
2024 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 2024 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 2024 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 439-7336 or Cathie Synor, Confidential Assistant to the Commissioner of Economic
Development at 278-8750

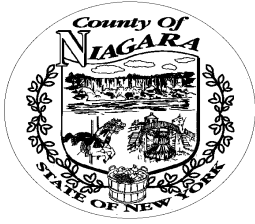
INVOICE

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	2024 William G. Mayne, Jr. Business Community Enhancement Program grant for	\$
	Total	\$

Please make check payable to:



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 **2024 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 2023 or 2024
- _____ 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 Thursday, October 31, 2024)

- _____ 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? **(New last year)**
- _____ 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