



**VILLAGE OF SLEEPY HOLLOW  
FAÇADE IMPROVEMENT GRANT PROGRAM**



**NY Forward  
FUNDED**

## **APPLICATION**

Due February 27, 2026.

See Program Guide for submission instructions and program details.

### **APPLICANT INFORMATION**

Applicant Name(s):

Applicant Address:

Daytime Phone Number:

Email Address:

### **PROPERTY OWNER INFORMATION** (if different from above):

Property Owner Name:

Property Owner Address:

Daytime Phone Number:

Email Address:

### **APPLICANT DESCRIPTION** (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="radio"/> Individual            | <input type="radio"/> For Profit Entity  | <input type="radio"/> Not-for-Profit Entity           |
| <input type="radio"/> Owner of the building | <input type="radio"/> Lease the building | <input type="radio"/> Lease a portion of the building |

### **PROPOSED IMPROVEMENTS** (Check all that apply)

- Facade Improvements
- Interior and exterior building renovations for commercial and mixed-use spaces
- Energy System Upgrades
- Permanently affixed signage and awnings
- ADA accessibility improvements
- Preservation/restoration of historical, and culturally significant structures
- Soft Costs - architectural, engineering, environmental (must be part of a building renovation project)

### **ELIGIBILITY REQUIREMENTS** (Must check all of the following)

- Current on payment of property taxes
- No outstanding or open building code violations
- Property should be commercial or mixed-use
- Property located within the Village of Sleepy Hollow's NYF designated boundary
- Property is not receiving additional NYF funding
- The applicant is able to finance the entire project and await reimbursement upon project completion

**BUILDING INFORMATION**

Property Address:

Within NYF Boundary (see map)     Yes         No

Name of Business:

Number of Commercial Units:

Number of Residential Units:

**PROJECT INFORMATION**

Please describe the existing conditions of the building

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Please provide a description of the proposed improvements (Please include the requested NYF funded project and any other improvements proposed)

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Please provide a schedule for the proposed project

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Highly recommended to include any drawings, plans, photos, etc. related to the project with this application and list the attached items below and describe any supplemental information that will be provided with this application,

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## PROPOSED BUDGET

Please include a proposed budget for all expenses for each proposed project. Applicant's must provide at least 25% match. Refer to Facade Grant Program Guide for more details.

	Total Project Cost	Funding Requested	Matching Funds		Source of Matching Funds	Dollar Amount	Status of Funds*
<b>Architectural Fees</b>	\$	\$	\$	1		\$	
				2		\$	
				3		\$	
<b>Engineering Fees</b>	\$	\$	\$	1		\$	
				2		\$	
				3		\$	
<b>Signage</b>	\$	\$	\$	1		\$	
				2		\$	
				3		\$	
<b>Equipment</b>	\$	\$	\$	1		\$	
				2		\$	
				3		\$	
<b>Construction/ Rehabilitation</b>	\$	\$	\$	1		\$	
				2		\$	
				3		\$	
<b>SUBTOTAL</b>	\$	\$	\$				
<b>Contingency</b>	\$	\$	\$				
<b>TOTAL COST</b>	\$	\$	\$				

\*Notes:

1. Status of Funds (e.g. Anticipated, Secured, Donated, Requested)

**VILLAGE OF SLEEPY HOLLOW  
FACADE IMPROVEMENT GRANT APPLICATION**

**CERTIFICATION**

I certify that all of the information, statements and representations contained in this application, and in all attachments and supporting material are to the best of my belief, true, accurate, and complete.

I acknowledge that all appropriate permits and approvals, site specific environmental review, and State Historic Preservation Office (SHPO) review, as required for work on historic buildings, must be complete for eligible activities prior to the start of construction.

I acknowledge that, as part of the evaluation process, the Village of Sleepy Hollow or its representatives will conduct a site visit to this property and may need access to the interior and exterior of the building.

Costs incurred for work on buildings that eventually prove infeasible and do not receive other investments will not be reimbursed with NYF Funds, therefore, reimbursements for soft costs may NOT be requested as part of a partial payment prior to project completion.

I have read and understand the Village of Sleepy Hollow Facade Improvement Grant Requirements as outlined in the Program Guide.

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Signature of Applicant

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Date

**VILLAGE OF SLEEPY HOLLOW  
 FACADE IMPROVEMENT GRANT PROGRAM**

**CONFLICT OF INTEREST DISCLOSURE FORM**

Please complete this form and describe below any conflicts of interest that you may have regarding the Village of Sleepy Hollow Facade Improvement Grant Program according to the program’s Conflict of Interest Policy.

\_\_\_\_\_  
 Applicant Name

\_\_\_\_\_  
 Address of Project

**Check one:**

- I hereby certify that, at this point, I have no known conflicts of interest regarding the project as per the Village of Sleepy Hollow Facade Improvement Grant Program Conflict of Interest Policy.
- I have conflicts of interest regarding this projects. Such conflicts are described below.

**CONFLICTS OF INTEREST**

Name	Relationship to Applicant	Role on Project

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**

The signatures below confirm the acknowledgment of the above form by the Village of Sleepy Hollow and, if applicable, that a decision has been administered regarding the conflicts of interest and such decision has been documented by the HTFC.

\_\_\_\_\_  
 Village Representative

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**If applicable:**

\_\_\_\_\_  
 HTFC Staff Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date