

## **Payment Reimbursement Request Instructions**

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

- Project Summary & Expense Report
- ➤ Proof of Payment receipts, paid invoices and 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 UCC Filing Acknowledgement Form, which must be notarized

# <u>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.</u>

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., Sanborn, NY 14132.

All reimbursement requests will be collected for review on the 15<sup>th</sup> of each month. 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 by the end of the month.

Please note, if your submission package is incomplete, your request will <u>not</u> be submitted for reimbursement.

If you need the documents notarized by our staff, please call in advance to ensure that our notary is available.

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



# Niagara County Production Program Project Summary & Expense Report

Business Name:		
Business Address:		
Phone Number:		
Email:		
Grant Award Amount:		
Project Summary: Provide	a detailed description of all work that was comp	leted 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**

Vendor	Purchase or Work Description	Amount	Proof of Payment
123 Machining	Lathe	\$150,000	Invoice &Cancelled Check

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

Vendor	Purchase of Work Description	Amount	Proof of Payment

Total Project Cost
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You are required to submit proof of payment of the <u>entire project cost</u>, not just for your grant award amount. Acceptable proof of payment must include the paid invoices accompanied by copies of cancelled checks (front & back required), credit card statements, or proof of ACH transactions showing payment has been made. <u>Reimbursement requests will not be processed without these documents and proper certification of the completion of the project.</u>

#### INVOICE

Bill to:

Niagara County Department of Economic Development 6311 Inducon Corporate Drive, Suite One Sanborn, NY 14132

**Attention: Niagara County Production Program** 

**Description** Amount

\$

Niagara County Production Program Grant Payment

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

### **CERTIFICATE OF EXPENSE**

Business Name:	·
Business Address:	
Equipment Name & Serial #:	
APPLICA	NT'S AFFIDAVIT
its counsel will rely on the representative reimbursement request, and all other rel Production Program. The undersigned, here contain any untrue statement of material farmake the statements contained herein.	nitting this request to Niagara County. Niagara County ations made in the application, summary report, ated documents submitted to the Niagara County by represents that the statement made herein does not ct and does not omit to any material fact necessary to a County and the Niagara County Production Program ized.
Applicant's Signature	Print Name
Date	_
STATE OF NEW YORK ) ) ss: COUNTY OF NIAGARA )	
personally appeared me on the basis of satisfactory evidence to b instrument and acknowledged to me that I	, in the year before me, the undersigned,, personally known to me or proved to e the individual whose name is subscribed to the within he executed the same in his capacity, and that by his or the person upon behalf of which the individual acted,
	Notary Public Signature

## **CERTIFICATE OF COMPLETION**

Business Name:	
Business Address:	
Equipment Name & Serial #:	
APPLICA	NT'S AFFIDAVIT
completed, professionally inspected, and ac services performed or materials furnished, and paid in full and in accordance with the term of property and improvements of applicant; that that no suits are pending by reason on Compensation claims have been settled and a	the above project address, has been satisfactorily excepted by me; that all charges or bills for labor or ad other charges against the subcontractors, have been of the contract; that no liens have attached against the at no notice of intention to claim liens is outstanding the project under the contract; that all Worker's no public liability claims are pending.  County and the Niagara County Production Program
to accept work as being completed.	
Applicant's Signature	Print Name
Applicant's Signature	Finit Name
Date	<del>-</del>
STATE OF NEW YORK )	
) ss: COUNTY OF NIAGARA )	
personally appeared me on the basis of satisfactory evidence to be instrument and acknowledged to me that he	, in the year before me, the undersigned,, personally known to me or proved to the individual whose name is subscribed to the within e executed the same in his capacity, and that by his the person upon behalf of which the individual acted,
	Notary Public Signature

# Niagara County Production Program UCC Filing Acknowledgement Form

#### This document should be completed by Program Applicant

Business Name:
Business Address:
Grant Award Amount:
Description of Niagara County Production Program Improvements, Including Model/Serial Numbers:
This Acknowledgement is made and executed this day of
WHEREAS, the undersigned is authorized to execute documents on the owner(s) and/or Board of
Directors behalf; and
WHEREAS, the Applicant acknowledges that the Machinery and/or Equipment has been
purchased in full or in part with funding from the Grant Assistance provided by Niagara County
("County") to ("Company")
under the Niagara County Production Program. ("Program"):

NOW, THEREFORE, the Applicant hereby declares that for a period of two (2) years ("Regulatory Period"), which commences on the certified completion date and terminates two years from said completion date, ("Termination Date"), the Company shall at all times be operational and utilizing equipment purchased in part through this grant. Furthermore, during the Regulatory Period, the Applicant hereby declares the Machinery and/or Equipment shall not be sold, moved, demolished or materially altered without the prior written consent of Niagara County.

The grant recipient hereby acknowledges that a general security position for the machinery and/or equipment purchased in whole or in part with proceeds from the Niagara County Production Program; as evidenced by the filing of financing statements in accordance with the Uniform Commercial Code. Such filing will be release after a period of 24 months from the certified completion date.

In the event the Company shall breach any such grant, covenant, term, provision or condition, the Company 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-half (1/2) 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: Months 13-24: and beyond:	50% repayment due		
IN WITNESS WH	EREOF, this instrument	has been signed the o	day and year set forth above.
Si	ignature		Printed Name
STATE OF NEW	) ss:		
personally appeare me on the basis of s instrument and ac	ed satisfactory evidence to be knowledged to me that h strument, the individual, o	, per e the individual whos he executed the same	before me, the undersigned, sonally known to me or proved to e name is subscribed to the within e in his capacity, and that by his half of which the individual acted.
		Notary l	Public Signature