

Intent to Apply for Restore NY Funding

If a Municipality is intending to apply for Restore NY funding, this form must be submitted by the leading municipal official. Please submit this form by Wednesday October 23rd at 5pm. All municipalities are eligible to submit two letters of intent for normal projects. Eligible municipalities can also submit one additional letter of intent for a special project as defined in Section 7 of the guidelines. Please document on the Intent to Apply forms if it is for a special project or not.

Applications from municipalities that do not submit this form will not be accepted.

The contact person listed below will receive two emails after submitting this form:

- A confirmation email, including a link to upload additional properties, if applicable.
- 2. An email from DocuSign with a link to electronically sign this completed form.

It is the responsibility of the municipality to ensure that the Letter of Intent has been received by ESD. If an e-mail confirmation notice is not received via email, please contact ESD at (518) 292-5200.

MUNICIPALITY INFORM	ATION						
Municipality Name:	Town of Cape Vincent						
Street Address: (not PO Box)	1964 NYS Route 12E	2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
Apt/Suite/Office:		01-11-11-11-11-11-11-11-11-11-11-11-11-1					
City:	Cape Vincent	State: N	Y Zip: 13618				
County:	Jefferson						
Type of Municipality:	County City	(Town Village				
PRIMARY CONTACT INFORMATION (Officer with legal authority to represent the municipality)							
First Name:	Paul	Last Name:	Aubertine				
Title:	Supervisor	Phone:	315-654-3660				
Email:	paulaubertine@gmail.com						
ELECTED OFFICIAL INFORMATION (This person will be required to DocuSign this document)							
First Name:		Last Name:					
Title:		Phone:					
Email:							
How many letters of intent are you submitting for REGULAR PROJECTS? 0 1 2							
How many letters of intent are you submitting for SPECIAL PROJECTS? 0 1							

Updated: 9/5/24

In the section below, provide a brief project description that includes how the project meets Restore NY goals (e.g., that the project will demolish/deconstruct and/or rehabilitate/reconstruct vacant, abandoned, surplus and/or condemned residential, commercial and/or mixed-use buildings). The description should include the size of the project (e.g., number of and square feet of building(s) in the project). It should also include the intended reuse of the properties and other salient information such as its location in a target area of the community, or that it is part of a local revitalization or urban development plan. The description should not exceed 150 words. Please see below to enter information for the project and included properties that will be the subject of the application. If the project has more than five properties, please fill out the first five. The contact entered above will be prompted via email to submit the remaining properties following submission of this form. You may not submit an application for a project that was not the subject of an approved letter of intent.

PROJECT INFORMATION	I							
Is this a special projec	t? Yes No)				÷.	2	
Name of Project	Stabilization of Carleton Villa Number of Properties: 1						1	
Estimated Project Co	st: \$ 2250000		Estimated	Estimated Restore NY Request: \$ 2000000				
Development Compar								
Brief Project Descripti	on		···					
The "Stabilization of Carleton Villa" project is a multifaceted effort to restore and modernize a historic landmark. The project includes the installation of a new electrical service, comprehensive removal and replacement of the main house subflooring, detailed structural masonry restoration, complete roof reconstruction, and extensive wall replacement and framing work. These renovations are essential to transforming the villa into a functional and attractive boutique hotel and restaurant, ensuring its preservation and contribution to the economic and cultural vitality of Cape Vincent.								
PROPERTY 1								
Street Address: (not PO Box)	Carleton Island Rd L	ot 1,	The villa					
Suite/Office:						4:		
City:	Cape Vincent		State:	NY	Zip:	13618		
Current Zoning:	Commercial	Future Zoning:			Commercial			
Project Type:	Square Footage:				Number of Units:			
PROPERTY 2								
Street Address: (not PO Box)								
Suite/Office:								
City:			State:		Zip:			
Current Zoning:				Future Zoning:				
Project Type:		Squar	e Footage:	2	Numb	er of Units:		
Updated: 9/5/24	Intent to Ap	oply for I	Restore NY F	unding Form			Page 2 of 3	

PROPERTY 3							
Street Address: (not PO Box)					4		
Suite/Office:		-					
City:		State:		Zip:			
Current Zoning:		****	Future Zoning:				
Project Type:		Square Footage:	quare Footage:		Number of Units:		
PROPERTY 4	,				•		
Street Address:					2		
(not PO Box)		w					
Suite/Office:							
City:		State:		Zip:			
Current Zoning:			Future Zoning:		 		
Project Type:		Square Footage:		Number of Units:			
PROPERTY 5							
Street Address:							
(not PO Box) Suite/Office:							
City:		State:		Zip:			
Current Zoning:			Future Zoning:	***************************************			
Project Type:		Square Footage:		Numb	er of Units:		
Note: If more than 5 properties are included in this project, you will receive an email to enter additional information once this form is submitted. SIGNATURES							
Name:	Paul Aubertine						
Signature:	DocuSigned by:		## 58 W. (28) W. (1) W. (1)				
Title:	Supervisor						
Date:	11/15/2024				N 18 14		
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By clicking on the "Submit" button you are affirming your legal authority to represent the municipality referenced in this application seeking funding. If your municipality is awarded any such funds through this process, you agree to the terms and conditions outlined in this application and its guidelines for acceptance and use of these funds.

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