



## City of Rochester

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**Bureau of  
Neighborhood & Business Development**

City Hall, Room 125-B  
30 Church Street  
Rochester, New York 14614-1290

Division of Real Estate

### **BID FORM**

#### **ALL BID FORMS MUST BE SUBMITTED TO THE:**

Division of Real Estate  
City Hall - Room 125B  
30 Church Street  
Rochester, NY 14614

**ON OR BEFORE (enter date →) \_\_\_\_\_, 20\_\_\_\_ by 4:00 p.m. - NO EXCEPTIONS**

I, \_\_\_\_\_ hereby submit a bid for the purchase of \_\_\_\_\_, Rochester, NY in the amount of \$ \_\_\_\_\_. A \$1,000 deposit (**CASH, CERTIFIED CHECK OR BANK DRAFT ONLY**), payable to the City of Rochester, is enclosed herein. This deposit will be refunded if I am not the successful bidder. Also enclosed is my Purchaser Information form and development proposal for this property.

I agree, if my proposal is accepted for processing for the approval of City Council, to the following conditions:

I will execute the purchase offer/escrow agreements and make payment to the City of Rochester in the amount \$ \_\_\_\_\_ which includes the balance of the purchase price and an in-lieu of tax payment for future City taxes within 5 business days from receipt of the proposal acceptance. I understand that failure to comply with these conditions will result in forfeiture of all deposits as liquidated damages.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS OF PURCHASER

HOME TELEPHONE # \_\_\_\_\_

CELL TELEPHONE # \_\_\_\_\_

PS:amg

## PROPOSAL OUTLINE

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PROPERTY ADDRESS \_\_\_\_\_

PURCHASER \_\_\_\_\_

DATE \_\_\_\_\_

PURCHASE PRICE \_\_\_\_\_

A. **PROPOSED USE** - Indicate number of units and whether they will be leased or owner-occupied. Indicate the specific uses of stores, offices, and industrial space, i.e. beauty salon, restaurant, etc.

1. Apartments \_\_\_\_\_

2. Store \_\_\_\_\_

3. Offices \_\_\_\_\_

4. Industrial \_\_\_\_\_

5. ParkingLot \_\_\_\_\_

6. Other \_\_\_\_\_

B. Time required to complete rehabilitation will be \_\_\_\_\_ months from conditional closing.

C. **FINANCING - SOURCE OF FUNDS**

1. Personal Funds (**you must provide verification, i.e. bank statements, etc.**) \$ \_\_\_\_\_

2. Bank Financing (**Letter of Interest from bank must be included if bank financing is required.**) \_\_\_\_\_

**\*TOTAL** \$ \_\_\_\_\_

**\*Total amount of financing must be greater than or equal to the proposed amount of cost estimate expenditure.**

D. Facade Plan (**applicable to commercial or mixed-use structures only.**) - Describe in detail below the proposed street facade of the building, including:

1. Exterior siding materials;
2. Type, size and number of windows and doors;
3. Proposed color of exterior;
4. Exterior lighting plan;
5. Security measures, if any; and
6. Size, location and number of exterior signs.

Please note that the facade plan must be completed as approved prior to the transfer of title.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- E. Experience - Describe in detail below previous experience in completing similar projects. Include references and photographs if possible.

<u>ADDRESS</u>	<u>SCOPE OF PROJECT</u>	<u>COST OF PROJECT</u>	<u>REFERENCE &amp; TELEPHONE #</u>

F. **Rehabilitation Plan**

Please develop an itemized estimate of anticipated rehabilitation or construction costs based on the **Cost Estimate Outline** below:

<u>EXTERIOR</u>	<u>ESTIMATED COSTS</u>
1. Chimneys - point or rebuild	\$ _____
2. Roof - repair or replace	_____
3. Cornice and trim repairs	_____
4. Siding - repair or replace	_____
5. Gutters & downspouts	_____
6. Exterior door - repair or replace	_____
7. Steps & porch repairs	_____
8. Foundation wall pointing & repair	_____
9. Exterior protective covering	_____
10. Storms & screens	_____
11. Accessory Building repairs	_____
12. Service walks repairs	_____
13. Driveway/Parking Lot	_____
14. Landscaping	_____
15. Fence	_____
16. Other: _____	_____
<b>SUBTOTAL EXTERIOR:</b>	<b>\$ _____</b>

## **INTERIOR**

- |     |                             |          |
|-----|-----------------------------|----------|
| 16. | Joist or beam repairs       | \$ _____ |
| 17. | Wall changes                | _____    |
| 18. | Wall & ceiling treatments   | _____    |
| 19. | Electric                    | _____    |
| 20. | Heating                     | _____    |
| 21. | Plumbing                    | _____    |
| 22. | Window repairs              | _____    |
| 23. | Door repairs                | _____    |
| 24. | Stairways & railings        | _____    |
| 25. | Insulation - attic/sidewall | _____    |
| 26. | Kitchen cabinets & counters | _____    |
| 27. | Floor repairs               | _____    |
| 28. | Cellar enclosures           | _____    |
| 29. | Other: _____                | _____    |

