**ATTACHMENT A**

Application For

**Financial**

**Assistance**

**State of New York**

Andrew M. Cuomo, Governor

**Empire State Development**

Kenneth Adams, President & CEO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **GENERAL INFORMATION** | | | |
| ***SECTION 1:*** | | | DATA SHEET --COMPLETE ALL SECTIONS BELOW A, B, C, D which includes #1, 2, 3, 4 | |
| **A.** | | PROJECT NAME: | | |
|  | | PROJECT SITE: | | |
| **B.** | | APPLICANT ORGANIZATION | | |
|  | | LEGAL NAME: D/B/A | | |
|  | | STREET (NOT P.O. BOX) | | |
|  | | CITY: ZIP: COUNTY: | | |
|  | | PHONE: EXT. FAX: e-mail: | | |
|  | | CONTACT NAME AND TITLE: | | |
|  | | FEDERAL TAXPAYER I.D./CHARITY REG.# (NON-PROFITS ONLY): DUNS NUMBER: NYS UNEMPLOYMENT INSURANCE TAX NUMBER: | | |
|  | | PARENT COMPANY NAME: | | |
|  | | STREET (NOT P.O. BOX) | | |
|  | | CITY: ZIP: COUNTY: | | |
| **C.** | | **Recipient/Beneficiary of assistance organization (Complete this section only if applying for funds that will benefit another entity. If your application is for a group project, please provide the following information for each recipient of assistance on a separate sheet.)** | | |
|  | | LEGAL NAME: D/B/A | | |
|  | | STREET (NOT P.O. BOX) | | |
|  | | CITY: ZIP: COUNTY: | | |
|  | | PHONE: EXT. FAX: e-mail: | | |
|  | | CONTACT NAME AND TITLE: | | |
|  | | FEDERAL TAXPAYER I.D./CHARITY REG.# (NON-PROFITS ONLY): DUNS NUMBER: NYS UNEMPLOYMENT INSURANCE TAX NUMBER: | | |
|  | | PARENT COMPANY NAME: | | |
|  | | STREET (NOT P.O. BOX) | | |
|  | | CITY: ZIP: COUNTY: | | |
| **D.** | | 1. A. FORM OF BUSINESS  BUSINESS CORPORATION B. IS THE COMPANY:  SOLE PROPRIETORSHIP  NOT FOR PROFIT CORP. OR MINORITY-OWNED  YES  NO  LIMITED LIABILITY COMPANY LOCAL DEVELOPMENT CORP. WOMAN-OWNED  YES  NO  PARTNERSHIP  INDUSTRIAL DEVELOPMEN (For a minority or Woman-owned Business,  SUBCHAPTER S CORPORATION AGENCY MUNICIPALITY OR please attach a copy of your New York State  OTHER PUBLIC ENTITY certification letter.) | | |
|  | | 2. INDUSTRY: MANUFACTURER  YES  NO  \_\_\_\_\_ \_\_\_\_\_\_  PRODUCTS: | | |
|  | | 3. LIST ALL NORTH AMERICAN INDUSTRIAL CLASSIFICATION (NAICS) NUMBERS (4 DIGITS) USED TO CLASSIFY EACH TYPE OF THE COMPANY’S BUSINESS ACTIVITY:  1. 2. 3. 4. 5. | | |
|  | | 4. A. IS THE COMPANY CURRENTLY SEEKING ANY OTHER NEW YORK STATE ASSISTANCE?  YES  NO  B. HAS THE COMPANY EVER APPLIED FOR OR RECEIVED PRIOR NEW YORK STATE FUNDING?  YES  NO  (IF YOU ANSWERED “YES” TO EITHER 4a OR 4b, PLEASE DESCRIBE EACH PROJECT, ITS DATE, PURPOSE AND LOCATION, THE NYS FUNDING REQUESTED/PROVIDED AND FROM WHICH AGENCY FOR WHICH NEW YORK STATE FUNDING WAS OR IS BEING SOUGHT.) | |
| ***SECTION 2:*** | | | COMPANY, PRODUCT AND MARKET INFORMATION—NOT APPLICABLE SEE EAP REQUEST FOR APPLICATION |
|  | | Please provide a concise narrative describing the following. In response, you may reference and attach your business plan, annual report and other Company literature, if available.\*   * The Company’s history. * The Company’s current operations, including its products, services and position within the industry; the market share for each major product or service. * Major customers and approximate percent of Company’s sales for each; the Company’s primary competitors, their location and approximate share of the market; the Company’s strengths and weaknesses in relation to the competition. * Describe general market trends and specific opportunities the Company is targeting, e.g., market expansion, market retention, new markets.   \*If application is for a non-profit, provide information as to history, current operations and services, client base, etc. | |
| ***SECTION 3:*** | | | PROJECT ACTIVITIES—NOT APPLICABLE SEE EAP REQUEST FOR APPLICATION |
| **A.**  **B.** | | Describe the specific activities that will be undertaken and funded through the project. If the proposed project involves:   * the **acquisition of real property, the construction or renovation of buildings or infrastructure improvements**, describe. * the **acquisition of machinery and equipment**, describe the equipment, where it will be installed, indicate whether it is new or used, whether it will be purchased or leased, its cost and its proposed uses. * **working capital assistance**, indicate the specific uses of the working capital funds. * **other activities**, such as employee training, productivity assessment, feasibility study, etc. please describe.   Provide a time schedule for the project (e.g., consultant selection, draft report, design, site acquisition, construction start, equipment installation, project completion date). | |
| ***SECTION 4:*** | | | PROJECT RESULTS NOT APPLICABLE |
| **A.**  **B.** | | Describe the measurable results and economic impact the company expects to achieve through this project. Examples may include changes in profitability, sales, market share, productivity and sales per employee, cycle time reduction, quality, cost saving, etc.:  **Employment**  1. Complete the following table. **NOTE: Job creation and retention are important considerations for project approval. Changes to these figures after submission of this application may affect the type, amount or terms of assistance made available.**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Existing Jobs (current)**  (Full-time, on Company payroll. Non sub-contractors, part-time or seasonal workers.) | | | | | | | | | | | **Jobs Retained** (Jobs that would be lost but for the project) | **Jobs to be Created** | | | | if applicable | | |  | |  | TOTAL |  |  |  |  |  |  |  |  |  |  | Yr1 | Yr2 | Yr 3 | Yr4 | | Yr5 | |  |  | W | B | H | A | N | W | B | H | A | N |  |  |  |  |  | |  | | Project Site |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | Other NYS Sites\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | Out-of-NYS Sites\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | Total Company Employment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |

