Joe DeCecco Memorial Foundation

Small Business Improvement Grant Application

Village of Kenmore

Business Information

- Business Name:
- Physical Address (must be in Village of Kenmore):
- Owner Name(s):
- Contact Person (if different):
- Phone:
- Email:
- Website (if applicable):
- Year Business Opened:

Business Eligibility Confirmation

Please initial each statement:

- ___ Business operates from a brick-and-mortar commercial location
- ___ Business is for-profit and independently owned
- ___ Business is in good standing with all applicable federal, New York State, and Village of Kenmore requirements (licenses, permits, etc.)

Project Information

Project Title:

Project Description:

Briefly describe the proposed improvement project and why it is needed. Include what will be improved, where, and how it will benefit your business. (If additional space is required, please include supplemental pages).

Type of Improvement

(Check all that apply)

- ☐ Interior renovation
- ☐ Exterior / façade improvement
- ☐ Signage or lighting
- ☐ Accessibility / ADA improvements
- ☐ Fixed equipment or fixtures
- ☐ Other (please describe):

Project Budget

Total Project Cost: $_____

Grant Amount Requested: $_____

Itemized Project Costs
(Attach contractor quotes, or purchase estimates)

Description	Vendor	Cost

Project Timeline

- Estimated Start Date: _____
- Estimated Completion Date: _____

Note: All work must be completed within the timeframe specified by the Foundation after grant approval.

Reimbursement Acknowledgement
Please initial to acknowledge understanding:

- ___ I understand this is a **reimbursable grant**
- ___ I understand all expenses must be paid in full before reimbursement
- ___ I understand reimbursement requires submission of paid invoices, proof of payment, and photos of completed work

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Grant Payment Preference
How would you prefer grant funds to be disbursed? (Select one):

☐ Reimbursement to applicant after project completion and submission of required documentation.

☐ Direct payment to an approved vendor after project completion and submission of required documentation. I understand that:

- This option is subject to Foundation approval.
- The vendor must agree to participate and provide all required invoices and documentation.

- The Foundation reserves the right to require reimbursement instead of direct vendor payment.

If requesting direct vendor payment, please provide:

- Vendor name:
- Contact person:
- Phone/email:
- Estimated project cost:
- Brief explanation of why direct vendor payment is being requested:

Attachments Checklist

- ☐ Itemized contractor quotes or estimates
- ☐ Photos of existing conditions
- ☐ Proof of business address (lease or deed)
- ☐ Any required permits (if applicable)

Application Instructions

Please complete all sections of the grant application in full (incomplete applications may not be considered) and submit it via email to: JoeDeCeccoMemorialFoundation@gmail.com.

Be sure to include "Grant Application – Your Business/Organization Name" in the subject line.

Applications must be received by **June 30, 2026** to be eligible for review. Late submissions will not be accepted.

If you have any questions, please contact Andrea Czopp at (716) 531-3919.

Applicant Certification

I certify that all information provided is accurate to the best of my knowledge and understand that grant funds must be used solely for approved business improvements. I understand that any misrepresentation may result in disqualification or revocation of grant funds.

Signature: _____

Name (printed): _____

Date: _____