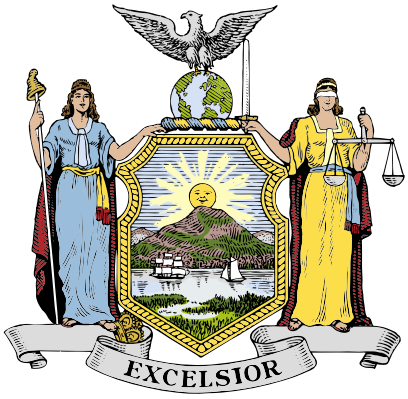
Electric Generation Facility Cessation Mitigation Program

NEW YORK STATE OF OPPORTUNITY. | Empire State Development

Application
Year 2



State of New York

Kathy Hochul, Governor

Empire State Development

Hope Knight, President & CEO

November 2022

Electric Generation Facility
Cessation Mitigation Program

This application is a fillable PDF form designed to work with the **free** Adobe Acrobat Reader.

It includes features which may not work if the form is opened using other PDF readers.

If you don't already have the Acrobat Reader, you can get it from Adobe's website: **here**.

For best results:

- Save this form to your local computer
- Right click on the saved file and select the option that allows you to choose the program with which to open the file ("Open With" for Windows users)
- Select Adobe Acrobat Reader
- Open and complete the form you saved locally
- Save the completed form to your local computer so you have a copy

When completing the application, please be sure to consult the Program Guidelines available on the Program website at https://esd.ny.gov/electric-generation-facility-cessation-mitigation-program.

The Program Guidelines contain important eligibility and program requirements.

Additional information can be obtained by emailing MitigationFund@esd.ny.gov.

Applicant Information:			
Legal Name of Local Government Entity ("Applicant"):			
Name and Title of Official Executive Representative of Local Government Entity:			
Address:			
City:	**State:** NY	**Zip Code:**	**County:**
Phone:		**Email:**	
Applicant is a: (Check appropriate entity) ☐ **City** ☐ **Town** ☐ **School District** ☐ **County** ☐ **Village** ☐ **Special District**			
Application Manager Information, if different from the Official Representative of Local Government Entity:			
Name and Title of Person Managing Application on behalf of Local Government Entity:			
Address:			
City:	**State:** NY	**Zip Code:**	**County:**
Phone:		**Email:**	
Local Industrial Development Agency Information, if a PILOT agreement is involved:			
Legal Name of Local Industrial Development Agency:			
Name and Title of Official Representative of Local Industrial Development Agency:			
Address:			
City:	**State:** NY	**Zip Code:**	**County:**
Phone:		**Email:**	
Facility Information:			
Owner of Electric Generation Facility, as owner's name appears on the tax roll:			
Name of Facility, if different:			
Address:			
City:	**State:** NY	**Zip Code:**	**County:**

Facility's Parcel Identification Numbers: (List all numbers for every parcel comprising the Facility. Segregate by assessing units if the Facility is located in more than one assessing unit.)			
Assessing Unit	**Tax Map Section**	**Block Nos.**	**Lot Nos.**

