



PROJECT APPLICATION FORM

IF THERE IS A PROPOSED PROJECT YOU WOULD LIKE THE BROOME COUNTY LAND BANK TO CONSIDER, PLEASE COMPLETE THE FOLLOWING APPLICATION.

THIS IS A HIGHLY COMPETITIVE APPLICATION FOR LIMITED FUNDS. IN ORDER TO BE CHOSEN FOR FUNDING, YOU MUST DEMONSTRATE A CLEAR DIRECTION FOR THE PROJECT WITH SPECIFIC COSTS, ACTIONS AND GOALS STATED.

EACH PROJECT SHOULD FURTHER THE MISSION OF THE BROOME COUNTY LAND BANK. THE MISSION IS *"TO FOSTER ECONOMIC AND COMMUNITY DEVELOPMENT BY ACQUIRING, HOLDING, MANAGING, DEVELOPING AND MARKETING DISTRESSED, VACANT, ABANDONED AND UNDER-UTILIZED PROPERTIES."*

PLEASE UNDERSTAND THAT ALL PROJECTS ARE SUBJECT TO APPROVAL BY THE BROOME COUNTY LAND BANK BOARD OF DIRECTORS AND ALL PROJECTS WILL BE SUBJECT TO A CLAWBACK PROVISION TO ENSURE SATISFACTORY COMPLETION OF THE PROPOSED PROJECT.

THIS FORM MUST BE SUBMITTED TO:

MARGARET SCARINZI
EXECUTIVE DIRECTOR, BCLB
PO BOX 1766
BINGHAMTON, NY 13902-1766



PROJECT APPLICATION

SECTION I: Applicant Information

Applicant: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____

SECTION II: Property Information

Property Address: _____ Tax Map #: _____

Municipality: _____

Property Owner: _____ Phone: _____

Property Type: Residential Commercial Industrial Other _____

Current Occupancy: Vacant Owner Occupied Renter Occupied Unknown

Please provide a description of the current condition of the property:

SECTION III: Property Plan

What activity would you like the land bank to undertake relating to this property:

Demolition Rehabilitation

What is the preferred disposition for this property?

Transfer to non-profit Transfer to public entity Transfer through private sale

Sale and market value Other: _____

Please list the name of the intended Purchaser: _____

What is the re-use plan for the property?

Rehab New Construction Park / Garden / Green Space Other: _____

Please explain in detail the proposed re-use plan for the property and its impact on the surrounding neighborhood: **Please attach any letters of support to this application*

Estimated Project Cost	Project Start Date	Project Completion Date

Funding Source <small>(Ex., Dev Partner, Owner Equity, In-Kind, Bank Loan, etc.)</small>	Source Name	Amount	Funding Secured (Y/N)
<i>Example: In-Kind Services</i>	<i>Broome County DPW</i>	<i>\$3,500.00</i>	<i>Y</i>

Does this re-use plan conform to the adopted plans of the municipality? Yes No

The Broome County Land Bank’s mission is to foster economic and community development by acquiring, holding, managing, developing and marketing distressed, vacant, abandoned and underutilized properties. How will this project further the Broome County Land Bank’s mission?

I acknowledge that all projects are subject to approval by the Broome County Land Bank Board of Directors.

I acknowledge all projects will be subject to a clawback provision to ensure satisfactory completion of proposed projects.

Signature: _____ Date: _____