<b>SUBTOTAL INTERIOR:</b>	<b>\$ _____</b>
<b>TOTAL ESTIMATED COSTS:</b>	<b>\$ _____</b>
<b>PURCHASE PRICE:</b>	<b>\$ _____</b>
<b>TOTAL EXPENDITURE:</b>	<b>\$ _____</b>

Cost per sq. ft. \$ \_\_\_\_\_

Cost per unit \$ \_\_\_\_\_

Name source of estimates:

Architect: \_\_\_\_\_

Contractor: \_\_\_\_\_

### **G. Contingencies**

1. Zoning \_\_\_\_\_ or \_\_\_\_\_  
yes no

Reason for contingency \_\_\_\_\_

2. Financing \_\_\_\_\_ or \_\_\_\_\_  
yes no

Time required to obtain bank commitment \_\_\_\_\_

3. Other \_\_\_\_\_

## H. ADDITIONAL PROPOSAL REQUIREMENTS

1. Parking Lot Proposals: **SUBMISSION OF A SITE PLAN IS REQUIRED.** Information regarding site plans can be obtained from the office of Planning and Zoning at 428-7051.
2. New Construction: Submission of drawings or sketch of proposed building required. This should include a front evaluation so that compatibility (as indicated in "B" below) can be evaluated. **SUBMISSION OF A SITE PLAN IS REQUIRED.**

### EVALUATION CRITERIA

In evaluating the merits of the proposals submitted for this property, the following items will be among the factors considered. The order of importance of magnitude is not necessarily reflected in the order given below.

- A. Proposed Plan: The overall quality of the proposed physical elements of the development plan and the degree to which the plan will contribute to the continued redevelopment of the immediate neighborhood.
- B. Compatibility: The compatibility of the proposed plan with existing zoning, land use, density, and building rehabilitation standards. Will your new construction be compatible with existing structures in the neighborhood.
- C. Developer's Timetable: The developer's timetable for the project, including evidence of his capability to carry out the project in an expeditious manner.
- D. Financing Plan: The developer's commitments for permanent financing of the proposed project, as well as the equity he will have for the project.
- E. Public Program Assistance: The requirements for a reliance upon public (City, State, Federal) program assistance in undertaking the project.
- F. Preservation: The developer's interest in the retention and preservation of (all) structure(s) and or the degree to which the proposed re-use preserves the existing character of the site and structure(s).
- G. Tax Status of Proposed Projects: The City has a policy restricting the sale of property to tax exempt organizations unless a property has been unsuccessfully offered for sale twice to taxable organizations. If your proposal is for a tax exempt use please contact the Division of Real Estate before submitting your proposal.



## PURCHASER INFORMATION FORM

PROPERTY YOU INTEND TO PURCHASE

TYPE OF SALE

TYPE OF PROPERTY

**INSTRUCTIONS:** PLEASE ANSWER ALL QUESTIONS COMPLETELY. IF THE ANSWER IS NONE, WRITE "NONE." DO NOT LEAVE A BLANK SPACE. IF THE QUESTION DOES NOT APPLY, THEN WRITE "NA" IN THE SPACE PROVIDED. USE ADDITIONAL SPACE ON BACK IF NECESSARY.

1. FULL NAME: \_\_\_\_\_ (Individual, Corporate or Assumed)  
PRINT NAME
2. HOME ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
P.O. BOX (IF ANY, HOME ADDRESS STILL REQUIRED) \_\_\_\_\_
3. TELEPHONE: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_
4. SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
5. EMPLOYER: \_\_\_\_\_
6. If the purchaser is a corporation, name of all officers with home address: PLEASE ATTACH TO THIS FORM
  - a. Are any of these corporate officers also officers in any other corporations? \_\_\_\_\_
  - b. If so, list the corporations: PLEASE ATTACH LIST TO THIS FORM
7. Do you represent a tax-exempt organization? \_\_\_\_\_
8. Address of all real property owned in the City of Rochester within the last five years:  
\_\_\_\_\_
9. Address of all real property purchased at City real estate auctions:  
\_\_\_\_\_
10. Address of properties with delinquent taxes due the City of Rochester:  
\_\_\_\_\_
11. Has the City of Rochester taken title to any property owned by you via In-Rem Tax Foreclosure proceedings? If the answer is "Yes", list address of any properties taken:  
\_\_\_\_\_
12. Address of all properties currently cited for code violations:  
\_\_\_\_\_

I swear under penalties of perjury that I have answered the questions asked on this affidavit completely and accurately. I understand that failure to complete the questions completely and accurately could result in my forfeiture of the property in question and the loss of my deposit.

DATE \_\_\_\_\_

SIGNATURE(S) \_\_\_\_\_