



County of Chautauqua Industrial Development Agency

APPLICATION FOR FINANCIAL ASSISTANCE
(LEAD PROGRAM)

Please respond to all questions in this Application for Financial Assistance (the "Application") by, as appropriate: filling in blanks; checking the applicable term(s); attaching additional text (with appropriate notations, such as "see Schedule 2(A), etc."); or writing "N.A.", signifying "not applicable".

A \$250 non-refundable Application Fee (the "Application Fee") is payable to the County of Chautauqua Industrial Development Agency (the "Agency") at the time this Application for the project contemplated herein (the "Project") is submitted to the Agency. In the event that the proposed transaction does close, the Application Fee shall be credited against the Closing Fee (as hereinafter defined).

The Agency's acceptance of this Application for consideration does not constitute a commitment on the part of the Agency to undertake the proposed Project, to grant any Financial Assistance with respect to the proposed Project, or to enter into any negotiations with respect to the proposed Project.

Information provided herein may be subject to disclosure under the New York Freedom of Information Law (New York Public Officers Law § 84 et seq.) ("FOIL"). If the Applicant believes that a portion of the material submitted with this Application is protected from disclosure under FOIL, the Applicant should mark the applicable section(s) or page(s) as "confidential" and state the applicable exception to disclosure under FOIL.

- Please contact the Agency's Main Office @ (716) 661-8900 with any questions relative to the application content and/or process.

PART I: APPLICANT

Name: _____
Address: _____
Phone: _____
NY State Dept. of Labor Reg #: _____
Federal Employer ID #: _____
NAICS Code #: _____
NAICS Sector: _____
NAICS Industry: _____
Website: _____
Nature of business (goods to be sold, manufactured, assembled or processed, services rendered): _____

Contact Name: _____
Title: _____
Phone Number: _____
E-Mail: _____

Business Type:
☐ Sole Proprietorship
☐ General Partnership
☐ Limited Partnership
☐ Limited Liability Company
☐ Privately Held Corporation
☐ Publicly Held Corporation
☐ Not-for-Profit Corporation

State/Year of Incorporation/Organization: _____
Qualified to do Business in New York
(Yes or No): _____

Owners of 20% or more of Applicant:

Name	%
_____	_____
_____	_____
_____	_____

PART II: PROJECT

Address of proposed project facility: _____

Tax Map Parcel Number(s): _____
City/Town/Village(s): _____
School District(s): _____
Current Legal Owner: _____
Contract to purchase (Yes or No): _____

Present use of the Project site: _____

Proposed User(s)/Tenant(s) of the Facility
(Complete for each User/Tenant for additional User/Tenants of the Company, use space at the end of this section)

Company Name: _____
Address: _____
City/State/Zip: _____
Tax ID No.: _____
Contact Name: _____
Title: _____
Phone Number: _____
E-Mail: _____

% of facility to be occupied by User/Tenant: _____

Relationship to the Applicant: _____

OFFICERS OF APPLICANT

Name: _____

Title: _____

Owners of 20% or more of User/Tenant:

Name

%

Corporate Title

APPLICANT'S LEGAL COUNSEL:

Firm name: _____

Address: _____

Contact: _____

Phone: _____

Fax: _____

E-Mail: _____

Type of Proposed Project (check all that apply):

☐ Renovation of Existing Facility

Square footage of area renovated: _____

Square footage of existing facility: _____

☐ Acquisition of Furniture/Machinery/Equipment

List principal items or categories:

☐ Other (specify): _____

Briefly describe the purpose of the proposed Project, the reasons why the Project is necessary to the Applicant and why the Agency's Financial Assistance is necessary, and the effect the Project will have on the Applicant's business or operations:

Please list Affiliates/Parents/Subsidiary Entities to Applicant (attach organization chart if necessary)

PART III. CAPITAL COSTS OF THE PROJECT

A. Provide an estimate of Project Costs of all items listed below:

	<u>Item</u>	<u>Cost</u>
1.	Renovation Cost:	\$ _____
2.	Furniture, Equipment & Machinery Acquisition (not included in 1. above):	\$ _____
3.	Other (describe):	\$ _____
	Total Project Costs:	\$ _____