\* Provide a list of all sites with the number of employees at each.

\*\* In lieu of providing employee information by ethnicity, you may attach the Company’s current annual EEO-1 or EEO-2 report.

W = White B = Black H = Hispanic A = Asian N = Native American

2. Will any jobs to be created in New York State be transferred or relocated from other Company locations?

Yes  No If yes, explain on a separate page.

3. Is the Company unionized?

Yes  No If yes, indicate union, local and union contact and attach letter of support.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***SECTION 5:*** | | | | | PROJECT IMPLEMENTATION—COMPLETE IF APPLICABLE | | | | | | | | |
| **A.**  **B.** | | If the project will be conducted by an organization other than the company (consultant, education institution, etc.), briefly describe the entity’s scope of work, the organization’s qualifications (including the credentials of individual participants in this project and prior results achieved) and the criteria that were used to select this organization. Attach a copy of the organization’s proposal.  If any other governmental entities (local, State or Federal will be involved in the project, identify each entity and describe. | | | | | | | | | | | |
| ***SECTION 6:*** | | | | | NON-DISCRIMINATION AND AFFIRMATIVE ACTION-- COMPLETE THIS SECTION | | | | | | | | |
|  | ESD’s non-discrimination and affirmative action policies and programs, which are grounded in both public policy and applicable law, mandate that ESD take affirmative action when implementing projects, to ensure that Minority and Women-owned Business Enterprise (M/WBE’s), minority group members and women participate in the economic benefits generated by ESD’s participation in projects or initiatives. If your project is approved for funding, where applicable, ESD’s affirmative action unit will implement an affirmative action program, including business and employment participation goals for minorities and women. To identify opportunities for M/WBE and workforce participation, please indicate below those areas where M/WBE’s, minority and female workforce may be utilized. (Place “X” in the appropriate boxes.) | | | | | | | | | | | | |
|  | | | | | | Minority/Women-owned Business Enterprise | | | Minority/Female Workforce Participation | |  | |
|  | | Consultants/Feasibility Studies | | | |  | | |  | |  | |
|  | | Design (Arch. & Eng. Svcs.) | | | |  | | |  | |  | |
|  | | Construction Contracts | | | |  | | |  | |  | |
|  | | Facility Operations Contracts | | | |  | | |  | |  | |
|  | | Other (Please Specify: | | | |  | | |  | |  | |
|  |  | |  | | | |  | | |  | |  | |
| ***SECTION 7:*** | | | | | PROJECT BUDGET —SEE EAP REQUEST FOR APPLICATION—USE EXCEL DOC. | | | | | | | | |
| **A**. | | Complete the following Project Budget with as much detail as is currently available, according to additional instructions on applicable attachment. Lengthen **Use of Funds** column as needed. | | | | | | | | | | | |
| **B.** | |  | | **USE OF FUNDS** | | **TOTAL** | |  | **SOURCES** | |  | |  |
| ESD | Company | | Other Sources | |
| Direct Costs: | | $ | | $ | $ | | $ | |
|  | |  | |  |  | |  | |
|  | |  | |  |  | |  | |
|  | |  | |  |  | |  | |
|  | |  | |  |  | |  | |
| Indirect/Soft Costs: | | $ | | $ | $ | | $ | |
|  | |  | |  |  | |  | |
|  | |  | |  |  | |  | |
|  | |  | |  |  | |  | |
|  | |  | |  |  | |  | |
|  | |  | |  |  | |  | |
| TOTAL | | $ | | $ | $ | | $ | |
| **Attach commitment letters or letters of intent from each source of financing indicated (other than the Company).** | | | | | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| ***SECTION 8:*** | STATEMENT OF NEED--COMPLETE THIS SECTION | | | | |
| Please provide an explanation of why ESD assistance is being requested, using one or more of the following as a guide. Provide supporting documentation as applicable. | | | | | |
| Financing Gap:  Feasibility:  Attraction/Retention: | | | Sufficient funds cannot be obtained from other sources to complete the project without ESD assistance. (Include evidence that ESD assistance is needed to subsidize, encourage, or leverage private investment.)  The project cannot go forward on the basis of terms offered by private and/or public funding sources. (Indicate the expected terms that would be imposed by other sources and why these will not allow the project to proceed. Outline the terms that are required and explain how these will make the project feasible.)  The project will induce an out-of-state Company to move into New York State or prevent a New York State Company from leaving the State or from reducing employment. (Explain what other options the Company is considering and why. Provide evidence of economic incentives from other states, if available.) | | |
| ***SECTION 9:*** | ENVIRONMENTAL INFORMATION-- COMPLETE THIS SECTION | | | | |
| **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.** | | | | | |
| 1. Does your project involve any physical alteration to a site or to the exterior of a facility, change in the nature of the activity conducted at the project site or facility, or result in significant changes to the project site area’s activity patterns? 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.). | | | | Yes  No | |
| 2. Does your project involve:   * Acquisition of real estate? * Infrastructure improvements, other than extensions of existing distribution systems in approved subdivisions or site plans? * Renovation or new construction that will add more than 4,000 square feet or requiring a zoning or land use change with no other discretionary action? * Procurement of environmental regulatory permits? | | | | Yes  No  Yes  No  Yes  No  Yes  No | |
| If you answered “yes” to any of the 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: county industrial development agencies; municipal planning agencies/boards/councils; health departments; and zoning boards.)  a. If your SEQRA review has already been completed, or is currently being conducted, attach the environmental assessment form (“EAF”), Negative or Positive Declaration and findings statement (if any).  b. If your SEQRA review has not been completed, prepare and submit a short-form or long-form EAF as appropriate, for your project. (Short forms can generally be used for smaller, less complex projects, e.g., internal renovation and/or new construction on previously developed property where no change in use is involved. Long forms must be used for larger projects that affect a greater area and involve a number of issues, e.g., the alteration of 10 acres or more, parking for over 1,000 vehicles, or water usage in excess of 2 million gallons per day.) | | | | | |
| ***SECTION 10:*** | | MISCELLANEOUS --COMPLETE THIS SECTION | | | |
| 1. Is the Company presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company’s financial condition? | | | | | Yes  No |
| 2. Has the company or any of its affiliates ever been involved in bankruptcy, a creditor’s rights or receivership proceeding, or sought protection from creditors?  3. Has the company ever settled a debt with a lending institution for less than the full amount outstanding?  4. Has any senior manager or principal of the Company ever been convicted or any felony or misdemeanor, other than a minor traffic violation, or are any such charges pending?  5. Has the Company 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?  6. Are there any outstanding judgments or liens pending against the Company other than liens in the normal course of business?  7. Is the Company delinquent on any New York State, federal or local tax obligations?  *(NOTE: If your answer is “YES” for any of the above questions, please provide an explanation.)* | | | | | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No |
|  | | | | |  |

