



PROJECT APPLICATION

COMPANY CONTACT INFORMATION			
Company Name		Year & State Established:	
Company : Street, City, State ZIP			
Company : EIN		<input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other	
PROJECT CONTACT INFORMATION			
Name		Title	
Contact: Street, City, State ZIP			
Phone		E-mail	
Architect (If Known)		Engineer (If Known)	
Contractor (If Known)		Attorney (If Known)	
COMPANY INFORMATION			
Project NAICS Code		Company Annual Sales	\$
Product or Services of Project			
Are there competitors in NY State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What % of Product Sold in NYS?	
PROJECT INFORMATION			
Project Name:		Site is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	
Project Street, City, State ZIP			
Tax Parcel Information (SBL#)			
Statement describing the reason for Project			
Statement describing the physical Project (i.e. land acquisition, construction of new facility, renovation, financial etc.)			
Target Start Date:		Target Completion Date:	
Current Facility Size (Square Feet):		New Facility Size (Square Feet):	
Renovated Space (Square Feet):		Site acreage:	
If the Project will not be occupied by the Company, please provide the following information for each occupant of the Project (attach additional sheets as necessary):			
Occupant Name		Occupant NAICS Code	
Occupant Street, City, State, Zip			
Description of Occupant Business			
Square Footage within Project to be occupied (including percentage of total square footage of Project)			
Will the project result in the removal of a plant or facility of the applicant or another proposed occupant of the project from one area of New York to another area of the state? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Will the project result in abandonment of one or more plants or facilities of the applicant or other occupant of the project located in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to either of the preceding two questions was “Yes” , please answer the following two questions:
Has the applicant or another proposed occupant of the project considered removing such other plant or facility to a location outside of New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No - If “Yes” , provide separate detail.
Is the project reasonably necessary to preserve the competitive position of the applicant or another proposed occupant of the project in its respective industry? <input type="checkbox"/> Yes <input type="checkbox"/> No - If “Yes” , provide separate detail.
Does the project include facilities or property which will be primarily used in making the following sales to customers who personally visit such facilities: (i) sales of personal property which are subject to sales tax or (ii) sales of services? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is “Yes” , is the cost of the facilities or property more than one-third (1/3) of the total project cost? <input type="checkbox"/> Yes <input type="checkbox"/> No - If the answer to both questions was “Yes” , please answer the following two questions:
Is the project a “tourism destination” which is likely to attract a significant number of visitors from outside the region? <input type="checkbox"/> Yes <input type="checkbox"/> No - If “Yes” , provide separate detail.
Is the predominate purpose of the project to make available goods or services which would not otherwise be reasonably accessible to residents of the municipality in which the project is located? <input type="checkbox"/> Yes <input type="checkbox"/> No - If “Yes” , provide separate detail.

REQUESTED INCENTIVES

<input type="checkbox"/> Real Property Tax Exemption	Current real property taxes being paid on Project land and/or buildings:	\$
	Estimated Value of Real Property Tax Exemption (Provided by the COIDA)	\$
<input type="checkbox"/> Sales Tax Abatement	Estimated Sales Tax abatement for construction	\$
	Estimated Sales Tax abatement for fixtures and equipment	\$
<input type="checkbox"/> Mortgage Tax Abatement	Estimated Mortgage Tax abatement (1% of new mortgage)	\$
<input type="checkbox"/> Regional/GAIN Loan	Estimated requested borrowing	\$
<input type="checkbox"/> Office of Community Renewal	<input type="checkbox"/> Empire State Development	<input type="checkbox"/> Other
Provide a narrative of the need for IDA assistance:		
Provide information on alternative project locations or options being considered and competing incentives offered:		
Please confirm by checking the box, if there is a likelihood that the Project would not be undertaken but for the financial assistance provided by the Agency. If the answer is “No” , then provide a separate narrative indicating why the Agency should consider the requested incentives	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the company currently subject to any job creation, employment level obligations, capital investments or other commitments resulting from previous public (state local or federal) funding? If “Yes” , provide separate detail	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROJECT COST INFORMATION

