



## **Niagara County Façade Program 2.0** **Payment Reimbursement Request Instructions**

Upon completion of your project, you must submit the documents listed below for reimbursement.

- Project Summary
- Proof of Payment – receipts, paid invoices, accompanied by cancelled checks (front and back required), credit card statements or any other financial documents showing payment has been made
- An invoice on your company letterhead, requesting reimbursement payment
- Executed copy of Certification of Expense, which must be notarized
- Executed copy of Certification of Construction Completion, which must be notarized
- Executed copy of NCFP Declaration Form, which must be notarized (Building Owners Only)

**Please note that proof of payment for the entire project cost (your expense AND the grant amount) need to be included within your payment reimbursement request.**

Reimbursements will be reviewed in the order that they are received. You may submit your reimbursement requests either by mail or by dropping them off directly, between the hours of 8:30 a.m. and 4:30 p.m., in the drop box located in the front lobby at the Niagara County Center for Economic Development, 6311 Inducon Corp. Dr., Suite One, Sanborn, NY 14132.

Once it has been determined that your submission package is complete, the request will be forwarded to the Niagara County Audit Department for reimbursement. You should expect to receive a reimbursement check 3-4 weeks after submitting all of your reimbursement paperwork.

Please note, if your reimbursement package is incomplete, your request will not be submitted for payment.

Should you have any questions or concerns with what has been outlined above please contact the Niagara County Department of Economic Development at (716) 278-8750.

**Projects must be completed and reimbursement  
paperwork submitted by October 31, 2024.**



## **Niagara County Façade Program 2.0** **Reimbursement Checklist**

Dear Applicant:

Thank you once again for your interest in the Niagara County Façade Program 2.0. Before you submit your reimbursement documents, please ensure that you have included the following:

- Project Summary
- Proof of Payment – receipts, paid invoices, accompanied by cancelled checks (front and back required), credit card statements or any other financial documents showing payment made
- An invoice on your company letterhead, requesting reimbursement payment
- Executed copy of Certification of Expense, which must be notarized
- Executed copy of Certification of Construction Completion, which must be notarized
- Executed copy of NCFP Declaration Form, which must be notarized (Building Owners Only)

Hard copies of the documents should be mailed or hand delivered on or before October 31, 2024 to:

Niagara County Center for Economic Development  
Attention: Façade Program 2.0  
6311 Inducon Corporate Drive, Suite One  
Sanborn, New York 14132

If you require a notary at the time that you are dropping off your documents, please call the office first at (716) 278-8750, to ensure that someone will be available to notarize your documents.

Thank you.



## **Niagara County Façade Program 2.0** **Project Summary**

Applicant's Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Grant Award Amount: \_\_\_\_\_

Project Summary: Provide a detailed description of all work that was completed related to your project.

Budget Reimbursement: Complete the table with the required information for each portion of work completed on your project. An example has been provided for you.

### **Example**

<b>Vendor</b>	<b>Work Description</b>	<b>Amount</b>	<b>Proof of Payment</b>
123 Roofing	Roof replacement	\$50,000	Cancelled check

**Enter information related to your project in the table below**

<b>Vendor</b>	<b>Work Description</b>	<b>Amount</b>	<b>Proof of Payment</b>

**Total Project Cost \_\_\_\_\_**

You are required to submit proof of payment of the **entire project cost**, not just for your grant award amount. Acceptable proof of payment includes paid invoices, receipts, accompanied by cancelled checks (front and back required), credit card statements, or any other financial documents showing payment has been made. **Reimbursement requests will not be processed without these documents.**

**No cash payments should be made to vendors. Proof of payment is required to receive reimbursement.**

**I N V O I C E**

**Bill to:**

**Niagara County Department of Economic Development  
6311 Inducon Corporate Drive, Suite One  
Sanborn, NY 14132  
Attention: Niagara County Façade Program 2.0**

<b><u>Description</u></b>	<b><u>Amount</u></b>
<b>Niagara County Façade Program 2.0 Grant Payment</b>	<b>\$</b>

