



APPLICATION FOR PROJECT ASSISTANCE

NEIGHBORHOOD AND BUSINESS DEVELOPMENT

Please complete this form to request financial assistance from the Department of Neighborhood and Business Development. Completed applications and attachments should be submitted to Dian Sherwood at DSherwood@syrgov.net.

1) APPLICANT INFORMATION

Name of Applicant: _____ Contact Person: _____

Address: _____ Phone: _____ Fax: _____

Email: _____ DUNS: _____ Federal ID: _____

2) PROJECT INFORMATION

Project Address: _____ Census Tract: _____
Street Address Zip Code

Does the Applicant currently own the property? ___YES ___NO (If no, please provide evidence of pending ownership)

Project Type:

- ☐ Rehab/Substantial Renovation
- ☐ New Construction
- ☐ Demolition
- ☐ Acquisition
- ☐ Other: _____

Tenure Type:

- ☐ Rental
- ☐ Owner Occupied
- ☐ Owner Occupied/rental
- ☐ Cooperative
- ☐ Other: _____

Unit Composition:

____ # of SRO Sq. footage ____
____ # of 1 BR Sq. footage ____
____ # of 2 BR Sq. footage ____
____ # of 3 BR Sq. footage ____
Other: _____

Total # of Units before: _____

Proposed project start date: _____

Total # of Units after: _____

Proposed project completion date: _____

Is property current vacant? ___YES ___NO If occupied, # of occupied Units: _____ # relocated Households: _____
(Relocation plan must be attached)

3) FUNDING INFORMATION

Total Funding Request: _____

Cost Breakdown: Acquisition: \$ _____

Total Project Cost: _____

Pre-Development: \$ _____

Construction: \$ _____

Contingency: \$ _____

Carrying Costs: \$ _____

Development Fee: \$ _____

Financing Information

Amount	Source	Type	Rate	Term
\$				
\$				
\$				
\$				
TOTAL Amount: \$				

(continued from page 1)

Describe the targeted population that will occupy the unit(s) after development work is complete. Please include information on the target population by income levels, household sizes, tenure (owner occupied or renter occupied), and any special needs (elderly, physically or mentally disabled, homeless, etc.

The City of Syracuse has identified in its most recent Consolidated Plan an interest in reducing high concentration of poverty and economic isolation within the city. Please describe below how your project works to further address this goal:

Please provide a copy of your citizen participation plan relative to this project. Indicate whether any community outreach has been done or is being planned. Additionally, please provide a list of any public meetings that have been conducted to discuss this project.

4) APPLICATION ATTACHMENTS

Required attachments:

Applications will be considered incomplete and will not be reviewed without the following:

- ☐ Corporate/Board Resolution authorizing funding request (this requirement for not-for-profits only)
- ☐ Detailed development budget for project
- ☐ Written commitments from all other funding sources
- ☐ Proof of Ownership or Purchase Offer
- ☐ Project narrative describing block or neighborhood plan
- ☐ Construction timeline
- ☐ Proposed scope of work
- ☐ Property Photos

Conditional Attachments:

Required attachments if the following conditions are met:

- ☐ Tenant relocation plan (if property is currently occupied or will be at time of purchase)
- ☐ Operating Pro Forma (if property will be operated as rental)
- ☐ Architectural elevations and site plan (if a new construction project)

If any of the above items are not attached to this application please provide explanation

Signature of Authorized Agency Representative

Signature

Date

Title

NBD ONLY: Date Received _____ SHPO # _____ Flood Plain _____ NRSA _____

Zoning Check _____ Initial Inspection Report _____ Scope Approved _____

Approved: Commissioner Signature _____