B. Estimated Sources of Funds for Project Costs:

	<u>Source</u>
a. Conventional Mortgage Loans:	\$ _____
b. SBA or other Governmental Financing: Identify: _____	\$ _____
c. Other Public Sources (e.g., grants, tax credits): Identify: _____	\$ _____
d. Other Public Agency Loans:	\$ _____
e. Other Private Loans:	\$ _____
f. Equity Investment: (excluding equity attributable to grants/tax credits)	\$ _____
Total Funding:	\$ _____

What percentage of the total project costs are
funded/financed from public sector sources: _____ %

C. Requested Financial Assistance:

Estimated Value of Sales Tax Benefit: \$ _____ (NOTE: Cannot exceed
(i.e., gross amount of cost of goods and services \$99,000)
that are subject to state and local sales and use taxes
multiplied by [8.0%])

The Applicant acknowledges that the transaction documents may include a covenant by the Applicant to undertake and document the total amount of capital investment as set forth in this Application.

D. Status of Expenses

Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application? If YES, describe particulars on a separate sheet.

YES ____

NO ____

E. Existing Operations

Does the Applicant or any User(s)/Tenant(s) currently operate in the County? If YES, describe such operations, including whether the proposed Project will result in the relocation or abandonment of such other operation(s).

PART IV: COST-BENEFIT ANALYSIS

If the Applicant presently operates in Chautauqua County, provide the current number of employees in the following occupations. Then, estimate the projected Full Time Equivalent ("FTE") employees as indicated following completion of the Project:

<u>Current and Planned Occupations</u>	<u>Present Jobs Per Occupation</u>	<u>Est. FTEs Post-Completion:</u>			<u>Est. # of County Residents. by yr. 3</u>
		<u>1 year</u>	<u>2 years</u>	<u>3 years</u>	
<u>Management</u>	_____	_____	_____	_____	_____
<u>Professional</u>	_____	_____	_____	_____	_____
<u>Administrative</u>	_____	_____	_____	_____	_____
<u>Production</u>	_____	_____	_____	_____	_____
<u>Supervisor</u>	_____	_____	_____	_____	_____
<u>Laborer</u>	_____	_____	_____	_____	_____
<u>Independent Contractor</u>	_____	_____	_____	_____	_____
<u>Other (describe)</u>	_____	_____	_____	_____	_____

List the average salaries or provide ranges of salaries for the following categories of jobs (on a full-time equivalency basis) projected to be retained/created in Chautauqua County because of the proposed Project:

<u>Category of Jobs to be Retained/Created:</u>	<u>Average Salary or Range of Salary:</u>	<u>Average Fringe Benefits or Range of Fringe Benefits:</u>
Management		
Professional		
Administrative		
Production		
Supervisor		
Laborer		
Independent Contractor ¹		
Other		

Please indicate the number of temporary construction jobs anticipated to be created in connection with the renovation, installation and equipping of the Project: _____

Please note that the Agency may utilize the foregoing employment projections, among other things, to determine the Financial Assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction documents may include a covenant by the Applicant to retain the above number of jobs, types of occupations and amount of payroll with respect to the proposed project.

What percentage of the Applicant's total dollar amount of production, sales or services (including production, sales or services rendered following completion of the Project) are made to customers outside the economic development region (i.e., Western New York)?
_____ %

¹ NOTE: The Agency converts part-time jobs into FTE's for evaluation and reporting purposes by dividing the number of part-time jobs by two (2).

² As used in this chart, this category includes employees of independent contractors.

Describe any municipal revenues that will result from the Project:

What is the estimated aggregate annual amount of goods and services to be purchased by the Applicant for each year after completion of the Project, and what portion will be sourced from businesses located in Chautauqua County and the State:

	<u>Amount</u>	<u>% Sourced in Chautauqua County</u>	<u>% Sourced in State</u>
Year 1	\$ _____	_____	_____
Year 2	\$ _____	_____	_____
Year 3	\$ _____	_____	_____

Describe, if applicable, other benefits to the Chautauqua County anticipated as a result of the Project, including a projected annual estimate of additional sales tax revenue generated, directly and indirectly, as a result of undertaking the project:

If applicable, has renovation, installation or equipping work on the Project begun? If YES, indicate the percentage of completion: _____

If NO to all of the above categories, what is the proposed date of commencement of renovation, installation or equipping of the Project? _____

Provide an estimated time schedule to complete the Project and when first use of the Project is expected to occur:

PART V: QUESTIONS

Please answer the following questions. If an answer is "YES" to any question, please provide details in the space provided at the end of the section.