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| --- | --- | --- |
| ***SECTION 11:*** | | CERTIFICATIONS COMPLETE SECTION A ONLY |
| **A.**  **B.** | Certification of Applicant and Recipient The undersigned does/do solemnly affirm that to the best of my/our knowledge, information and belief, all statements in this Application, including all schedules, appendices and additional information submitted in connection herewith, are true and accurate. I/we hereby authorize ESD to order credit reports or other financial background information on the Company, and any individual or entity proposed as a guarantor, as may be necessary to provide the assistance requested.  Applicant Signature: Date:  Print Name: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Beneficiary/Recipient Signature: Date:  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Note: If project is to be funded by the *Community Projects Fund* *or other Member sponsored project*, Section 12 below must be filled out completely, signed and notarized as indicated.** Certification of ESD Representative This project has been reviewed by the undersigned ESD Representative. The application provides the information required for the following type(s) and amount(s) of assistance being requested.  Type of Assistance Amount  Export Market Assistance $  Industrial Effectiveness Assistance $  Training Assistance $  Other non-company specific grants (i.e. studies, planning, etc.) $  Bond Financing $  Interest Rate Subsidy Grant $  Infrastructure Investment Grant $  Job Creation Grant $  Minority or Woman-Owned Franchise Loan $  Minority or Woman-Owned Business Ent. Contractor Loan $  Metropolitan Economic Revitalization Fund Financing $  Working Capital Loan Guarantee $  Infrastructure Grant/Loan Assistance $  Other company-specific ESD Loan or Grant Assistance $  Other $    The project is / is not  located in an Economic Development Zone, Enterprise Community, or Empowerment Zone.  Name of zone/community:  Signature: Date:  Name of ESD Representative:  Telephone: | |

