penny

Zip Code 12180

Telephone (2.5M) 281-7298

Accountant:

Name Dan Lortie

Address 9 State Street

Contact Larry

Zip Code 12180

Telephone (2.5M) 369-1192

Trade References:

- 1. Name Winebow
Address 31 West 27th Street, NY NY Zip Code 10001
Contact Joe Armstrong Telephone (12) 255-9414

- 2. Name Quality Glass
Address 744 River Street, Troy NY Zip Code 12180
Contact Mike Trahan Telephone (518) 272-4641

- 3. Name Skurnik Wines
Address 48 West 25th Street, NY, NY Zip Code 10010
Contact Doug Bernthal Telephone (12) 273-9463

Insurance Agent/Bonding Company:

Name MacChesney & Nicoll
Address 14 Second Street Zip Code 12180
Contact Tony Parella Telephone (518) 272-6120

By signing below, my business and I both agree to be liable for the indebtedness incurred on this loan. I certify to the truth of my statements above and authorize the City of Troy to obtain personal credit reports in connections with this application. If it does so, upon request, I will be informed of that fact and each credit bureau's name and address. I also authorize the City of Troy to verify with others information contained in this application and to report its transactions with me, in the event of non-payment of any loan established hereunder.

Signature  Date 

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APPETIZERS

MEATBALLS 14
cici's recipe

BETBALLS 12
vegetarian

BAKED CLAMS 14
casino-style

POTATOES AND EGGS 9
oic's favorite

MOZZARELLA 12
in carrozza

SCUNGILLI SALAD 18
black olives, lemon dressing

STUFFED ARTICHOKEs 10
hearts, roasted garlic

GREENS AND BEANS 12
cheese brodo

SUNDAY SALAD 10
iceberg, cacciocavallo

CAESAR SALAD 12
classic



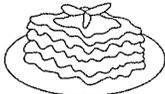
PASTA

GNOCCHI POMODORO 15
ricotta

TAGLIATELLE BOLOGNESE 16
meat, gravy, parmesan

LINGUINI VONGOLE 17
clams, chili, parsley

RIGATONI FRA DIAVOLA 15
oil cured chilis

BAKED 14  LASAGNA

add meat, gravy, 13
ALLOW 15 MINUTES

ENTREES

EGGPLANT PARM 17
grandma mary's recipe

CHICKEN PARM DINNER 21
choose iceberg salad or rigatoni

SHRIMP SCAMPI 18
garlic, parsley

CHICKEN CACCIATORE 19
peppers, mushrooms, polenta

PORK CHOP 24
pichled peppers, onion

BRACIOLE 19
egg, pine nuts, raisins

SIDES

GARLIC BREAD 6

ROASTED POTATOES 7

ICEBERG SALAD 6

BROCCOLI WITH BREADCRUMB 8

RIGATONI 7

+Clark House, LLC

207-217 Broadway
Troy, NY, 12180
Phone: (917) 693-7430
Fax: (518) 326-3450
E-Mail: vic@clarkhousehospitality.com

September 14, 2016

Troy Local Development Corporation
433 River Street
Troy NY 12180

To Whom It May Concern:

Enclosed, you will find our business plan associated with our next project, "Donna's Restaurant", which is slated to open in early October at 1 14th Street, in the former Minissale's Wine Cellar Cafe.

Minissale's has been a beloved Italian family restaurant in Troy since 1978. The family has decided to focus their energy on retail sauce production, from an industrial area located on premises. We have agreed to continue the restaurant's tradition, incorporating some modern menu elements and kitchen upgrades. Also, we plan to utilize the picturesque garden for outdoor dining.

This is a project that we believe in strongly on many levels. The facility is basically turn-key, and we already have the staffing infrastructure in place, ready to activate. We have agreed to purchase the property, and lease the sauce production facility back to the Minissale's.

We are confident that this project will play a significant role in the growth and development of the Upper Congress Street neighborhood, and create another destination within walking distance of downtown Troy.

We appreciate your continued support, and hope to work with the LDC on a successful venture. Our proposal is attached for your review.

