

BENEFITS APPLICATION

Applicant Name:	
Name of operating company (if different from Applicant):	
Operating Company Address:	
Website Address:	
EIN #:	NAICS Code:
State and date of incorporation or formation:	Qualified to conduct business in NY? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is (check one of the following, as applicable):	
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Natural Person <input type="checkbox"/> 501(c)(3) Organization <input type="checkbox"/> Other: _____	
Are any securities of Applicant publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicable Program *(check all that apply)*

Please note the following: When Build NYC is the entity providing Financial Assistance, the Project Financial Assistance may be limited to deferral from mortgage recording taxes and tax-exempt conduit bond financing.

Bond Programs	Incentive Programs
<input type="checkbox"/> Manufacturing Facilities Bonds <i>(Please complete Manufacturing Questionnaire under Supplementary Forms)</i>	<input type="checkbox"/> Industrial Program
<input type="checkbox"/> Not-For-Profit Bonds	<input type="checkbox"/> FRESH
<input type="checkbox"/> Exempt Facilities Bonds	<input type="checkbox"/> Commercial Growth
	<input type="checkbox"/> Hudson Yards (please go to page 9)

Applicant Contact Information

	Name/Title	Company	Address	Email	Phone
Applicant Contact Person					
Attorney					
Accountant					
Consultant/Other					

Background

Please provide a brief description of the company history and nature of the business, including a description of the industry, competitors, services offered on a separate sheet.

Proposed Project Activities

Please provide answers to the following four questions on a separate page.

1. Please provide a brief overview of the entire proposed Project. If necessary, break down by tax lot to describe activities at each Project Location.
2. Please provide a brief description of how the proposed Project will affect current operations.
3. Please provide a brief description of renovations/construction of the proposed Project.
4. Please provide a brief timeline for the entire proposed Project.

Project Financing

Amounts provided should be aggregates for all Project Locations.

Uses of Funds	Sources of Funds (If needed use an additional sheet to indicate all sources and uses)							Total Uses
	Bond Proceeds	Commercial Financing (Loan 1)	Commercial Financing (Loan 2)	Affiliate/Employee Loans	Capital Campaign	Company Funds	Other (Identify):	
Land & Building Acquisition								
Construction Hard Costs								
Construction Soft Costs								
Fixed Tenant Improvements								
Machinery Furnishings and/or Equipment								
Debt Service Reserve Fund								
Capitalized Interest								
Costs of Issuance								
Fees (explain):								
Other (explain)								
Total Sources								

Please list where machinery, equipment and furnishings will be purchased and what percentage of total machinery, equipment, and furnishings relating to the Project this will represent:

<input type="checkbox"/> New York City	% of Total? <input type="text"/>
<input type="checkbox"/> New York State (excluding NYC)	% of Total? <input type="text"/>
<input type="checkbox"/> United States (excluding NYS & NYC)	% of Total? <input type="text"/>
<input type="checkbox"/> Outside United States	% of Total? <input type="text"/>
<input type="checkbox"/> N/A – No equipment is planned to be purchased for this Project	

Project Location Detail

Project Location		Project Location #	of
Borough/Block/Lot:		Street address and zip code:	
Zoning:		Number of Floors:	
Square footage of existing building:		Square footage of land:	
Anticipated square footage of building following construction and/or renovation:		Anticipated square footage of non-building improvements following construction and/or renovation (i.e., parking lot construction):	
Intended use(s) of site (check <u>all</u> that apply): <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing/Industrial <input type="checkbox"/> Office <input type="checkbox"/> Non-profit <i>For ALL USES other than Non-profit or Retail, please also complete Energy Questionnaire</i>			
Is there any improved space which is currently occupied by existing subtenant(s) (whether Affiliates or otherwise)? <input type="checkbox"/> Yes <input type="checkbox"/> No Will any improved space be occupied by subtenant(s) (whether Affiliates or otherwise)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either, please attach a separate page and provide details such as (1) name of subtenant business(es) (whether Affiliates or otherwise), (2) square footage of subtenant operations, (3) subtenant lease commencement and termination dates, and (4) copies of leases.			