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| --- | --- | --- |
| ***SECTION 12:*** | | DISCLOSURE & ACCOUNTABILITY CERTIFICATIONS COMPLETE THIS SECTION |
| **A.**  **B.**  **C.**  **D.**  **E.** | **No Conflict of Interest**  Except as otherwise fully disclosed herein and accepted by the parties hereto, the Grantee/Recipient affirms under penalty of perjury that neither the Sponsoring Member(s) nor any Related Parties to Sponsoring Member(s) has any financial interest, direct or indirect, in the Grantee/Recipient or in any of the Grantee/Recipient’s equity owners, or has received or will receive any financial benefit, either directly or indirectly, from the Grantee/Recipient or its Related Parties.  **Good Standing**  Except as otherwise fully disclosed herein and accepted by the parties hereto, the Grantee/Recipient affirms under penalty of perjury that:   1. At no time during the past five years has the Grantee/Recipient or any of the Grantee/Recipient’s affiliates, principal owners or officers: (1) been debarred from entering into any government contract; (2) been found non-responsible on any government contract; (3) been declared in default and/or terminated for cause of any government contract; (4) been determined to be ineligible to bid or propose on any contract; (5) been suspended from bidding or entering into any government contract; (6) received an overall unsatisfactory performance rating from any government agency on any contract; (7) been subject to any judgments, injunctions or liens including but not limited to, judgments based on taxes owed, fines and penalties assessed by any governmental agency, or elected official against Grantee/Recipient; (8) been investigated by any governmental agency including, but not limited to, federal, state and local regulatory agencies; (9) been convicted of a misdemeanor and/or found in violation of any administrative, statutory or regulatory provisions; (10) been the subject of any felony, misdemeanor, or administrative charges; (11) been subject to any sanctions imposed as a result of judicial or administrative disciplinary proceedings; (12) failed to file any federal, state or city tax returns; (13) (to the extent the entity is a charity or not-for-profit organization) failed to file and all required forms with any government entity regulating the entity; (14) received a grant of immunity for any business-related conduct constituting a crime under local, State or Federal law; (15) agreed to a voluntary exclusion from bidding/contracting; (16) received a violation of State Labor Law deemed willful; (17) received a denial, decertification, revocation or forfeiture of Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise status; (18) received a rejection of a low bid on a local, State or Federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract; (19) received a consent order with the New York State Department of Environmental Conservation or a Federal, State or local government enforcement determination involving a violation of Federal, State or local government laws; or (20) received an occupational Safety and Health Act citation and Notification of Penalty containing a violation classified as serious or willful; 2. At no time within the last seven years has the Grantee/Recipient or any of the Grantee/Recipient’s affiliates, principal owners or officers been involved in any bankruptcy proceeding (whether or not closed); 3. At no time within the last ten years has the Grantee/Recipient or any of the Grantee/Recipient’s Affiliates, principal owners or officers been convicted of a felony, and/or any crime related to truthfulness and/or business conduct; and 4. That neither the Grantee/Recipient nor any of the Grantee/Recipient’s Related Parties paid any third party or agent, either directly or indirectly, to aid in the securing of this Agreement.   **Funds Used Solely for Public Purpose**  The Grantee/Recipient affirms under penalty of perjury that all funds to be expended pursuant to the terms of a grant to be awarded in accordance with the terms of the accompanying application are to be used solely and directly for the public purpose or public purposes specified in the accompanying application. The Grantee/Recipient further swears and affirms that all such funds will be used solely in the manner described in the application.  **Definitions**  As used herein in this Exhibit:   1. “Affiliate” means any person or entity that directly or indirectly controls or is controlled by or is under common control or ownership with the specified party. 2. “Grantee” or “Recipient” means the party or parties designated to receive funds pursuant to a Member Initiative Form, or their employees and Affiliates. 3. “Related Party” means: (i) the party’s spouse, (ii) natural or adopted descendants of the party or of the spouse, (iii) any sibling of the party or of the spouse, (iv) the son-in-law, daughter-in-law, brother-in-law, sister-in-law, father-in-law, or mother-in-law of any of the foregoing, (v) any person sharing the home of any of the foregoing, (vi) any staff member, employee, director, officer or agent of the party, and (vii) Affiliates or subcontractors of the party. 4. “Sponsoring Member(s)” means the sponsoring Assemblyman or State Senator as identified by the Member Initiative Form and listed herein, or in the event no such specific Assemblyman or Senator is identified on the Member Initiative Form, it shall be the local Assemblyman and State Senator as listed herein. In addition, “Sponsoring Member(s)” shall include the Governor when appropriate as listed herein.   **Disclosure (use additional sheets, if necessary)**  (A) Conflict of Interest (see “12 A”) **- if no conflict of interest, please indicate “none” below.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (B) Good Standing (see “12 B (A)-(D)”) **- if no good standing *violations*, please indicate “none” below.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The undersigned: recognizes that this Certification is submitted for the express purpose of assisting the State of New York or its agencies and political subdivisions to make a determination regarding the award of a contract or approval of a subcontract; acknowledges that the State of New York or its agencies and political subdivisions may in its discretion, by means which it chooses, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.45, and may also be punishable by a fine or up to $10,000 or imprisonment of up to five years under 18 U.S.C. Section 1001; and states that the information submitted in this Certification and any attached pages is true, accurate and complete.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Grantee/Recipient Signature of Officer/Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address Typed Copy of Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip Title  Sworn to before me this  \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public | |
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| ATTACHMENT CHECKLIST The following list is provided to help applicants ensure that all required information has been attached to the application before submission. **Most applicants will complete only a few of these attachments.** Please ask your ESD representative for help if you are unsure which attachments are required in your case.  **Section Attachment Name/Type Must be submitted if:**  1C Info on Group Projects Project has more than one funding recipient  1C NYS Certification Letter Applicant is an MWBE  1C Info on prior State applications/projects Applicant has applied for or received State assistance  **2 Company and market info All applicants must submit**  **3A Project description All applicants must submit**  **3B Project time schedule All applicants must submit**  **4A Project results All applicants must submit**  4B Employment (multiple NYS sites) Company has more than one NYS location  4B Info on job transfers Employees will be transferred from elsewhere to the project site  4B Union information The Company is unionized  5A Info on entity conducting the project Project will be conducted by more than one entity  5B Info on other government entities Project involves other government entities  **7B Commitment/intent letters All applicants must submit**  **8 Statement of Need All applicants must submit**  9 SEQRA information Your project requires environmental review  10 Info on litigation, violations, etc. You answered “yes” to any question in Section 10  **11 Certifications All applicants must submit**  12 Disclosure & Accountability Certifications Must be filled out for all Community Projects and Member sponsored projects  **Pages Attachment Name/Type Must be submitted if:**  S1 thru Schedules; Appendices Identified by ESD representative as appropriate for your project  S-15;  A1 thru  B2 |
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