



**Greater Port Washington
Business Improvement District**

P.O. Box 121

Port Washington, NY 11050

(516) 883-8890

E-mail: gpwbid@optonline.net

2020 – Facade Aid Grant Program Application

The Greater Port Washington Business Improvement District is sponsoring a Facade Matching Rehabilitation Grant Program to aid property owners and businesses within the district that are interested in the rehabilitation of their exterior building facades both front and rear facing entrances). This grant is awarded on a first come, first serve basis and is subject to available funds.

We will contribute 50% of the cost of an approved facade project up to a maximum contribution of \$5,000.00. (For Example: If the total project cost is \$10,000, the business will pay \$5,000.00 and the BID will pay \$5,000.00) This grant is only to be used to improve the facade of the building.

The application must be approved prior to starting the project. Property owners or tenants may apply for grant funding. Tenant applications must have the building owner's approval and their signature notarized. Payment to the program participant will occur only after the rehabilitation work is completed in accordance with approved plans and specifications.

PROGRAM REQUIREMENTS:

- 1. Subject to available Program Funds for the current year.**
- 2. All signs and facades subject to design approval by BID Board.**
- 3. This program grant may not be used by any BID business and/or business owner more than one-time every 10 Years.**
- 4. Sign, Facade Aid and Tenant Bonus Grants submitted at the same time or within one year of the other will be combined as one project. (Subject to a maximum combined amount of \$5,000.00).**
- 5. Subject to grant monies received for this project from other organizations.**

Required Supporting Information:

- Copies of the Approved Project permits from the Municipality.
- Written description of the rehabilitation work.
- Complete set of renderings with drawings and specifications.
- Description of the material that will be used for the project. (Wood, Stucco, Metal, etc)

If your application is returned because it's incomplete, you will only be allowed to submit the application one more time within 10 days of the application being returned for not being complete.

Grant Program Purpose and Procedure:

The Board has the right to accept, deny or adjust the amount granted for any request.

All grant requests will be processed in the order in which the fully completed grant application is received at the BID office.

All grant requests are subject (a) to the availability of program funds for the current year and (b) to the specific program requirements of each grant requested.

Façade Aid Grant Program Application
Page 2

Property Address: _____

Applicant: _____

Applicant Address: _____

Applicant Phone Number: _____

Applicant E-mail Address: _____

Property Owner Name: _____

Estimated Cost \$ _____ Requested Grant \$ _____
(50% Matching cost up to \$5,000.00 maximum)

Plans and specification sufficient to describe the proposed work are attached. By requesting a Façade Aid Grant, I understand and agree with the following conditions:

1. The commitment of grant money for a proposed project expires twelve months from approval date as noted on application.
For reasonable project delays, the expiration date may be extended by the District upon written request by the applicant.
2. All work must completely follow the supporting documents that were submitted to the District and approved by the Municipality.
3. All work shall comply with all government regulations
4. Eligible activities include façade improvements to the front or rear façade of the building.
5. The grant check shall be awarded only after the work has been completed and with proof of costs and payment, in the form of paid invoices, cancelled check(s) (front & back)
These items will be required in order for the District to issue payment.

Property Owner or Applicant (must be notarized) Date _____

This is to certify that the proposed project described above meets the requirements necessary for application for the Façade Aid Grant.

6. Have you or are you planning to apply for another Grant for the same expense? _____
A) If yes, to whom did you apply to? _____
B) If yes, how much was approved/received? _____
7. Mail the application, affidavit and all relevant paperwork to:

The Greater Port Washington Business Improvement District (BID)
Attention: Façade Aid Grant Program
P.O. Box 121
Port Washington, NY 11050

AFFIDAVIT – All Grants (Façade/Sign/Tenant)

_____, being duly sworn, deposes and states:
(Property Owner or Applicant)

1. I am submitting this Affidavit for a (Check applicable grant)

FACADE AID GRANT _____

SIGN GRANT _____

TENANT (NEW) BONUS GRANT _____

from the Greater Port Washington Business Improvement District (“BID”) with regard to

_____ (“Premises”).

2. I have reviewed the relevant building and zoning codes for the Premises and all applicable rules will be fully complied with for any work performed at the Premises.
3. Attached hereto and made a part hereof is a description of the scope of work. (If applicable).
4. The work is being undertaken by the _____. [Applicant/Owner/Tenant]
5. The Applicant has received all necessary permits, copies of which are attached hereto, or has applied for the permits, with the applications being attached hereto.
6. I understand that payment of the Grants/Bonus will not be made until all permits have been closed and a Certificate of Occupancy or Certificate of Existing Use (if required) has been issued by the location’s governing municipality and the location is open and operating.
7. If any work at the Premises is completed without a required permit, the BID reserves the right to rescind the grant and/or obtain a return of the Bonus from the Applicant.

(Property Owner or Applicant)

Sworn to before me this

_____ day of _____, 20

Notary Public