PILOT and/or Property Tax Loss due to the Cessation

Date of Cessation:		
Starting and ending dates for the last tax year for which the taxable status, and/or the PILOT payment owed, reflected an operating Facility:	**Starting Date:**	**Ending Date:**
Starting and ending dates of the tax year for which funding is currently being requested:	**Starting Date:**	**Ending Date:**
Payment-in-lieu-of-Taxes (PILOT)	*Complete only if PILOT involved:*	
Date(s) on which the PILOT was due in the tax year for which the application is being made (the year of the PILOT loss):	**For the Last Tax Year in which the PILOT Payment Owed Reflected an Operating Facility**	**For the Tax Year of the PILOT Loss**
Amount of PILOT Owed:	$	$
Amount of PILOT Paid:	$	$
Property Taxes Provide the following information for each parcel comprising the Facility ***only*** *if Property Tax involved*:		
Parcel Identification No.:		
Date(s) on which the property taxes were due in the tax year for which the application is being made (the year of the tax loss):	**For the Last Tax Year in which Taxable Status Reflected an Operating Facility**	**For the Tax Year of the Property Tax Loss**
Assessed Value Tax Rate:		
Assessed Value:	$	$
Taxable Assessed Value:	$	$
Amount of Property Tax Owed:	$	$
Amount of Property Tax Paid:	$	$
Parcel Identification No.:		
Date(s) on which the property taxes were due in the tax year for which the application is being made (the year of the tax loss):	**For the Last Tax Year in which the Taxable Status Reflected an Operating Facility**	**For the Tax Year of the Property Tax Loss**
Assessed Value Tax Rate:		
Assessed Value:	$	$
Taxable Assessed Value:	$	$
Amount of Property Tax Owed:	$	$
Amount of Property Tax Paid:	$	$

Add Additional Parcels

View Total PILOT and/or Taxes for all Parcels

Property Taxes (cont'd) *Complete for additional parcels **only** if Property Tax involved:*		
Parcel Identification No.:		
Date(s) on which the property taxes were due in the tax year for which the application is being made (the year of the tax loss):	**For the Last Tax Year in which Taxable Status Reflected an Operating Facility**	**For the Tax Year of the Property Tax Loss**
Assessed Value Tax Rate:		
Assessed Value:	$	$
Taxable Assessed Value:	$	$
Amount of Property Tax Owed:	$	$
Amount of Property Tax Paid:	$	$
Parcel Identification No.:		
Date(s) on which the property taxes were due in the tax year for which the application is being made (the year of the tax loss):	**For the Last Tax Year in which the Taxable Status Reflected an Operating Facility**	**For the Tax Year of the Property Tax Loss**
Assessed Value Tax Rate:		
Assessed Value:	$	$
Taxable Assessed Value:	$	$
Amount of Property Tax Owed:	$	$
Amount of Property Tax Paid:	$	$
Parcel Identification No.:		
Date(s) on which the property taxes were due in the tax year for which the application is being made (the year of the tax loss):	**For the Last Tax Year in which Taxable Status Reflected an Operating Facility**	**For the Tax Year of the Property Tax Loss**
Assessed Value Tax Rate:		
Assessed Value:	$	$
Taxable Assessed Value:	$	$
Amount of Property Tax Owed:	$	$
Amount of Property Tax Paid:	$	$
Parcel Identification No.:		
Date(s) on which the property taxes were due in the tax year for which the application is being made (the year of the tax loss):	**For the Last Tax Year in which the Taxable Status Reflected an Operating Facility**	**For the Tax Year of the Property Tax Loss**
Assessed Value Tax Rate:		
Assessed Value:	$	$
Taxable Assessed Value:	$	$
Amount of Property Tax Owed:	$	$
Amount of Property Tax Paid:	$	$

Click to Add Additional Parcels

View Total PILOT and/or Taxes for all Parcels

Property Taxes (cont'd) *Complete for additional parcels **only** if Property Tax involved:*		
Parcel Identification No.:		
Date(s) on which the property taxes were due in the tax year for which the application is being made (the year of the tax loss):	**For the Last Tax Year in which Taxable Status Reflected an Operating Facility**	**For the Tax Year of the Property Tax Loss**
Assessed Value Tax Rate:		
Assessed Value:	$	$
Taxable Assessed Value:	$	$
Amount of Property Tax Owed:	$	$
Amount of Property Tax Paid:	$	$
Parcel Identification No.:		
Date(s) on which the property taxes were due in the tax year for which the application is being made (the year of the tax loss):	**For the Last Tax Year in which the Taxable Status Reflected an Operating Facility**	**For the Tax Year of the Property Tax Loss**
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Assessed Value:	$	$
Taxable Assessed Value:	$	$
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Taxable Assessed Value:	$	$
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Amount of Property Tax Paid:	$	$
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Assessed Value Tax Rate:		
Assessed Value:	$	$
Taxable Assessed Value:	$	$
Amount of Property Tax Owed:	$	$
Amount of Property Tax Paid:	$	$

Click to Add Additional Parcels

View Total PILOT and/or Taxes for all Parcels

Property Taxes (cont'd) *Complete for additional parcels **only** if Property Tax involved:*		
Parcel Identification No.:		
Date(s) on which the property taxes were due in the tax year for which the application is being made (the year of the tax loss):	**For the Last Tax Year in which Taxable Status Reflected an Operating Facility**	**For the Tax Year of the Property Tax Loss**
Assessed Value Tax Rate:		
Assessed Value:	$	$
Taxable Assessed Value:	$	$
Amount of Property Tax Owed:	$	$
Amount of Property Tax Paid:	$	$
Parcel Identification No.:		
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Taxable Assessed Value:	$	$
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Assessed Value Tax Rate:		
Assessed Value:	$	$
Taxable Assessed Value:	$	$
Amount of Property Tax Owed:	$	$
Amount of Property Tax Paid:	$	$

View Total PILOT and/or Taxes for all Parcels

Total PILOT and/or Property Taxes

***TOTAL (PILOT and/or Property Taxes) of all parcels*:**		
	For the Last Tax Year in which the Taxable Status, and/or PILOT Payment Owed, Reflected an Operating Facility	**For the Tax Year of the Property Tax and/or PILOT Loss**
Total Amount of Property Taxes and/or PILOT Owed:	$ 0.00	$ 0.00
Total Amount of Property Taxes and/or PILOT Paid:	$ 0.00	$ 0.00

Since the prior application under this program was submitted, has there been any change in the amount of taxes owed or PILOT owed for the last tax year in which the taxable status or PILOT reflected an operating facility?

Yes ☐

No ☐

If Yes, please upload documentary evidence of the change. Upload

For ESD Use Only

ELECTRIC GENERATION FACILITY CESSATION MITIGATION PROGRAM

NEW YORK STATE URBAN DEVELOPMENT CORPORATION
d\b\a EMPIRE STATE DEVELOPMENT

CERTIFICATION OF OTHER COMPENSATION

Applicants must disclose any other compensation applied for, received and/or to be received from insurance payments, grants, additional payments or other tax receipts that offset the tax and/or PILOT loss for the Facility. In the event additional compensation has been or will be received to offset the tax and/or PILOT loss, Applicant shall immediately repay to ESD the payment proceeds corresponding to such payment(s).

STATE OF NEW YORK)
) ss.:
COUNTY OF)

The Undersigned, being duly sworn, deposes and says:

1. I, _____, am the _____ of _____ ("Applicant"), that is duly authorized to represent this entity.

(Check one)

☐ I attest that Applicant has not applied for or received additional compensation such as insurance payments, grants or other tax receipts that offset the tax and/or PILOT loss for the Facility.

☐ I attest that Applicant has applied for and/or received additional compensation such as insurance payments, grants or other tax receipts that offset the tax and/or PILOT loss for the Facility. Attached is documentation of such compensation. The source(s) and amount(s) are summarized below:

Source	Amount
	$
	$

2. I attest that in the event Applicant receives additional compensation such as insurance payments, grants or other tax receipts affecting the tax and/or PILOT loss that has been compensated with Program funds, Applicant shall immediately contact ESD and repay ESD the payment proceeds corresponding to such payment.

3. I make this affidavit and the certifications contained herein, knowing that ESD will rely on the statements contained herein to make a Program payment. I am aware that the making of a false representation may subject Applicant to civil liability and/or criminal penalties and prosecution.

By: _____ Date: _____

Name: _____

Title: _____

Subscribed and sworn to before me
this _____ day of _____, 20____

Notary Public

Print this Page for Signature and Notarization

ELECTRIC GENERATION FACILITY CESSATION MITIGATION PROGRAM

WIRE TRANSFER INFORMATION

Electric Generation Facility Cessation Mitigation Program
Empire State Development
625 Broadway
Albany, NY 12245

RE: WIRE TRANSFER INFORMATION

Listed below is information required to complete a wire transfer.

Bank Name: _____

ABA #: _____

Account Name: _____

Account #: _____

I hereby certify the accuracy of the above information.

_____ _____
(Signature of Local Government Official) (Date)

_____
(Printed Name of Local Government Official)

_____
(Title of Local Government Official)

Print this Page for Signature

Certifications:

- To the best of his/her knowledge, information and belief, all statements in the application, including all attachments hereto and any supplemental information provided herewith, are true and accurate.
- The signatory below is duly authorized to sign this application on behalf of the Applicant.
- Applicant agrees to indemnify and hold harmless ESD, as well as their respective agents, directors and employees, for any claims arising from the administration of this program.

Acknowledgements:

- Applicant will be obligated to repay any funds received under this program in the event (a) its application, including any information provided therewith or thereafter, contains any material misrepresentations or is incomplete; or (b) the Program payment was made in error and the Applicant is not entitled to assistance; or (c) the supporting documentation for the tax and/or PILOT loss is not true and complete.
- Any false representations made in this application may subject Applicant to civil liability and/or criminal penalties and prosecution.
- This application is a request for assistance and does not obligate ESD to award any funds.
- Program payments greater than $250,000 may be subject to approval by ESD's Board of Directors.
- ESD reserves the right to modify the requirements of this application and to require additional information from Applicant.
- ESD, acting in its sole discretion, may reject any application that it deems incomplete, ineligible for assistance or inappropriate for funding.
- The Program will end when funding is expended or on July 1, 2025, provided, in the latter case, subject to funding, a local government which has not yet completed its seven years of assistance prior to July 1, 2025 may continue to receive funding until such seven-year timeframe is complete.
- In accordance with IRS regulations, all Program Assistance disbursed to Applicant will be reported by ESD to the IRS and ESD shall mail a Form 1099 to Applicant at the address provided.
- If funded, the application is subject to audit prior to and for up to six years from the date of disbursement of funds.
- Applicant's name and any Program payment may be used by ESD or New York State in its promotional materials.
- All documents submitted will become property of ESD and will not be returned.

Authorization:

- Applicant authorizes ESD to confirm the Cessation and the tax and/or PILOT loss with and any or all of the following entities: New York State Energy Research and Development Authority; New York State Department of Public Service; New York Independent System Operator, Inc.; New York State Department of Taxation and Finance; local development agencies; other federal, state or local government agencies; insurance companies; and other third parties.

Signature of Local Government Official	Title of Local Government Official
Printed Name of Authorized Representative of Applicant	Date

Print this Page for Signature

For a complete application, the documents listed below must be uploaded.
Please check box to the left to indicate that item has been uploaded.

- ☐ Notarized Certification of Other Compensation (page 7 of this application) Upload
- ☐ Wire Transfer Information (page 8 of this application) Upload
- ☐ Certification and Signature Page (page 9 of this application) Upload
- ☐ Updated written confirmation from DPS stating that the Facility is no longer producing electricity or participating in markets administered by the NYISO Upload
- ☐ Documentary evidence of real property taxes and/or PILOTs *owed* by the Facility to the Applicant in the tax year for which the application is being submitted (the year of the Revenue Loss) Upload
- ☐ Documentary evidence of real property taxes and/or PILOTs *paid* by the Facility to the Applicant in the tax year for which the application is being submitted (the year of the Revenue Loss) Upload

  In the event the Applicant has received no tax and/or PILOT payment from the Facility for the tax year referenced above, please check this box:

  - ☐ property tax and/or PILOT payment not received
- ☐ Any amendments made to the PILOT agreement since the prior application under this program was submitted Upload

View Attachments

Submit Application