



Downtown Albany Business Stabilization Grant

I. APPLICANT INFORMATION			
Applicant Name:		Date:	
Property Address:		Zip:	
Phone:		E-mail Address	
Property Owner (if different)			
Phone:		E-mail Address:	
II. BUSINESS INFORMATION			
Business must have a brick and mortar location situated within the DABID boundaries			
Business:			
Business Type:			
Business Opening Date, Hours, Number of Employees (percentage you're bringing back for initial opening and number when fully staffed), and Date for bringing back 100% of Employees:			
Please describe reopening plans. Additional sheet may be attached.			
Percentage your business has decreased since March 20, 2020.			
<input type="checkbox"/> Upon Request I can provide documentation verifying this number.			
III. GRANT INFORMATION			
Items funded by Capitalize Albany's Façade Improvement Program are not eligible for this grant reimbursement. Have you or do you expect to receive façade improvement grant funds? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide a list of the assisted items, uses and reimbursement amounts.			
Grants are capped at \$1,500 for retail, personal care and non-profit businesses, at \$2,000 for counter service restaurants and cafes and at \$3,000 for full-service restaurants.			
Please check all items you are applying for reimbursement for:	Total Cost	Grant amount requested plus a description of what specifically will be purchased with the grant money.	
<input type="checkbox"/> Technology or Marketing (online sales/ordering, contactless payment systems, reservation systems, etc.)	Total Cost: Amount Requested:	Intended Purchases:	
<input type="checkbox"/> Inventory (perishable goods)	Total Cost: Amount Requested:	Intended Purchases:	
<input type="checkbox"/> Personal Protective Equipment (PPE)	Total Cost: Amount Requested:	Intended Purchases:	
<input type="checkbox"/> Cleaning/Disinfecting Supplies	Total Cost: Amount Requested:	Intended Purchases:	



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<input type="checkbox"/>	Interior Alterations to Comply with Health Guidelines	Total Cost: Amount Requested:	Intended Purchases:
<input type="checkbox"/>	Exterior Improvements (can include lighting, dining tables, vandalism repairs, etc.)	Total Cost: Amount Requested:	Intended Purchases:

If you are applying for funds for technological upgrades or interior or exterior improvements, a minimum of one (1) written quote must be included for each item.

Using Downtown Albany partners and suppliers when possible is encouraged.

Please initial each line below to affirm the following:

- _____ I am a NYS business in good standing with local, state and federal taxing and licensing authorities.
- _____ My business is engaged in activities that are legal under New York and federal law.
- _____ My business has a brick and mortar location within the DABID boundaries.
- _____ I am a registered New York State business since September 1, 2019.
- _____ I understand that I am required to attend a one-hour webinar as part of this program.

Please enclose the following with your application:

- A copy of the current property tax bill or deed to confirm ownership of the property.
- For lessees, a legally valid and binding lease for a period that, at a minimum, does not expire prior to anticipated project completion date.
- Documentation of physical damage to the property, if applicable (e.g. copy of police report and/or copy of insurance adjustment).

IV. SIGNATURE

Printed Name:		Sign:	
Property Owner for the Above Described Parcel(s) if Permanent Changes to the property are made:			
Printed Name:		Sign:	

The DABID may have additional follow-up questions or surveys to measure the impact of the grant program.

Applications will be accepted beginning June 23, 2020 and will remain open until all funds are expended. Completed applications can be submitted to Kate Medhus at kmedhus@downtownalbany.org or mailed to her at Downtown Albany BID, 21 Lodge St, Albany NY 12207.

OFFICE USE ONLY					
APP No.		RECEIVED DATE:		ACCEPTED BY:	
REVIEW COMMITTEE DATE:		ACTION:			
CHECKLIST COMPLETE:	YES _____	NO _____			