

Catskill Watershed Corporation (CWC)

CATSKILL FUND FOR THE FUTURE
2011 FLOOD-RECOVERY GRANT PROGRAM
APPLICATION

SECTION I: APPLICANT'S GENERAL INFORMATION

Name of Applicant: _____

Address: _____

City/Town: _____ State: _____ Zip: _____ County: _____

Telephone: (____) _____ Fax: (____) _____

Applicant's FOR-PROFIT organizational type (check as appropriate): Sole Proprietorship ____

Corporation ____ other (describe) _____

Contact Name: _____ Title: _____

Contact's Relationship to Business: _____

Telephone: (____) _____ Fax: (____) _____

SECTION II: BUSINESS INFORMATION

Business Name: _____

Business location: (County/Town/Village or Hamlet) _____ / _____ / _____

State ID number: _____ Federal ID number: _____

Tax-Map information: Lot No.: _____ Block No.: _____

Does Business have Flood Insurance? Yes____ No____ If yes, has a claim been submitted? Yes____
No____ Dollar amount of submitted claim for STRUCTURAL DAMAGE NOT COVERED by Flood
Insurance \$_____

SHOULD YOU REQUIRE ASSISTANCE:

Assistance in completing the application or in answering any questions regarding this program may be directed to CWC Economic Development Staff at our toll-free number, (877) WAT-SHED, or (845) 586-1400 (for which there is a charge).

SECTION III: CERTIFICATIONS

Certification of Applicant and Recipient

The undersigned does solemnly affirm that to the best of my/our knowledge, information and belief, all statements in this Application, including all schedules, attachments and additional information submitted in connection herewith, are true and accurate.

Signature _____ Date: _____

Print name / title _____

Signature _____ Date: _____

Print name / title _____

Signature _____ Date: _____

Print name / title _____

Approval by Supervisor

Signature _____ Date _____

Print name/title _____