ONEIDA COUNTY
OFFICE OF THE COUNTY EXECUTIVE

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County Executive
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Oneida County
Veterans Capital Restoration Matching Grant Program

Application

APPLICANT INFORMATION

Legal Name of Veterans Organization:

Organization Type *(check one)*:

☐ American Legion Post

☐ VFW Post

☐ Other recognized veterans organization

Post/Chapter Number:

Primary Contact and Title:

Mailing Address:

Email Address:

Phone Number:

Federal Employer ID Number (EIN):

Facility Address *(if different from mailing address)*:

Is the organization physically located in Oneida County?

☐ Yes ☐ No

Does the organization own or have long term control of the facility?

☐ Own ☐ Long-term lease/control ☐ Other

Is the organization in good standing with its parent organization?

☐ Yes ☐ No ☐ Other

PROJECT INFORMATION

Project Name:

Amount Requested from Oneida County:

Project Location:

Project Start Date:

Brief Description of Proposed Capital Improvements:

Project Type *(check all that apply)*:

- ☐ Roof replacement or repair
- ☐ HVAC systems
- ☐ Plumbing or electrical upgrades
- ☐ Windows and doors
- ☐ Accessibility improvements (ADA)
- ☐ Parking lot repairs
- ☐ Structural stabilization
- ☐ Exterior restoration
- ☐ Interior rehabilitation
- ☐ Kitchen or bathroom modernization
- ☐ Heating system replacement
- ☐ Energy efficiency upgrade
- ☐ Emergency repairs
- ☐ Building code compliance improvements
- ☐ Other *(please specify)*:

Briefly describe the existing condition of the facility and why the project is needed:

Explain how the project will improve, preserve, restore, modernize, or extend the useful life of the facility:

Does the project address any of the following priorities? *(check all that apply)*

- ☐ Address health or safety concerns
- ☐ Preserve aging facilities
- ☐ Improve accessibility
- ☐ Leverage additional investment
- ☐ Serve large veteran populations
- ☐ Improve community - use spaces

List any permits, approvals, or code requirements anticipated for the projects:

REQUIRED SUPPORTING DOCUMENTS

- Cost estimate or contractor quote
- Photos of existing conditions
- Proof of organizational status
- Evidence of matching funds
- Board/Post authorization to apply

BUDGET

Please use the form below as a template for the proposed project budget.

Budget Categories	Grant Funds Requested	Match Funds	Total
Contractual			
Equipment			
Engineering			
Supplies			
Other			
Total Project Cost			

MATCH FUNDS

Please describe source of the local match in the narrative of the application.

Applicants may provide:

- Cash
- Donated materials
- Donated professional services
- Volunteer hours
- Other grants

Brief Description of Source of Match Funds	Amount
Total	

Please mail completed application and all supporting materials to:

Oneida County Department of Planning
Boehlert Center at Union Station
321 Main St. 3rd Floor
Utica, NY 13501

Questions and email submissions:

315.798.5710
or
mrdefazio@oneidacountyny.gov