NEW YORK FORWARD SMALL PROJECT FUND INFORMATIONAL MEETING

Where: Macedon Town Hall, 32 West Main Street

When: November 20, 2025, 6:00 – 7:00 p.m.

What the session will cover:
Representatives from LaBella Associates will provide an overview of the funding program, discuss project eligibility and readiness, and share lessons learned from past downtown improvement fund projects.

Interested property owners are encouraged to review the project area limits and Small Project Fund application form before the meeting.

JOIN US TO LEARN MORE ABOUT FUNDING AVAILABLE FOR SMALL PROJECTS IN THE DRI AREA

Questions?
Contact Michael Cocquyt at mcocquyt@labellapc.com

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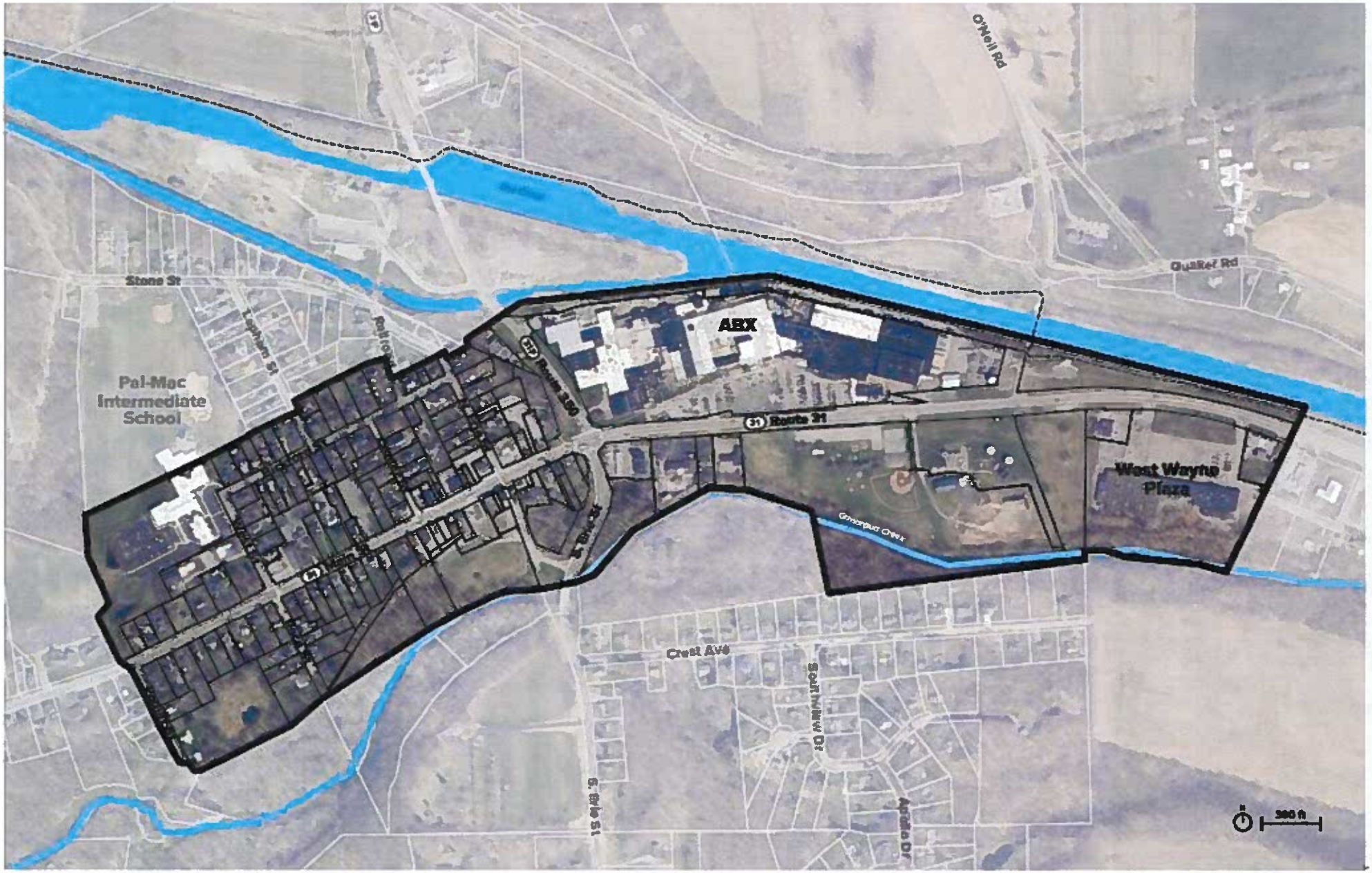
NEW YORK STATE | NY Forward

Macedon NY Forward Area



Macedon NY Forward Area

Town of Macedon
NY Forward Small Project Fund
APPLICATION

DUE: February 2nd, 4:00 P.M.

Directions: Please complete all fields in the application below. Gather and provide all required supporting documentation and include those with the application form. Please complete a separate application form for each property you are requesting funding for. If you require additional space for any responses, please attach an additional sheet and identify the response according to the application question letters and numbers.

Completed applications can be dropped off at Town Hall during business hours or e-mailed to Lauryn DaCosta at ldacosta@labellapc.com.