Anticipated Ownership of Premises

1. Please check all that apply:

<input type="checkbox"/> Applicant or an Affiliate is or expects to be the fee simple owner of the Project Location	(Projected) Acquisition date:
<input type="checkbox"/> Applicant or an Affiliate leases or expects to lease the Project Location	(Projected) Lease signing date:
If you checked the box above, please select one of the following: <input type="checkbox"/> Lease is for an entire building and property <input type="checkbox"/> Lease is for a portion of the building and/or property.	
<input type="checkbox"/> None of the above categories fully describe Applicant's interest or intended interest in the Project Location, which may be more accurately described in a supplementary document (attached).	

2. If an Affiliate owns or controls (or will own or control) a Project Location, then describe such Affiliate by choosing one of the following selections and completing the chart provided below:

- | | | |
|--|--|---|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> 501(c)(3) Organization |
| <input type="checkbox"/> Natural Person | <input type="checkbox"/> Other (specify): _____ | |

Name of Affiliate:	EIN # of Affiliate:
Address of Affiliate:	
Affiliation of Affiliate to Applicant:	
Contact Person:	Title of Contact Person:
Phone Number(s):	

Employment Information

The following information will be used as part of the NYCIDA's calculation of the benefit of the project, and as a basis for the comparison with the employment information that the Applicant will be required to report on an annual basis for the term of the Agreement.

1. Anticipated Facility Operations Start-Date: _____
2. Number of Employees Applicant employed throughout New York City as of the last pay period:
 Part-time (working between 17.5 and 35 hours per week): Full-time (working 35 or more hours per week):
3. If Applicant currently occupies and operates at the Project Location, how many Full- and Part-time Employees are employed at Project Location?
 Part-time (working between 17.5 and 35 hours per week): Full-time (working 35 or more hours per week):
4. Number of Employees Applicant expect to employ throughout New York City on the Facility Operations Start-Date:
 Part-time (working between 17.5 and 35 hours per week): Full-time (working 35 or more hours per week):

How many of these employees are expected to be relocated to the Project Location on or about the Facility Operations Start Date?

Part-time (working between 17.5 and 35 hours per week): Full-time (working 35 or more hours per week):

5. Estimated New-growth Employment
 Complete the following chart to indicate the number of new employees that are expected to be hired at the Project Location in each year.
Note: Year 1 is the year following the Facility Operations Start-Date; Year 2 is the second year following that date; Year 3 is the third, etc.

Years following Facility Operations Start Date	1	2	3	4	5	6	7	Total New Growth
Permanent Full-time								
Permanent Part-time								

Wage Information

The questions in this section apply only to **Permanent Employees** employed or to be employed at the Project Location, and this information should **not include** compensation paid to Principals. Please note this information is required to be provided to the Agency on an annual basis.

1. If employees are to be relocated on the Facility Operations-Start Date, what will be the average annual compensation per relocated employee?
 Part-time: _____ Full-time: _____
2. With regard to the employees currently employed at the Project Location, what is the current average annual compensation per employee?
 Part-time: _____ Full-time: _____
3. For new employees expected to be hired in the first year following the Facility Operations Start-Date, what is the projected average annual compensation per employee?
 Part-time: _____ Full-time: _____
4. For all new employees (again, excluding Principals) expected to be hired during the three-year period following the Facility Operations Start-Date, please project the following:

Part-Time

Average annual compensation per employee:
 Annual salary of highest compensated part-time employee:
 Annual salary of lowest compensated part-time employee:

Full-Time

Average annual compensation per employee:
 Annual salary of highest compensated full-time employee:
 Annual salary of lowest compensated full-time employee:

5. Generally describe all other forms of compensation and benefits that Permanent Employees will receive. Examples: healthcare, employer-contributions for retirement plans, on-the-job training, reimbursement for educational expenses, etc.

Labor

The Applicant and its Affiliates hereinafter will be referred to collectively as the “Companies” or individually as a “Company.” If none of the following questions apply to any of these Companies, answer “NO”; but, for any question that does apply, be sure to specify to which of the Companies the answer is relevant.

