



Village of \_\_\_\_\_  
**AMITYVILLE**  
New York

**Village of Amityville  
DRI Business Façade Improvement Program  
Application**

Application Date: 01/30/2024 Submitted by: AHMED ELKOULILY

Project Name: 357 BROADWAY

Applicant Name: EXPRESS MEDICAL CARE OF AMITYVILLE

IRS EIN #, ITIN #, or SS #: 11-3626690

Applicant Phone Number: 516-351-3331

Email Address: LAMYA@EMCDOC.COM

Site Address: 357 BROADWAY

City: AMITYVILLE State: NY Zip: 11701

Applicant Address: 357 BROADWAY

City: AMITYVILLE State: NY Zip: 11701

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Provide a brief (1 – 2 sentences) description of the project:

BUILDING REFURBISHMENT

2. Does the applicant own the building? Yes  No

If answered "No", attach the declaration from the building owner providing approval of the project proposal as well as evidence of your lease extending through the 3-year regulatory term. See Required Attachments below. If you answered "Yes", please provide proof of ownership. See Required Attachments below.

3. Describe the current condition of the building's facade:

GOOD

4. Describe in detail the proposed improvements:

TBD

5. Identify the exact components of the project that the grant funding will be used for:

TBD

6. Describe the expected impact your proposed project will have on the building, the occupying or future business(es), and the community:

AS WE ARE LOCATED DIRECTLY ACROSS FROM THE NEW HOUSING DEVELOPMENT ON RT 110, IT WOULD BE A VERY IMPACTFUL REFURBISHMENT

7. Is the proposed work visible from a public right of way? Yes  No

8. Will you use your own architect or grant provided assistance? Own  Grant

9. If own, please provide their name/address:

[Empty text box for name/address]

10. Grant Request (Small projects \$5000-\$25,000 Large Projects \$25,000-\$100,000) Request should match costs in #12): 100000

11. Project Match (at least 20% of the total project cost): 20,000

12. Please provide breakdown of the work needed and estimated cost:

Work Description	Estimated Cost
REPLACE FRONT SIGNAGE	16,000
REMODEL FRONT FACADE	70,000
RESURFACE PARKING LOT AND SIDEWALKS	14,000



21. Are the property's school taxes current? Yes  No
22. Are the property's water/sewer bills current? Yes  No
23. Are there any liens on the property? Yes  No
- a. If so, please explain:

24. Has applicant received or been awarded an Economic Injury Disaster Loan (EIDL) Yes  No
25. Is the applicant a minority? Yes  No
26. Is the applicant a woman? Yes  No
27. Is the applicant a veteran? Yes  No

Please initial the following statements indicating you understand and agree to each:

- a. Prior to starting, NYS DRI Projects must undergo an environmental review and clearance of scope of work by the State Historic Preservation Office AE
- b. NYS DRI applications must have at least two bids for each phase of work and reimbursement will be based on the lowest responsible bid AE
- c. If applicant chooses a bid other than that selected by the Village, the applicant will be responsible for 100% of the difference with no reimbursement AE
- d. Only work completed by a vendor that is previously approved by the Village of Amityville will be reimbursed AE
- e. Awardees of NYS DRI program funds must execute a declaration agreeing to maintain improvements for three years following project completion AE
- f. NYS DRI project grants will be reimbursed for eligible projects only following the satisfactory completion of an approved scope of work and submittal of required documentation AE
- g. If chosen, a deposit will be required to cover the costs of the environmental review. Such deposit will be forfeited if project is not completed AE

**Required Attachments**

**Attached?**

- |                                                                                                                                                                                              |                                      |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| A. Photos of the building façade in its current condition                                                                                                                                    | Yes <input checked="" type="radio"/> | No <input type="radio"/>            |
| B. Drawings or plans of the building which illustrate all proposed work, including any structural work or repair, paint colors, materials samples, etc. (Grant admin can provide assistance) | Yes <input type="radio"/>            | No <input checked="" type="radio"/> |
| C. Information on the methods and material to be used.                                                                                                                                       | Yes <input type="radio"/>            | No <input checked="" type="radio"/> |
| D. Signed declaration from property owner                                                                                                                                                    | Yes <input checked="" type="radio"/> | No <input type="radio"/>            |
| E. Proof of building ownership OR proof of permission for project and lease extending through 3-year compliance period                                                                       | Yes <input checked="" type="radio"/> | No <input type="radio"/>            |
| F. Proof of financial resources to complete construction,                                                                                                                                    |                                      |                                     |

such as loan commitment, documentation of available line of credit, or cash in account

Yes  No

G. Itemized budget (template attached)

Yes  No

The undersigned affirms that:

- A. The information submitted herein is true and accurate to the best of my (our) knowledge.
- B. I (we) have read and understand the rules of the Village of Amityville DRI Façade Program and agree to abide by its conditions and guidelines.
- C. I (we) understand that all work completed on the project must be by approved methods and with approved materials. Any variance from that which is agreed upon, without prior approval, may result in the forfeit of any funds from the Kingston DRI Façade Program.

The undersigned applicant agrees to comply with the requirements of this program as outlined in the Village of Amityville DRI Façade Improvement Program Rules.

Signature of Applicant(s):

Print Name(s)



**AHMED ELKOULILY**

Date: 01/30/2024

Date: \_\_\_\_\_

For questions about the application, eligibility, or another concern please contact:  
Vision Long Island at [projects@visionlongisland.org](mailto:projects@visionlongisland.org) or 631-261-0242.

Ways to submit completed applications:

1. Email: [projects@visionlongisland.org](mailto:projects@visionlongisland.org)
2. Fax: 631-606-1502
3. Mail: Vision Long Island, 24 Woodbine Ave., Ste 2, Northport, NY 11768