
2025 William G. Mayne, Jr. Business/Community Enhancement Program Project Completion & Reimbursement Package

Developing partnerships for a better Niagara



With special thanks to the Niagara Falls Bridge Commission for their contribution toward the 2025 William G. Mayne, Jr. Business/Community Enhancement Program



William G. Mayne Jr. Business/Community Enhancement Program
Project Summary

Organization: _____

Name of Individual Completing Form: _____

Phone Number: _____

Email: _____

Grant Award Amount: _____

Project Summary: Provide a detailed description of all work that was completed 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	Description	Amount	Proof of Payment
123 Landscaping	Flowers for Planters	\$1,000	Canceled check

Enter information related to your project in the table on next page

Name of Organization: _____

Vendor	Description	Amount	Proof of Payment

Total Project Cost _____

You are required to submit proof of payment of the **entire project cost**, not just for your grant award amount. Acceptable proof of payment includes invoices, receipts, cancelled checks (front and back required), credit card statements, or any other financial documents showing payment has been made. **Reimbursement requests will not be processed without these documents.**



Reimbursement Requirements 2025 William G. Mayne Business/Community Enhancement Program

Niagara County Audit Department
James B. Sobczyk, Auditor

- To be eligible for reimbursement your submission must be in proper form and be properly documented. The conditions of the grant allow participating organizations to be reimbursed for expenditures at a rate not to exceed 50% of their expenditure or the grant amount, whichever is less. Put more simply, if your project comes in at less than 200% of the grant amount your reimbursement will cap at 50% of your expenditure. If your project cost is more than 200% of the grant amount, your reimbursement will cap at the grant amount.
- There have been times when an organization has partnered with an agency or organization within the community for funding purposes. When this is the case, the partner on the project must be documented in advance by the organization. The documentation should be a letter to your organization stating the nature of the project and should also indicate the level of their estimated cash contribution.
- The Project Summary Form must be completed and submitted along with your documents.
- Invoices submitted as support for projects must be made out by the vendor to your agency or to the partnering agency. Proof of payment can be in the form of a cancelled check or a debit card transaction supported by a bank statement. Many banks will issue a bankcard that can be used for purchases on an organization's account. These cards will be accepted at any vendor who processes credit card transactions and will be accepted when a check may be declined at the time of purchase. For credit card transactions used for online purchases a statement must be submitted to verify the date of purchase, vendor, and purchase price. **Please avoid cash transactions.**
- A purchase order is not proof of payment. It does not confirm that goods or services were received or were paid for.

Questions can be directed to James B. Sobczyk, Niagara County Auditor, at 716-439-7336 or Cathie Synor, Director of Administration, Programs & Grants at 716-278-8750

INVOICE

Bill to:

**Niagara County Department of Economic Development
Samuel M. Ferraro Center for Economic Development
6311 Inducon Corporate Drive, Suite One
Sanborn, NY 14132
Attention: Cathie L. Synor**

Item	Description	Amount
Grant	2025 William G. Mayne, Jr. Business Community Enhancement Program grant for	\$
	Total	\$

Please make check payable to:

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																															
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

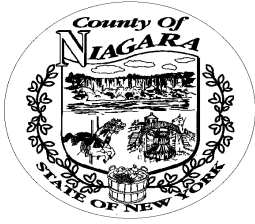
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Niagara County Audit Department
59 Park Avenue
Lockport, New York 14094

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby consent to and authorize Niagara County to deposit my payment(s) in the account in my name, at the bank indicated below, and authorize said bank to credit such amounts to my account:

INDICATE TYPE OF ACCOUNT (CHECK ONE): <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
NAME OF BANK:
ACCOUNT NUMBER:
ROUTING/ABA#:
BRANCH CITY/STATE/ZIP:

Niagara County shall be authorized to make withdrawals on this account to adjust for any overage only after written notice is provided to the vendor of such overage. This authorization remains in effect for the duration of my contract, or until Niagara County wishes to discontinue the service, or has received a signed Termination Form. Termination Forms are available in the Niagara County Audit Department. In the event of changes to my information, I understand that I must give advance notice to allow reasonable time for my instructions to be executed.

STAPLE YOUR VOIDED CHECK OR SAVINGS BANK STATEMENT FOR YOUR ACCOUNT HERE

Affix a voided check (for checking accounts) or a bank document (for savings accounts) showing your name, address, account number and transit ABA routing number to this authorization. Send the original authorization agreement with documentation to Niagara County Audit Department, 59 Park Avenue, Lockport, NY 14094. Please keep a copy for your records.

VENDOR EMAIL ADDRESS (to receive email confirmation of payments)

VENDOR NAME (PLEASE PRINT)

TAX IDENTIFICATION NUMBER (last 4 digits)

VENDOR SIGNATURE

DATE

PHONE NUMBER



William G. Mayne, Jr. Business & Community Enhancement Program **2025 Checklists**

Applying for Grant

- _____ Have I attended the mandatory orientation meeting?
- _____ Have I included a cover letter on our organization's official letterhead with an original signature from our organization's president, which requests consideration for our organization's grant request?
- _____ Have I completed Application Forms 1-3
- _____ Have I included with Application Form #2, proof that my organization exists as authorized by law (incorporation papers, etc); a list of current Board of Directors; and most recent meeting minutes from 2024 or 2025
- _____ Have I included with Application Form #3, a notarized letter from our organization's Treasurer stating that our organization has sufficient matching funds for this project?
- _____ Have I included two copies, one original unbound and one bound application?

(Please make a copy of the above checklist, with your check marks on each line to ensure a completed application. PLEASE SUBMIT THIS CHECK LIST WITH YOUR APPLICATION)

Project Completion and Request for Awarded Grant Funds (Due by Friday, October 31, 2025)

- _____ Have I included a cover letter from my organization's president?
- _____ Have I included an invoice on my organization's letterhead for the grant amount made payable to my organization? Invoice should be sent to Niagara County Department of Economic Development, Samuel M. Ferraro Center for Economic Development, 6311 Inducon Corporate Drive, Suite One, Sanborn, NY 14132. **(Use sample provided)**
- _____ Have I included the Project Summary Form, detailing my organization's completed project, and listing the costs associated with the project?
- _____ Have I included an invoice(s), from my project vendor(s)?
- _____ Have I included copies of cancelled checks (**front & back**) for the corresponding invoices and receipts (proof of payment to vendors)? If paying by credit card for local/online purchases I have included a billing statement indicating the date, vendor, and amount of the purchase.
- _____ For bricks & mortar projects, please include pictures. **Full color pictures are preferred.**
- _____ For promotional/marketing projects (brochures, etc.), please include six copies with your submission
- _____ For digital marketing projects (websites, social media, apps, video footage, etc.), please include screen shots or video footage with your submission