**Please make check payable to (include name and address):**

## CERTIFICATE OF EXPENSE

Project Address: \_\_\_\_\_  
\_\_\_\_\_

### APPLICANT'S AFFIDAVIT

I CERTIFY that the individual submitting this request to Niagara County and its counsel will rely on the representations made in the application, summary report, reimbursement request, and all other related documents submitted to for the Niagara County Façade Program 2.0, hereby represents that the statement made herein do not contain any untrue statement of material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

Affidavit is made to induce Niagara County and the Niagara County Façade Program 2.0 to accept expenses as being true and authorized.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

STATE OF NEW YORK    )  
  ) ss:  
COUNTY OF NIAGARA    )

On the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public Signature

**CERTIFICATE OF CONSTRUCTION COMPLETION**

Project Address: \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT’S AFFIDAVIT**

I CERTIFY that the work under the above project address including all façade scope of work thereto, has been satisfactorily completed, professionally inspected, and accepted by me; that all charges or bills for labor or services performed or materials furnished, and other charges against the subcontractors, have been paid in full and in accordance with the term of the contract; that no liens have attached against the property and improvements of applicant; that no notice of intention to claim liens is outstanding that no suits are pending by reason on the project under the contract; that all Worker’s Compensation claims have been settled and no public liability claims are pending.

Affidavit is made to induce Niagara County and the Niagara County Façade Program 2.0 to accept work as being completed.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

STATE OF NEW YORK    )  
  ) ss:  
COUNTY OF NIAGARA    )

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public Signature

## DECLARATION FORM

**This document should be completed by Program Applicants that own the project building**

Owner(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Municipality: \_\_\_\_\_

Section/Block/Lot (SBL#): \_\_\_\_\_

Grant Award Amount: \_\_\_\_\_

Unit Assisted: \_\_\_\_\_

Description of Niagara County Façade Program 2.0 Improvements:

This Declaration is made and executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WHEREAS, the undersigned is/are the owner(s) (“Owner”) of the premises described above (“Premises”); and

WHEREAS, the Owner acknowledges that the Premises has been improved with Grant Assistance provided by Niagara County (“County”) to \_\_\_\_\_ under the Niagara County Façade Program 2.0. (“Program”);

NOW, THEREFORE, the Applicant hereby declares that for a period of three (3) years (“Regulatory Period”), which commences in 2024 and terminates in 2027, (“Termination Date”), the Premises shall at all times be maintained in good operating order and condition, and all necessary repairs, renewals, replacements, additions and improvements shall, from time to time, be promptly made. Furthermore, during the Regulatory Period, the Applicant hereby declares the Premises shall not be sold, moved, demolished or materially altered without the prior written consent of Niagara County. The Applicant also hereby declares that, if the Premises contain



residential units that were improved with Grant Assistance, and such improved units become vacant during the Regulatory Period, they shall be marketed.

This Declaration is expressly subject and subordinate to any mortgage given by the Applicant for the purpose of construction or permanent financing of the Premises, whether or not such mortgage is recorded prior to the date of this Declaration.

All the grants, covenants, terms, provisions and conditions contained herein shall run with the land, binding all subsequent owners, encumbrances and tenants of the Premises. In the event the Owner shall breach any such grant, covenant, term, provision or condition, the Owner must return the Grant Assistance to Niagara County, for recapture by the County. The amount to be recaptured shall be determined by reducing the original amount of Grant Assistance disbursed to the Owner by one third (1/3rd) for each year of the Regulatory Period the Owner was in compliance hereunder. Repayment will be calculated in accordance with the following schedule:

Months 0-12:	100% repayment due.
Months 13-24:	75% repayment due.
Months 25-36:	25% repayment due.
and beyond:	0% repayment due.

This Declaration shall be recorded in the Office of the Niagara County Clerk, which is located at 175 Hawley Street, Lockport, NY 14094 and shall automatically lapse on the Termination Date.

IN WITNESS WHEREOF, this instrument has been signed the day and year set forth above.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

STATE OF NEW YORK    )  
  ) ss:  
COUNTY OF NIAGARA    )

On the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public Signature

STATE OF NEW YORK     )  
  ) ss:  
COUNTY OF NIAGARA    )

On the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

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Notary Public Signature