

### City of Schenectady Industrial Development Agency Schenectady County Capital Resource Corporation Schenectady County Industrial Development Agency



## Application for Financial Assistance

Select Agency to which you are applying:

City of Schenectady Industrial Development Agency
Schenectady County Capital Resource Corporation
Schenectady County Industrial Development Agency

Submit one copy of the completed application plus a non-refundable \$1,000.00 application fee payable to the agency identified above to:

Schenectady Metroplex Development Authority City Center, 4th Floor 433 State Street Schenectady, New York 12305 Attention: Executive Director dhogenkamp@schenectadymetroplex.org

IMPORTANT NOTICE: The answers to the questions contained in this application are necessary to determine your entity's eligibility for financial assistance. These answers will also be used in the preparation of papers in this transaction. Accordingly, all questions should be answered accurately and completely by an officer or other employee of your firm who is thoroughly familiar with the business and affairs of your firm and who is also thoroughly familiar with the proposed project. This application is subject to acceptance by the appropriate Agency.

A 1		T C	. •
Ann	licant	Inform	ation
1 1 PP	iioaiii	IIII	auton

Applicant company:			
Mailing address:			
City, State, Zip:			
Phone:			
Email:			
Federal ID number:			
Contact person:			
If Applicant is represented by an attorney, complete the following:			
Name of law firm:			
Name of attorney:			
Mailing address:			
City, State, Zip:			
Phone:			
Email:			
If a mortgage or other financing is associated with this application, complete the following:			
Name of lender:			
Name and phone number of principal lender contact:			
Name and phone number of lender attorney:			

# Information on the Proposed Occupant of the Project

Company name:			
Street address:			
City, State, Zip:			
Employer ID number (EIN):			
Type of corporation:			
Registration state:			
Company management:	Provide an exhibit listing company officers names and titles as an addendum to this application.		
If the Occupant differs from the Applicant, give details of relationship:			
If the Occupant differs from t	ne Applicant, give details of relationship:		
If the Occupant differs from t	ne Applicant, give details of relationship:		
If the Occupant differs from t	ne Applicant, give details of relationship:		
If the Occupant differs from t	ne Applicant, give details of relationship:		
Principal Ownership of the Oc			
-			
Principal Ownership of the O	ecupant:		

Project Summary
Description of the Project: Provide a brief narrative description of the Project, noting principal occupant's NAICS code, prospective operations, size (in square feet and stories) of buildings:

Estimated value of assistance requested for the project\*:

Mortgage recording tax exemption: \$

Sales and use tax exemption: \$

Real property tax exemption / PILOT: \$

#### **Identify Project Location:**

Provide full street address and tax map number:

Approximate size of the project site (in acres or square feet):

List the existing structures (with approximate size of each) on the site:

Site map: Attach an exhibit providing a map or sketch of the project site.

<sup>\*</sup>In calculating these values, note that sales tax in Schenectady County is 8%; mortgage tax is 1.25%.

### **Project Specifics**

Project Employment Worksheet — Note: Employment should be expressed as "full-time equivalent" (FTE) positions, as total hours worked per week in all jobs at the site divided by the number of hours in an individual's full-time work week (i.e. 35 hours per week). *Do not include the project's construction or site development labor*.

Present employment :	Total weekly payroll hours:	/ 35 =	FTEs
After 1 year of operations:	Total weekly payroll hours:	/ 35 =	FTEs
After 2 years of operations:	Total weekly payroll hours:	/ 35 =	FTEs
After 3 years of operations:	Total weekly payroll hours:	/ 35 =	FTEs

Project Cost Worksheet (also, provide an exhibit with a detailed budget if available):

Site and building acquisition:	\$
Site preparation (including demo, prep, utilities, roads, etc.):	\$
Building construction/renovation:	\$
Production machinery and equipment.	\$
Furniture, fixtures, and office equipment.	\$
Soft costs (architects, engineering, legal, etc.).	\$
Total:	\$

#### Project Financing Worksheet:

Is the applicant expecting that the financing of the Project will be secured by one or more mortgages?	Yes	No	
If Yes, what is the approximate amount and source of financing to be secured by mortgages?	\$		
FOR SCCRC APPLICANTS ONLY: Value of bonds requested for the project?	\$		

#### **Affirmations**

Review the items below and provide affirmation of understanding of each item by checking the Yes box at the bottom of this page. Note: Failure to affirm understanding of each item by checking the Yes box will result in rejection of the application due to incompleteness.