Sincerely, **Error! Bookmark not defined.**

Vic Christopher

Vice President, Clark House LLC

ITEM

TOTAL
PRICE
QTY



Avantco CFD-1RR 29" One Section Solid Door Reach in Refrigerator - 23 Cu. Ft.
#178CFD1RR - EACH

Save for Later

	\$1,349.00	\$1,349.00
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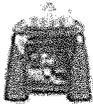
Avantco CFD-1FF 29" One Section Solid Door Reach in Freezer - 23 cu. ft.
#178CFD1FF - EACH

	\$1,479.00	\$1,518.99
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Hinge Reversal Kit: Avantco 178CFD1KITFR Field Reversible Hinge Kit

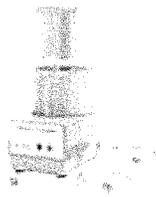
\$39.99



Waring MX1200TX X-Prep 64 oz. High-Power Blender with Adjustable Speed
#929MX1200XT - EACH

Save for Later

	\$366.12	\$366.12
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Robot Coupe R101 Combination Cutter and Vegetable Slicer with 2.5 Qt. Gray Polycarbonate Bowl - 3/4 hp

#649R101GRY - EACH

Save for Later

	\$474.01	\$474.01
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Natural Gas Cooking Performance Group CPG-SB-36 36" Salamander - Range / Wall Mount

#351S36CPG NAT - EACH

Save for Later

	\$1,229.00	\$1,229.00
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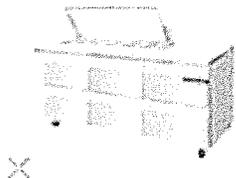


Avantco PICL1 50" One Door Refrigerated Pizza Prep Table

#178PICL1 - EACH

Save for Later

	\$1,599.00	\$1,599.00
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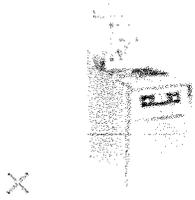


Continental Refrigerator SW72-18M-D 72" Mighty Top Sandwich / Salad Prep Refrigerator with Six Drawers

#270SW7218MD - EACH

Save for Later

	\$5,527.57	\$5,527.57
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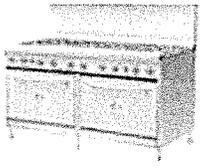


208V 3 Phase Frymaster 8C Pasta Magic Electric Pasta Cooker 8 kW

#3698C 208/3 - EACH

Save for Later

	\$5,782.27	\$5,782.27
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×

Natural Gas Cooking Performance Group 60-CPGV-10B-S26 10 Burner 60" Gas Range with Two 26 1/2" Standard Ovens

#35160CPG10B NAT - EACH

Save for Later

\$2,049.00	\$2,049.00	×
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Fisher Associates P.E., L.S., L.A., D.P.C.
 Frank Armento, AICP
 135 Calkins Road, Suite A
 Rochester, NY 14623
 (585) 334-1310

Monica Kurzejeski
 City of Troy
 City Hall
 433 River Street
 Suite 5000
 Troy, NY 12180-3406

July 07, 2016
 Invoice No: 154030.00 - 11

Project 154030.00 Troy Downtown Parking Management Plan

For Professional Services Regarding the Troy Downtown Management Plan

Professional Services from April 23, 2016 to June 17, 2016

Professional Personnel

	Hours	Rate	Amount	
Armento, Frank	1.00	140.00	140.00	
Godfrey, Michael	31.50	65.00	2,047.50	
Totals	32.50		2,187.50	
Total Labor				2,187.50

Reimbursable Expenses

Premiere Global Services			18.94	
Total Reimbursables			18.94	18.94

Total this Invoice \$2,206.44

Outstanding Invoices

Number	Date	Balance
10	5/12/2016	4,100.00
Total		4,100.00

Total Now Due \$6,306.44

Billings to Date

	Current	Prior	Total
Labor	2,187.50	59,607.50	61,795.00
Expense	18.94	872.07	891.01
Totals	2,206.44	60,479.57	62,686.01

\$3,620.43 paid 9-9-16

\$2,686.01 Balance Remaining
 over the approved \$60,000.00

LDC \$35,000
 Kirchoff \$25,000
 \$60,000