Will the completion of the Project result in the removal of a plant or facility of the Applicant (or a proposed user, occupant or tenant of the Project) from a location in New York State (but outside the County) to a location in the County or in the abandonment of such a plant or facility located in New York State?

YES ____ NO ____

**If the answer is "Yes" please answer the following two (2) questions.

Is the Project reasonably necessary to preserve the competitive position of the Applicant, or of a proposed user, occupant or tenant of the Project, in its industry?

YES ____ NO ____

Is the Project reasonably necessary to discourage the Applicant, or a proposed user, occupant or tenant of the Project, from removing such plant or facility to a location outside of the State of New York?

YES ____ NO ____

Is there a likelihood that the proposed Project would not be undertaken by the Applicant but for the granting of the Financial Assistance by the Agency? (If yes, explain; if no, explain why the Agency should grant the Financial Assistance with respect to the proposed Project).

YES ____ NO ____

The Applicant certifies that the provisions of Section 862(1) of the General Municipal Law will not be violated if Financial Assistance is provided by the Agency for the proposed Project.

YES ____ NO ____

The Applicant certifies that attached hereto as **Exhibit B** is a completed and signed Short Environmental Assessment Form with respect to the proposed Project in accordance with Article 8 of the N.Y. Environmental Conservation Law (i.e., the New York State Environmental Quality Review Act).

YES ____ NO ____

Will customers personally visit the Project site for "retail sales" of Goods and/or Services? "Retail Sales" means (i) sales by a registered vendor under Article 28 of the Tax Law of the State primarily engaged in the retail sale of tangible personal property, as defined in section 1101(b)(4)(i) of the

Tax Law of the State, or (ii) sales of a service to such customers.

Sales of Goods: YES ____ NO ____

Sales of Services: YES ____ NO ____

** If the answer to both is "No" please continue to the next page; if the answer to either is "Yes" please answer the four (4) remaining questions.

What percentage of the cost of the Project (including that portion of the cost to be financed from equity or sources other than Agency financing) will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project?

_____%

Is the Project likely to attract a significant number of visitors from outside the economic development region (i.e., Western New York) in which the Project is or will be located?

YES ____ NO ____

Is the predominant purpose of the Project to make available goods or services which would not, but for the Project, be reasonably accessible to the residents of the city, town or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services?

YES ____ NO ____

Will the Project be located in one of the following: (a) an area designated as an empire zone pursuant to Article 18-B of the General Municipal Law; or (b) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (i) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of the households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates?

YES ____ NO ____

CERTIFICATIONS AND ACKNOWLEDGMENTS OF THE APPLICANT

The undersigned, being duly sworn, deposes and says, under penalties of perjury, as follows: that I am the chief executive officer or other representative authorized to bind the Applicant named in the attached Application for Financial Assistance ("Application") and that I hold the office specified below my signature at the end of this Certification and Agreement, that I am authorized and empowered to deliver this Certification and Agreement and the Application for and on behalf of the Applicant, that I am familiar with the contents of said Application (including all schedules, exhibits and attachments thereto), and that said contents are true, accurate and complete to the best of my knowledge and belief.

The grounds of my belief relative to all matters in the Application that are not based upon my own personal knowledge are based upon investigations I have made or have caused to be made concerning the subject matter of this Application, as well as upon information acquired in the course of my duties and from the books and records of the Applicant.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that the Applicant hereby releases the County of Chautauqua Industrial Development Agency, its members, officers, servants, attorneys, agents and employees (collectively, the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend (with counsel selected by the Agency) and hold the Agency harmless from and against any and all liability, damages, causes of actions, losses, costs or expenses incurred by the Agency in connection with: (A) examination and processing of, and action pursuant to or upon, the Application, regardless of whether or not the Application or the Financial Assistance requested therein are favorably acted upon by the Agency, (B) the acquisition, renovation, installation and/or equipping of the Project by the Agency, and (C) any further action taken by the Agency with respect to the Project; including, without limiting the generality of the foregoing, all expenses incurred by the Agency in defending any suits, actions or proceedings that may arise as a result of any of the foregoing. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails within a reasonable or specified period of time to take reasonable, proper or requested action or withdraws, abandons, cancels, or neglects the Application or otherwise fails to conclude the Project, then upon presentation of an invoice by the Agency, its agents, attorneys or assigns, the Applicant shall pay to the Agency, its agents, attorneys or assigns, as the case may be, all fees and expenses reflected in any such invoice.