- Necessary Costs. The applicant will be required to pay to the Agency all actual costs incurred in connection with this application and the Project contemplated herein. The applicant will also be expected to pay all fees and costs incurred by Agency counsel.
- **2. Annual Field Reports**. The applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the applicant agrees to file, or cause to be filed (including by any tenants located in the Project), with the Agency, on an annual basis, project reports on employment, etc., as directed by the Agency.
- **3. NYS Tax and Finance Reports.** The applicant agrees to file, or cause to be filed with the NYS Department of Taxation and Finance, in accordance with Section 874(8) of the General Municipal Law, the annual form ST-340 describing the value of all sales tax exemptions claimed by the applicant and all contractors and subcontractors retained by the applicant for the calendar year when project purchases were incurred.
- **Project Agent Status.** If the Agency approves the Project, the applicant will be designated as "agent" of the Agency for purposes of obtaining the financial assistance associated with the project.
- **5. Conflict of Interest.** The applicant certifies that no member, officer, or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application.
- Public Officers Law. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. Ilf the applicant feels there are elements of the Application which are in the nature of trade secrets or information, the nature of which is such that if disclosed to the public or otherwise widely disseminated would cause substantial injury to the applicant's competitive position, the applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.

Check Yes box to affirm understanding and acceptance of each of the six items above:

Yes

#### Declarations

Review the items below and provide responses to each item by checking the Yes or No boxes for each item as appropriate.

1.	<b>Declaration of Need.</b> Is their a likelihood that the project will not be undertaken but for the financial assistance requested?	
	Yes	No
2.	Compliance with General Municipal Law Section 862(1). Does the applicant certify that the project will be in compliance with NYS General Municipal Law Section 862(1)?	
	Yes	No
3.	Compliance with all applicable Law. Does the applicant certify that the owner, occupant, or operator receiving financial assistance is in compliance with all applicable Federal, State, and Local Laws?	
	Yes	No
4.	Statement on False Statements. Does the applicant certify that they are aware that the knowing submission of false or misleading information may lead to the immediate termination of financial assistance and demand for the reimbursement of tax exemptions	
	and other assistance received? Yes	No
5.	Statement on Truthfulness. Does the applicant certify that this form is submitted by or on behalf of the applicant, and subscribed and affirmed under penalties of perjury as true, accurate, and complete?	
	Yes	No

### VERIFICATION AND HOLD HARMLESS AGREEMENT

STATE OF NEW YORK	)	
COUNTY OF	)SS.: )	
		, deposes and says that s/he is the
(Name of individual)		·
(Title)	ofof	t Name)
complete and accurate to the matters in the said application which the deponent has cause	e best of her/his ke on which are not sed to be made co tired by deponent	and knows the contents thereof and that the same is true and knowledge. The grounds of deponent's beliefs relative to all stated upon his own personal knowledge are investigations oncerning the subject matter of this application as well as, if in the course of her/his duties for the applicant and from the
"Agency") from, agrees that the Agency harmless from a Agency's examination and regardless of whether the a Agency and (ii) the Agenc limiting the generality of the incurred in defending any su- reason, the Applicant fails reasonable or specified per- abandons, cancels or neglec- itemizing the same, the App	rants, agents and the Agency shall and against any a processing of, a pplication or the cy's granting of e foregoing, all counts or actions who is to conclude or iod of time, to the cts the Application oblicant shall pay to	ses the and employees thereof (herein collectively referred to as the employees thereof (herein collectively referred to as the ell not be liable for and agrees to indemnify, defend and hold and all liability arising from or expense incurred by (i) the and action pursuant to or upon, the attached Application, project described therein are favorably acted upon by the "financial assistance" to the Applicant; including without causes of action and attorneys' fees and any other expenses such may arise as a result of any of the foregoing. If, for any or consummate necessary negotiations, or fails, within a cake reasonable, proper or requested action, or withdraws, on, then, and in that event, upon presentation of an invoice to the Agency, its agents or assigns, all actual costs incurred eation, including attorneys' fees, if any.
		(Applicant Representative's Signature)
Sworn to before me this day of	, 20	
Notary Public		