		Estimated Costs
Real Estate	Building and Land Purchase	\$
Construction Costs:	Site Preparation	\$
	New Construction	\$
	Renovation	\$
	Utilities & Infrastructure	\$
	Transportation Access	\$
	Other	\$
Machinery & Equipment	Attach separate list of M&E	\$
Training		\$
Soft Costs	Design, engineering, legal etc.	\$
Other		\$
	TOTAL PROJECT COSTS	\$

PROJECT FUNDING INFORMATION

		Funding Amount
Bank Financing		\$
Equity (excluding equity that is attributed to grants/tax credits)		\$
Tax Exempt Bond Issuance (if applicable)		\$
Taxable Bond Issuance (if applicable)		\$
Public Sources (Include sum total of grants and tax credits)		\$
State	Empire State Development	\$
State	Office of Community Development	\$
State	Other	\$
Federal		\$
COIDA	Regional Loan Fund	\$
COIDA	GAIN Loan Fund	\$
COIDA	Other	\$
Other Sources		\$
Other Sources		\$
Other Sources		\$
	TOTAL PROJECT SOURCES	\$

EMPLOYMENT INFORMATION

Current Employment Figures:	Worldwide	USA	NYS
Current Full Time Equivalent (FTE) Jobs at Company in Orleans County	#	Current FTE Job Average Annual Wage for Company in Orleans County	\$
Retained FTE Jobs Resulting From Project:	#	Retained FTE Job Average Annual Wage	\$
New Permanent FTE Jobs created by the Project in Year 1	#	New Permanent FTE Jobs created by the Project in Year 2	#
New Permanent FTE Jobs created by the Project in Year 3	#	Total New Permanent FTE Jobs created by the Project	Over Years
Percentage of New Permanent FTE Jobs to be filled by residents within a 50 mile radius of the Project	%	Average Permanent FTE Job benefit package	Retirement <input type="checkbox"/> Vacation Time <input type="checkbox"/> Other : Paid Medical <input type="checkbox"/> Sick Time
New Permanent FTE Average Annual Wage created by the Project	\$	Estimated number of construction jobs:	#

AFFIRMATION

I have read and agree to the COIDA Project Fee schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that, in granting financial assistance, the Agency is required to comply with the NY State Environmental Quality Review Act (SEQRA) and must complete required determinations under SEQRA. The Company has completed and submitted with this Application the appropriate Environmental Review Form with respect to the Project and understands that it is required, at its sole expense, to take all necessary action in order for the Agency to comply with SEQRA.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Company is responsible for all costs and expenses incurred by the Agency in connection with this Application and the provision of financial assistance for the Project. If, for any reason, the Company fails to conclude the necessary negotiations or fails to act within a reasonable time or take reasonable or requested action in order to allow for consideration of this Application by the Agency or consummation of the financial assistance contemplated by this Application, or if the Company withdraws, abandons, cancels or neglects this Application or the Project, the Company will, upon presentation of an invoice, pay all actual costs and expenses of the Agency (including fees of Agency counsel.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that company financial statements may be required and will provide them upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have received and agree to the Agency's Sales Tax Procedure. I understand that, if the Project is approved for a sales tax exemption through the Agency, the Company will be required to comply with the Sales Tax Procedure, including filing the required forms and providing information regarding the amount of sales exemptions claimed in connection with the Project. Failure to comply with Sales Tax Procedure could result in loss of benefits and recapture of sales tax exemptions claimed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that if the Project receives any financial assistance from the Agency, the Company and any occupant of the Project will be required to comply with requirements regarding the listing of jobs created as a result of the Project and reporting of employment by the Company and any occupant of the Project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I attest that the applicant and any other occupant of the project or party receiving financial assistance is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the submission of any knowingly false or misleading information may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any tax exemptions claimed by reason of Agency involvement in the project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The undersigned affirms that they have reviewed the information in this application, and to the best of their knowledge, information and belief, all statements made above and in the attached are true and accurate. This Application is subscribed and affirmed under penalties of perjury.	
Company Official's Signature:	Print Name:
Title:	Date Signed: