

## LIFE SCIENCES NYFIRST APPLICATION

Thank you for bringing your project to Empire State Development (“ESD”). We look forward to working with you to evaluate your project for possible financial assistance through the NYFIRST program. NYFIRST encourages the recruitment and retention of exceptional life science researchers at medical schools in New York State to accelerate translational research.

Please note that:

- ESD cannot consider assistance for project activities commenced or committed to prior to the funding recipient’s written acceptance of an offer of assistance from ESD.
- ESD staff may request additional information or clarification, including financial projections.
- Submission of an application is not a guarantee of funding; ESD reserves the right, in its sole discretion, to make a partial award or no award.

Please note that applicant institutions must be registered on New York State Grants Gateway and the Attorney General’s Charities Bureau and State Comptroller’s VendRep System. (See information on the last page of this application).

**To be considered for assistance, please return one (1) signed original and four (4) additional copies of the completed *Application Form* (attached), including any supplemental pages, by 5:00 pm, Eastern Daylight Time, AUGUST 15, 2019.**

**Please also include a USB flash drive containing an electronic version of the application and send the flash drive, signed original and copies to:**

**Empire State Development  
633 Third Avenue, 36<sup>th</sup> Floor  
NYFIRST Program, Life Sciences Division  
New York, NY 10017**

### **Definitions:**

**Applicant** or **Eligible Applicant** shall mean a medical school within the State which applies for NYFIRST assistance.

**Corporation** or **ESD** shall mean the New York State Urban Development Corporation doing business as Empire State Development.

**Eligible Project** shall mean a project that meets the Eligibility Criteria set forth as follows and in paragraph D of Section II of the Life Science Initiative Program Guidelines (“Guidelines”):

### **Eligibility Criteria**

- (1) Program grants are intended to encourage the recruitment and retention by the state’s medical schools of exceptional life science researchers and world-class talent focused on accelerating Translational Research. NYFIRST grants may be used to support the establishment or upgrading of laboratories for these researchers, for purchases of capital equipment and specialized supplies needed for their research, and as working capital to cover costs of professional staff (including staff scientists, postdoctoral fellows, and technicians, but excluding the recruited researcher) critical to the proposed research.

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- (2) ESD will make no more than one award per Applicant per application cycle (the period between application availability and application deadline.)
- (3) The scientific talent recruited or retained as a Principal Investigator to head a laboratory must:
- demonstrate a record of Translational Research with clear potential for commercialization;
  - demonstrate that the research to be undertaken focuses on the development of an innovative solution for an identified healthcare-related problem, with the potential to result in significant Life Sciences Economic Development Benefits in New York State;
  - demonstrate a history of entrepreneurship, such as by patent applications, patent approvals, commercialization of research, and success in funding;
  - have sufficient funding to support the project being undertaken for three years;
  - be tenured or be on a tenure track and provide sufficient documentation to ESD to corroborate such track;
  - hire or retain (or cause to be hired or retained by the medical school) at least two (2) scientists or doctoral students/post-doctoral fellows full-time (40hrs/week) or at least four (4) scientists or doctoral students/post-doctoral fellows who each work a minimum of 20hrs/week; the scientists and post-doctoral fellows must be recruited from outside of New York State; and
  - be employed by an institution or company outside New York State when an offer of employment is made by the Applicant, or have a verifiable offer from an institution from another state that would lead him/her to leave New York State (see Section E [2]b of the Guidelines).
- (4) The grant term is four years, and all expenditures for which Program funding is approved must be commenced and completed no more than four years from commencement of the grant. The Corporation, in its sole discretion, may terminate the Program grant for any Eligible Project that does not adhere to the timelines established in the grant agreement or otherwise fails to demonstrate satisfactory performance.

**Federal Assistance** shall mean funds available, other than by loan, from the federal government, either directly, or through allocation by the State for program purposes pursuant to any federal law or program.

**Life Sciences Economic Development Benefits** shall mean the creation, expansion, enhancement or acceleration of life sciences programs throughout the State that leads to:

- the commercialization of life sciences in New York State;
- the creation or retention of jobs in the life sciences industry employing full-time permanent employees;
- the promotion of the life science ecosystem within a region of the State;
- new patents in life science;
- additional commercial laboratory space; or
- additional venture capital money for Life Sciences entities in New York State.

**Match, Matching Share, or Matching Funds** shall mean that portion of the total cost of a project which the grantee must provide, pursuant to Paragraph C (2) of Section II of the Guidelines, and as set forth below:

Grantees will be required to provide \$2 of Matching Funds for every \$1 of NYFIRST Program assistance. The Match is a non-reimbursable component of the project's total cost and is reflective of the grantee's long-term commitment to the project.

- The Match provided by the grantee may be cash, including federal assistance, or in-kind services. If in-kind services, any Match item may be donated by the grantee or reflect the grantee's use for the

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- project of such an item donated by a third party (such as industry or alumni/ae). However, no financial assistance made available to the grantee by the Corporation or any other New York State agency or public authority may be included as part of any Program grantee's Match. Nothing in this subdivision shall prohibit the State University of New York or the City University of New York from using a portion of their respective operating funds as Match.
- b. Items eligible to be approved are Matching Funds directly related to the purpose of the project including, but not limited to: compensation for the recruited Principal Investigator meeting the eligibility criteria described in Paragraph D (3) of Section II of the Guidelines; financial support for research staff and graduate students who are members of the newly recruited Principal Investigator's team; relocation expenses for the aforementioned Principal Investigator or associated staff; other expenses as are necessary for recruitment purposes; the cost of preparing and equipping work space for the Principal Investigator or associated staff; other expenses required to conduct the research undertaken by the Principal Investigator or associated team, such as laboratory supplies; and the cost of new faculty lines in research areas to complement the recruited faculty member and his/her team.
  - c. All Matching Funds must be expended during the Program grant term and where practicable on a *pro rata* basis with Program grant funding.
  - d. All items identified as Matching Funds will be reviewed by the Corporation, which will approve such Matching Funds as the Corporation may determine, in its sole discretion, to be reasonable as to amount and relation to the Project.

**Medical School** shall mean a public or private medical school in New York State that is accredited by the liaison committee on medical education or the commission on osteopathic college accreditation, or such medical school together with an affiliated entity, located in New York State.

**Principal Investigator** shall mean the holder of an independent grant administered by a university and the lead researcher for the grant project who makes the final decisions and supervises funding and expenditures on a given research project.

**Project** shall mean the scope of activities supported by a NYFIRST Program grant and the grantee's Matching Share.

**Reimbursable Expenses** shall mean approved costs incurred by the NYFIRST grantee to perform the project. Reimbursable expenses must be incurred during the grant term. An item included as a Match cannot also be included as a reimbursable expense.

**Translational Research** shall mean research that applies, or translates, existing knowledge about biology into techniques and tools for treating human disease: translational research takes knowledge from bench to bedside. This differs from academic research, which is focused on careful study of a subject or field to discover facts or principles that are added to the general body of scientific knowledge.



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<b>Is the Applicant a Medical School in New York State?</b>	<b>YES                  NO</b> <b>If NO, do not proceed. NYFIRST grants will be awarded only to Medical Schools located in New York State.</b>	
<b>APPLICANT INFORMATION</b>		
	<b>PROJECT NAME</b>	
<b>1.</b>	<b>Legal Name of Applicant:</b>	
<b>2.</b>	<b>Applicant Address:</b>	
<b>3.</b>	<b>If a DBA, what is DBA name?</b>	
<b>4.</b>	<b>Applicant Contact Name:</b>	
<b>5.</b>	<b>Applicant Contact Address:</b>	
<b>6.</b>	<b>Contact Phone Number:</b>	<b>Contact Email Address:</b>
<b>7.</b>	<b>Type of Institution:</b>	
	<b>Public</b>	YES                  NO
	<b>Private</b>	YES                  NO
	<p>If Privately Held, please provide information for the Applicant and any entity owning 50% or more or which otherwise controls the Applicant, including CPA-audited financial statements for the past three years (balance sheet, income statement and cash flow statement). If audited statements are more than six months old, please provide internally prepared year-to-date financials certified by the signature of an Applicant officer. If audited statements are not available, please submit a review or compilation, together with signed federal and state tax returns, for the past three years. Additional information may be requested.</p>	
	<b>Non-Profit</b>	YES                  NO
<b>8.</b>	<b>Ownership:</b> Please attach a brief description of the institution’s ownership structure. Also indicate if the institution is a parent, subsidiary and/or affiliate of another institution.	ATTACHED
<b>9.</b>	<b>Primary North American Industrial Classification System (NAICS) Code of the Applicant.</b> Please provide at least the three-digit code, but the six-digit code is preferable	
<b>10.</b>	<b>Primary North American Industrial Classification System (NAICS) Code associated with the activity of the Applicant at the project location.</b> Please provide at least the three-digit code, but the six-digit code is preferable.	
<b>11.</b>	<b>Select the Applicant ID type that you normally use to identify your organization on Applicant forms:</b>	
	Charity Registration Number	Social Security Number
	Duns Number	Federal Tax ID Number
	NYS Unemployment Insurance Tax Number	



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STATEMENT OF NEED	
<b>12.</b>	Provide a brief summary of the need for and purpose of the project; describe the proposed use of the grant funds. Also describe the role that the Principal Investigator being recruited or retained and his/her research will play in enhancing/expanding the translational research capabilities of the institution.
	Attach additional sheets if needed

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PROJECT INFORMATION				
<b>13.</b>	<p><b>Project Description:</b> Concisely describe:</p> <ul style="list-style-type: none"> <li>The proposed work to be carried out with the grant funds, including specific equipment and supplies to be purchased, construction or renovation projects to be undertaken, and staff support to be provided.</li> <li>The timeline for any proposed laboratory construction, renovation or upgrade</li> <li>The need for the equipment, supplies, and construction</li> <li>A profile of the Principal Investigator to be recruited or retained under this program (and from which institution) as well as profiles of his/her proposed team members (and from which institution(s))</li> <li><b>NOTE:</b> Include information about the proposed research to be undertaken by the Principal Investigator in your response to question 27.</li> </ul>			
	<p>Attach additional sheets if needed.</p>			
<b>14.</b>	<b>Project Address:</b>			
	<i>(If more than one location, please attach a list of additional project sites)</i>			
<b>15.</b>	<b>Project County:</b>			
<b>16.</b>	<b>Project Location Assembly District #*:</b>		<b>Member:</b>	
<b>17.</b>	<b>Project Location Senate District #*:</b>		<b>Member:</b>	
	<i>*ESD Staff will assist with compiling this information.</i>			
<b>18.</b>	<b>Type of Project/Activity at this location(s)</b> Choose <i>one</i> :			
	Agriculture		Back Office Operations & Development	
	Distribution Center		Financial Services Data Center or Customer Back Office	
	Manufacturing		Scientific Research & Development (R&D)	
	Software Development & New Media		Other (please describe)	
<b>19.</b>	<b>What is the first project year?</b> <i>(e.g., the year equipment will be ordered and/or when first expenditures are expected to be made)</i>			
<b>20.</b>	<b>Estimated Project Start Date:</b>	(MM/DD/YY)	<b>Estimated Project Completion Date:</b>	(MM/DD/YY)

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21.	<b>Is the institution seeking incentives by other states for this project?</b>	YES	NO
If yes, which other states?			
22.	<p><b>Implementation:</b> For any construction/renovation to be carried out, please provide in an attachment the proposed scope of the work to be carried out in building or upgrading the lab and the anticipated timeline.</p> <p>Also provide information with respect to the site of the project and the impact, if any, on the environment and any landmark or historic properties.</p>		
23.	<p><b>General Program Evaluation:</b> Please provide in an attachment how the proposed project or activity will create, expand, enhance or accelerate the commercial life sciences industry through programs, research, job creation and retention, or other Life Sciences Economic Development Benefits within New York State.</p> <p>Specifically, provide projections on the following metrics:</p> <ul style="list-style-type: none"> <li>• increase in the number of patent applications and patentable discoveries, as well as increase in the number of patents licensed from the applicant institution as a result of the recruitment of the investigator and over what time period;</li> <li>• increase in the recruitment/retention rate of medical school faculty focused on translational research and over what time period,</li> <li>• enhancement and expansion of the expertise, qualifications, and capabilities residing within the applicant institution, and over what time period, and</li> <li>• increase in federal and philanthropic funding, as well as venture capital funding, received by the applicant institution and over what time period.</li> </ul> <p>If this funding is anticipated to result in other life science economic development benefits, such as, but not limited to, new life science jobs, the creation of new life sciences companies or an increase in the amount of venture capital funding invested in New York State, please also provide relevant projections.</p>		
24.	<p><b>Program Specific Reporting Requirements:</b> If assistance is received, ESD requires the submission of an annual report each year plus at least one interim progress report and/or workplan during each 12-month period (or more if required by ESD) in order to track the progress and success of the proposed project or activity. The annual report shall include a description of the activities undertaken, detail on funds expended, the economic impact of the project, the number and amount of other sources of funding for the project including federal funds, jobs employing Full Time Permanent Employees created and retained, the average salary of such jobs, and any other information as required by ESD.</p>		
25.	<p><b>Proprietary and Specialized Equipment:</b> What, if any, proprietary and specialized equipment or materials do you anticipate purchasing for the project? On an attached sheet, please describe the equipment and/or materials, as well as your anticipated amount of spending (as a dollar value) on proprietary equipment or materials for the project.</p>		

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**26. Subcontracting Opportunities:** In connection with this project, what specific project activities do you anticipate self-performing? On an attached sheet, please describe the types of project-related work to be rendered by your existing employees and the estimated value of this work.

What, if any, subcontracting opportunities do you anticipate will be available in connection with this project? On an attached sheet, please describe the type of work and your anticipated budget (as a dollar value) for subcontracted work on the project.

### RESEARCH AND DEVELOPMENT (R&D)

**27. Activity:** Briefly describe the research to be conducted by the recruited Principal Investigator; the therapeutic need for the research, e.g., extent of the unmet need for therapeutics, diagnostics or other intellectual property and what alternatives are already available; market size and market environment; anticipated path to commercialization and key milestones to be met as this research moves toward commercialization; uniqueness and competitive edge; summary of supporting proof of concept data and other relevant research and publications; strength of Principal Investigator’s intellectual property/entrepreneurial history, intellectual property potential and patent considerations of proposed research; and proposed scope of work and timeline. Also provide information about the background, status and funding history of the research project to be undertaken.

Attach additional sheets, as needed

**28. R&D Projected Expenditures:** If applicable, in the table below, indicate the **incremental increase** in expenses that qualify under the federal research credit for increasing research activities (Internal Revenue Code §41) and are attributed to activities in NYS. The **incremental increase** should exceed the base amount calculated as prescribed in IRC §41 and Treasury Regulations 26 CFR 1.41.

	Year 1	Year 2	Year 3	Year 4	Year 5
R&D Exp in NYS	\$	\$	\$	\$	\$

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### PROFILE OF RECRUITED/RETAINED INVESTIGATOR

- 29.** On a separate sheet, please provide the following information about the investigator being recruited or retained:
- Overview of translational research conducted over the past five years. Include grants provided for such research, and list presentations and publications related to such research
  - History of funding, including source and amount, over past 10 years
  - Current funding, including source and planned duration
  - Total amount of NIH and other funding that will accompany the recruited Principal Investigator to the applicant institution
  - Number of patents filed
  - Advisory roles or other relationships with biopharma/device companies
  - Staffing plans for research to be conducted in new/upgraded lab (and CVs of intended hires)
- Also provide a complete CV that lists all presentations and publications.

### EMPLOYMENT INFORMATION

**Existing Jobs** – A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week.

**Average Annual Gross Salary** – Compensation paid to an employee that excludes payroll taxes, benefits, overtime and bonuses

<b>30.</b>	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ in all NYS LOCATIONS and the average annual gross salary for these employees as of the date this application is signed. How many existing jobs at the project location(s) are at risk if the project does not go forward?	<b>#jobs in NYS</b>	
		<b># at risk</b>	
		<b>Avg annual gross salary</b>	\$
<b>31.</b>	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ at the PROJECT LOCATION(S), the average annual gross salary for these employees as of the date this application is signed, and if any of these jobs are at risk of being eliminated if the project does not go forward, how many.	<b>#jobs in NYS</b>	
		<b>#at risk</b>	
		<b>Avg annual gross salary</b>	\$

**32.** **Net New Jobs** – Indicate in the table below the number of net new jobs that will be created in NYS and the gross annual wages for each job type for each year. Please specify new life science jobs, with titles or classifications for each. The net new jobs should be indicated as cumulative.

Job Type/Category	Average Annual Gross Salary	Year 1	Year 2	Year 3	Year 4
		CUMULATIVE			
EX: Research Assistant	\$35,000	1	3	3	5
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
<b>Total Net New Jobs</b> (attach additional sheets if needed)					

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EMPLOYMENT INFORMATION		
<b>33.</b>	Indicate what the average percentage is of your total employees' average annual gross salary paid in benefits (exclude mandated benefits such as Federal Insurance Contributions Act (FICA), Medicare tax, unemployment insurance or workers' compensation insurance).	%
<b>34.</b>	What percentage of the project's existing or projected employees are residents of NYS?	%

PROJECT BUDGET						
Please include information about the proposed project financing including, but not limited to, total project cost, total ESD funding or other assistance requested, a budget breakdown of the sources and proposed uses of all funding, including matching funds, and a description of the need for the requested funding and justification for the amount requested, including any upfront funding requested. Use any attachments necessary.						
<b>35.</b>	<b>Type of Investment</b>					
		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>TOTALS</b>
	Operating Expenses	\$	\$	\$	\$	\$
	General and Administrative Expenses Description/Uses:	\$	\$	\$	\$	\$
	Scientific Expenses Description/Uses:	\$	\$	\$	\$	\$
	Capital Expenses Description/Uses:	\$	\$	\$	\$	\$
	Other ( <i>specify</i> ) Description/Uses:	\$	\$	\$	\$	\$
	<b>Total Project Cost</b>	\$	\$	\$	\$	\$
	<b>Total Funding requested from ESD</b>	\$	\$	\$	\$	\$
	<b>Matching Funds</b> (to be provided by grantee)	\$	\$	\$	\$	\$
	<b>Total Funds Requested + Matching Funds</b> (must equal Total Project Cost)	\$	\$	\$	\$	\$
On a separate sheet, please describe and quantify any real estate leasing costs incurred as part of the project: Include detailed descriptions for each budget item, including NAICS codes for work to be completed and equipment lists for any expected Machinery & Equipment purchases.						

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### REQUIRED DOCUMENTATION

36.

**Please also submit:**

- Documentation establishing that the term of employment between the Applicant (institution) and the participating recruited investigator or retained faculty member is, at a minimum, for a period co-extensive with the grant term.
- Documentation confirming that the Principal Investigator to be recruited is employed by a research institution located outside of New York State and will be tenured or on a tenure track when joining the NYS Applicant institution. Or, in the case of faculty to be retained, provide proof and support of a verifiable offer from an institution located in another state that would lead the Investigator to leave the state.
- A signed statement of support of the proposed project executed by the chief executive officer or dean of the medical school on the institution's letterhead, recommending the application and authorizing an official of the institution to execute documents necessary for the project.

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### ENVIRONMENTAL, HISTORIC AND SMART GROWTH REVIEW INFORMATION

**If you need assistance understanding the State Environmental Quality Review Act (“SEQRA”), identifying a lead agency or obtaining and completing an appropriate Environmental Assessment Form, please contact your ESD Regional Office, or ESD’s Planning and Environmental Review Office at (212) 803-3252 or 3253.**

Under SEQRA, certain listed activities are not subject to review because they involve actions with little, if any, environmental impact, referred to as “Type II” Actions. Conversely, SEQRA also includes a list of actions that are assumed to be more apt to result in impacts, referred to as “Type I” Actions, which are subject to formal review. If a proposed action is neither listed on the Type II or Type I lists, it is referred to as an “Unlisted Action” and is also subject to review under SEQRA.

1. Does your project involve any physical alteration of any kind to a site or a facility; a change in the nature of the activity conducted at the project site or facility, or would your project result in significant changes to the project site area’s activity patterns?

Yes                  No

If “yes,” answer question 2 below. If “no,” skip question 2; your project probably does not require environmental review. (Your application will be reviewed to confirm this.).

2. If changes to a site or facility are proposed, do any aspects of your project exceed the thresholds for “Type II” Actions listed under the SEQRA regulations at 6 NYCRR Part 617.5? (see <http://www.dec.ny.gov/permits/357.html>)

Yes                  No

If you answered “yes” to Question 2 above, your project must be reviewed under SEQRA by a lead agency. (A “lead agency” is a public entity principally responsible for undertaking, funding or approving a project. Examples of lead agencies are: state regulatory or funding agencies; county industrial development agencies; municipal planning agencies/boards/councils; health departments; and zoning boards).

a. If your SEQRA review has been completed and a Negative Declaration was made, attach the completed Parts 1, 2, and 3 of the Environmental Assessment Form (“EAF”), or if a Positive Declaration was made, attach the Draft and Final Environmental Impact Statements (“EIS”) and Findings Statement.

b. If your SEQRA review has not been completed, please provide, in an addendum to this application, information about the status of the review and designated lead agency for the review, and submit “Part 1” of a Short EAF or Full EAF as appropriate<sup>1</sup>, for your project. Subsequent EAF Parts are completed by the lead agency based upon the information you include in Part 1.

The Short and Full EAF<sup>1</sup> Part 1 are available on the NYS Department of Environmental Conservation’s web site at: <http://www.dec.ny.gov/permits/6191.html>

<sup>1</sup> Generally, a Short EAF should be used for Unlisted Actions and Full EAF should be used for Type I Actions (e.g., the alteration of 10 acres of land or more, parking for over 1,000 vehicles, or water usage in excess of 2 million gallons per day).

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<p>3. Does the project involve or is it substantially contiguous to buildings, structures or sites listed on the State and National Registers of Historic Places?</p>	Yes	No
<p>4. Does the project site contain or is it substantially contiguous to buildings that are more than 50 years old and/or buildings/lands that are known to be historically, architecturally, or culturally significant?</p>	Yes	No
<p>5. Is the project site location wholly or partially within an area known to be archeologically –sensitive? (e.g., lands that have not previously experienced ground disturbance beyond agricultural activities). <i>If you answered “yes” to Question 3, 4, or 5 above, consultation must be conducted with the State Historic Preservation Office (SHPO) of the New York State Office of Parks, Recreation and Historic Preservation in accordance with Section 14.09 of the New York State Parks, Recreation and Historic Preservation Law. ESD staff will advise you what is necessary to undertake this review.</i></p>	Yes	No
<p>6. Does the project involve any extensions or improvements to “public infrastructure” (e.g., publicly-supported roads, bridges, streetscapes, other transportation systems, water, sewers, drainage systems, or other utilities)? <i>If you answered “yes” to Question 6 above, the project must be reviewed by ESD to ensure that it is consistent with relevant criteria specified in the State Smart Growth Public Infrastructure Policy Act of 2010. ESD staff will advise you what is necessary to undertake this review.</i></p>	Yes	No

**NON-DISCRIMINATION & CONTRACTOR AND SUPPLIER DIVERSITY**

**Pursuant to New York State Executive Law Article 15-A and New York State Executive Law Article 17-B, ESD recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified Minority and Women-owned Business Enterprises (“MWBE”) and certified Service Disabled Veteran-Owned Businesses (“SDVOB”) in the performance of applicable ESD projects. Please respond to the questions below regarding MWBE and SDVOB utilization and subcontracting opportunities.**

FOR CONSTRUCTION CONTRACTS – Please be advised that MWBEs certified as suppliers will only be credited towards MWBE utilization in an amount equal to 60% of the total contract value. MWBEs certified as brokers will only be credited their commission, or markup percentage, for the items they broker towards MWBE utilization.

1. In what areas of your project would you anticipate targeting the MWBE and SDVOB goals, once established?
2. Please provide a description of your plan to engage MWBEs as subcontractors and suppliers.
3. Please provide a description of your plan to engage SDVOBs as subcontractors and suppliers.
4. Please identify any additional sources of funding you have for this project that have specific requirements, such as local hiring limitations.

**MISCELLANEOUS**

1. Is the Institution currently the subject of any litigation, or is any litigation threatened that would have a material adverse effect on the Institution’s financial condition?

Yes      No



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2. Has the Institution or any of its affiliates ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes      No

3. Has the Institution ever settled a debt with a lending institution for less than the full amount outstanding?

Yes      No

4. Has any senior manager or principal of the Institution ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any such charges pending?

Yes      No

5. Has the Institution or any of its affiliates been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or operating practices?

Yes      No

6. Are there any outstanding judgements or liens pending against the Institution other than liens in the normal course of business?

Yes      No

7. Is the Institution delinquent on any New York State, federal or local tax obligations?

Yes      No

*(Note: If your answer is "YES" for any of the above questions, please provide an explanation)*

**Name and signature of Institutional Official  
Completing Application:**

**Title:**

**Date Completed:**

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### GENERAL INFORMATION FOR NOT-FOR-PROFIT ORGANIZATIONS

#### New York State Grants Gateway

As part of Governor Cuomo's initiative to better serve the people of the State of New York, a web-based grants management system, Grants Gateway, was launched in spring 2013 to improve the way grants are administered by the State of New York. Grants Gateway also offers not-for-profit organizations a portal to search for available and anticipated grant opportunities, download grant opportunities, and register to receive email notifications when specific types of grant opportunities are posted. All not-for-profit organizations receiving funds from ESD must be prequalified in Grants Gateway prior to ESD Directors' approval and the execution of a Grant Disbursement Agreement or Loan Agreement.

#### Grants Gateway Prequalification Process

##### 1. Register with the Grants Gateway

- The Registration Form is available for download at [www.grantsreform.ny.gov](http://www.grantsreform.ny.gov). The Registration Form can be accessed by clicking the link at the top of the page in yellow labeled "[Click HERE to access the Portal or browse for more information below](#)".
- Include your State Financial System ("SFS") Vendor ID on the Form; if you are a new vendor and do not have a SFS Vendor ID, include a Substitute for W-9 with your signed, notarized registration (also available from the Grants Reform Web site).
- All registrations must include an Organization Chart in order to be processed.
- Mail the completed Registration Form, Organization Chart that shows the Head of your Organization, and Substitute W-9 (if new vendor) to:  
**NYS Grants Reform**  
**99 Washington Avenue**  
**Room 1530**  
**Albany, NY 12210-2814**
- When you receive your login information via email, log in and change your password. This password will allow access to the Grants Reform Web site.

- ##### 2. Associate your organization with a State agency (ESD) by clicking on Organization(s) and then selecting Organization Information; complete all required fields.

If you have questions about the Prequalification application, please contact ESD's program representative, Greta Carter-Williams, at [greta.williams@esd.ny.gov](mailto:greta.williams@esd.ny.gov) or the Grants Reform Team by emailing [GrantsReform@Budget.ny.gov](mailto:GrantsReform@Budget.ny.gov) with "Prequalification" in the subject line.

#### Attorney General's Charities Bureau and State Comptroller's VendRep System

Prior to ESD Directors' approval and execution of a Grant Disbursement Agreement or Loan Agreement, not-for-profit organizations must be registered and up-to-date with its filings with the New York State Office of the Attorney General's Charities Bureau ("OAG") and the New York State Office of the State Comptroller's VendRep System ("OSC"). Information on registration is below.

##### OSC

E-mail: [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us)

Phone: Toll free: (866) 370-4672

Locally within the Albany NY area: (518) 408-4672

[http://www.osc.state.ny.us/vendrep/info\\_vrsystem\\_vendor.htm](http://www.osc.state.ny.us/vendrep/info_vrsystem_vendor.htm)

##### OAG

E-mail: [charities.bureau@ag.ny.gov](mailto:charities.bureau@ag.ny.gov)

Phone: (212) 416-8401

<http://www.charitiesnys.com/home.jsp>