FIRST:

The Applicant hereby certifies that, if Financial Assistance is provided by the Agency for the proposed project, no funds of the Agency (i) shall be used in connection with the Project for the purpose of preventing the establishment of an industrial or manufacturing plant or for the purpose of advertising or promotional materials which depict elected or appointed government officials in either print or electronic media, (ii) be given to any group or organization which is attempting to prevent the establishment of an industrial or manufacturing plant within the State.

SECOND:

The Applicant hereby certifies that no member, manager, principal, officer or director of the Applicant or any affiliate thereof has any blood, marital or business relationship with any member of the Agency (or any member of the family of any member of the Agency).

THIRD:

The Applicant hereby certifies that neither the Applicant nor any of its affiliates, nor any of their respective partners, members, shareholders or other equity owners (other than equity owners of publicly-traded companies), nor any of their respective employees, officers, directors, or representatives (i) is a person or entity with whom United States persons or entities are restricted from doing business under regulations of the Office of Foreign Asset Control (OFAC) of the Department of the Treasury, including those named on OFAC's Specially Designated and Blocked Persons List, or under any statute, executive order or other governmental action, or (ii) has engaged in any dealings or transactions or is otherwise associated with such persons or entities.

FOURTH:

The Applicant hereby acknowledges that the Agency shall obtain and hereby authorizes the Agency to obtain credit reports and other financial background information and perform other due diligence on the Applicant and/or any other entity or individual related thereto, as the Agency may deem necessary to provide the requested Financial Assistance.

FIFTH:

The Applicant hereby certifies, under penalty of perjury, that each owner, occupant or operator that would receive Financial Assistance with respect to the proposed Project is in substantial compliance with applicable federal, state and local tax, worker protection and environmental laws, rules and regulations.

SIXTH:

The Applicant hereby acknowledges that the submission to the Agency of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the recapture from the Applicant of an amount equal to all or any part of any tax exemption claimed by reason of the Agency's involvement in the Project.

SEVENTH:

The Applicant hereby certifies that, as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the General Municipal Law, including, but not limited to, the provisions of Section 859-a and Section 862(1) thereof.

EIGHTH:

Upon successful closing of the proposed Project transaction, the Applicant shall pay to the Agency an administrative fee (the "Closing Fee") in the amount of \$1,500. In addition, the Applicant shall pay the Agency's counsel fee in the amount of \$850 upon successful closing of the proposed Project transaction.

Regardless of the success of this Application or whether the hoped-for Financial Assistance is realized, Applicant agrees to pay all costs in connection with any efforts by the Agency on behalf of the Applicant including any fees and expenses of the Agency's general counsel, transaction counsel, and all applicable recording, filing or other related fees, taxes and charges upon receipt and review of the Application, securing necessary approvals, closing the necessary transaction, and/or terminating any transaction entered into by the Applicant and the Agency.

Name:

Title:

Subscribed and affirmed to me this _____
day of _____, 20__

Notary Public

EXHIBIT A

Financial Assistance Schedule

Agency staff will indicate the amount of sales and use tax benefits based on estimated Project Costs as contained herein, but in no event shall the sales and use tax benefit exceed \$99,000.

This section of this Application will be: (i) **completed by IDA Staff** based upon information contained within the Application, and (ii) provided to the Applicant for ultimate inclusion as part of the completed Application.

Sales Tax Exemption Benefit:

Estimated Sales Tax exemption for facility renovation: \$ _____

Estimated Sales Tax exemption for furniture, fixtures, machinery and equipment: \$ _____

Estimated duration of Sales Tax exemption: _____

Exhibit B

State Environmental Quality Review Act Compliance Checklist

The County of Chautauqua Industrial Development Agency (the “Agency”), pursuant to the State Environmental Quality Review Act (“SEQRA”), must evaluate the environmental impacts of a project before deciding whether to undertake the project. The Applicant shall attach hereto a completed and signed Short Environmental Assessment Form with respect to the proposed Project.