A. Property Owner Information

Name of owner: _____

Mailing address: _____

_____

_____

Telephone number: days : _____ evenings: _____

E-mail: _____

B. Business and Property Information

1. Address of property: _____
2. Name of business(es): _____
3. Number of Commercial Units _____
4. Number of Residential Units _____

*Please note if the units listed above will NOT be renovated as part of the project.

C. Financial Information

1. Taxes/Insurances

   a. Are all property, water and sewer taxes paid to date? ___Yes ___ No
   If no, which taxes are not current? _____

   b. Do you have property insurance? ___Yes ___ No

   If yes, is it paid to date? ___Yes ___ No

D. Proposed Improvements

1. What improvements do you wish to make to your building? List in order of priority, beginning with (1). Please note if the improvements are for commercial spaces or residential spaces. Attach an additional page if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

2. Estimated Costs: $ _____

3. **Please attach any additional information that will help the Town of Macedon evaluate your project. Examples of possible additional information include sketches or renderings and cost estimates.** ***Note: Applications submitted with this information may be rated higher for readiness.***

4. Are any approvals required by the Town for the project, including planning or zoning approvals, to permit this project to move forward?

5. **PLEASE ATTACH PROOF OF FINANCIAL SUPPORT FOR THE PROJECT** (This is a reimbursement program and proof that the applicant can provide bridge financing for the entire project is needed as well as proof that they can supply 25% or more of a project match).
   - Letter of Interest from a financial institution
   - Letter from a bank indicating the applicant has sufficient resources to cover project costs
   - Commitment from other sources (i.e. other grants, etc.)

E. Conflict of Interest

(If there are any conflicts, they will need to be disclosed prior to receiving approval.)

1. Are you an official, employee, agent, consultant, or member of the board of the Town of Macedon?

___Yes ___ No

If yes, please describe your position: _____

2. Are you related by blood or marriage to any official, employee, agent, consultant or member of the board or agency of the Town of Macedon?

___Yes ___ No

If yes, please identify the official(s), agent(s), consultant(s), employee(s), or member(s) and describe the nature of your relationship:

_____

_____

_____

3. Do you have any corporate, partnership, landlord-tenant-or other business relationship with any official, agent, consultant, employee, or member of the board of the Town of Macedon?

___Yes ___ No

If yes, identify the official(s), agent(s), consultant(s), employee(s) or member(s) and describe the business relationship:

_____

_____

_____

4. Are you doing business in any of the following ways with any official, agent, consultant, employee, or member of the board of the Town of Macedon (check any that are applicable, if other, please describe):

____ Purchaser or Seller of Goods - please describe _____
____ Loan or Grant Recipient- please describe _____
____ Provision of Services - please describe _____
____ Other - please describe _____

Please review the certifications on the following page, which are part of this application, before signing below. Compliance with the certifications and all other NY Forward Small Project Fund Program procedures is required. All owners must sign.

_____	_____
Signature	Signature
_____	_____
Printed Name	Printed Name
_____	_____
Date	Date

Ownership

I/We hereby certify that I/we own the property to be improved. If any changes in ownership should occur from this date forward, I/we agree to notify the Town of Macedon immediately. Failure to do so may result in denial or termination of NY Forward small project fund participation.

Application Information

To the best of my/our knowledge, all of the application information I/we have provided is true and correct. I/We understand that any willful misstatement of material fact will be grounds for disqualification. The Town of Macedon is hereby granted permission to verify any of the information in the application in any appropriate manner.

Taxes

I/We understand that all taxes must be paid for the property to be improved with NY Forward resources and for all other properties in the Town of Macedon owned wholly or in part by me/us. I/We understand that no NY Forward contracts will be signed unless all taxes and service charges are current.

Contracts

I/We understand that any contract for work paid for in part by the NY Forward will be between the contractor and myself/ourselves and I/we should **NOT SIGN ANY CONTRACT FOR WORK UNDER THIS PROGRAM UNTIL AUTHORIZED TO DO SO IN WRITING BY THE TOWN OF MACEDON.** I/We understand that the receipt of NY Forward assistance is subject to satisfactory completion of the approved work. I/We also understand that the Town of Macedon is not responsible or liable for any breach of contract, faulty workmanship, accidents, liability or damage that may arise from my/our relationship with the contractor. I/We further understand that the Contractor cannot begin work on my/our property until a **WRITTEN NOTICE TO PROCEED** is issued to me/us and the Contractor by the Town of Macedon. The written Notice to Proceed will be provided when all conditions are met and all necessary approvals received.

Competitive bids will be solicited for all of the NY Forward projects. I/we understand that if I/we choose a qualified contractor who is not the lowest bidder, the reimbursement will be based on the lowest bid.

Reimbursement Program

I/We understand the NY Forward small project fund is a reimbursement program and that we will be reimbursed **up to** 75% of our project costs after the project is complete and paid in full as evidenced by paid invoices and cancelled checks.

Environmental Compliance

I/We understand that before proceeding with the project New York State will require compliance with an Environmental Checklist including, but not limited to, NY State Historic Preservation Office (SHPO) approval, local zoning, site disturbance, lead based paint and asbestos.