1. Have any of the Companies during the current calendar year or any of the five preceding calendar years experienced labor unrest situations, including actual or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?
 Yes No If Yes, please explain on an attached sheet

2. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year or any the five calendar years preceding the current calendar year?
 Yes No If Yes, please describe and explain current status of complaints on an attached sheet

3. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings or other labor disputes during the current calendar year or any of the five calendar years preceding the current calendar year?
 Yes No If Yes, please explain on an attached sheet

4. Are all employees of the Companies permitted to work in the United States?
 Yes No If No, please provide details on an attached sheet.
 Do the Companies complete and retain all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?
 Yes No If No, please explain on an attached sheet

5. Has the United States Department of Labor, the New York State Department of Labor, the New York City Office of the Comptroller or any other local, state or federal department, agency or commission having regulatory or oversight responsibility with respect to workers and/or their working conditions and/or their wages, inspected the premises of any Company or audited the payroll records of any Company during the current or preceding three year calendar years?
 Yes No If “Yes,” please use an attached sheet to briefly describe the nature and date of the inspection and the inspecting governmental entity. Briefly describe the outcome of the inspection, including any reports that may have been issued and any fines or remedial or other requirements imposed upon any of the Companies as a consequence.

6. Have any of the Companies incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?
 Yes No If “Yes,” please use an attached sheet to quantify the liability and briefly describe its nature. Refer to any governmental entities that have had regulatory contact with the Company in connection with the liability.

7. Are the practices of any of the Companies now, or have they been at any time during the current or preceding five calendar years, the subject of any complaints, claims, proceedings or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or general treatment of employees?
 Yes No If “Yes,” provide details on an attached sheet. Note “discrimination” includes sexual harassment.

Financials

1. Has **Applicant**, any **Affiliate**, or **Principal**, or any **close relative of any Principal**, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of non-discretionary benefit from any **Public Entities**?
 Yes No If Yes, please provide details on an attached sheet.
2. Has **Applicant**, or any **Affiliate** or **Principal**, or any existing or proposed occupant at the **Project Location(s)**, obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA/Build NYC and/or other **Public Entities**?
 Yes No If Yes, please provide details on an attached sheet.
3. Has **Applicant**, or any **Affiliate** or **Principal**, ever defaulted on a loan or other obligation to a **Public Entity**?
 Yes No If Yes, please provide details on an attached sheet.
4. Has real property in which **Applicant**, or **Affiliate** or **Principal**, holds or has ever held an ownership interest and/or controlling interest of 25 percent or more, now or ever been (i) the subject of foreclosure (including a deed in lieu of foreclosure), or (ii) in arrears with respect to any type of tax, assessment or other imposition?
 Yes No If Yes, please provide details on an attached sheet.
5. Does **Applicant**, or any **Affiliate** or **Principal**, have any contingent liabilities not already covered above (e.g., judgment liens, lis pendens, other liens, etc.)? Please include mortgage loans and other loans taken in the ordinary course of business only if in default.
 Yes No If Yes, please provide details on an attached sheet.
6. Has **Applicant**, or any **Affiliate** or **Principal**, failed to file any required tax returns as and when required with appropriate governmental authorities?
 Yes No If Yes, please provide details on an attached sheet.

For questions 7 through 12, below, please answer the following questions relating to the Applicant (if the space provided below is insufficient, please provide complete information on an attached sheet):

7. List major customers:

Company Name	Address	Contact	Phone	Fax	Email	% of Revenues

8. List major suppliers:

Company Name	Address	Contact	Phone	Fax	Email

9. List major Funding sources (if applicable):

Company Name	Address	Contact	Phone	Fax	Email

10. List unions (if applicable):

Union Name	Address	Contact	Phone	Fax	Email

11. List banks:

Bank Name	Address	Contact	Phone	Fax	Email	Account Type and Number

12. List licensing authorities (if applicable):

Company Name	Address	Contact	Phone	Fax	Email

Anti-Raiding

1. Will the completion of the Project result in the relocation of any plant or facility located within New York State, but outside of New York City, to New York City? Yes No

If "Yes," please provide the names of the owners and addresses of the to-be-removed plant(s) or facility(ies):

2. Will the completion of the Project result in the abandonment of any plants or facilities located in an area of New York State other than New York City? Yes No

If "Yes," please provide the names of the owners/operators and the addresses of the to-be-abandoned plant(s) or facility(ies):

If the answer to question 1 or 2 is "Yes," please continue and answer questions 3 and 4.

3. Is the Project reasonably necessary to preserve the competitive position of this Applicant, or of any proposed occupants of the Project, in its industry? Yes No

4. Is the Project reasonably necessary to discourage the Applicant, or any proposed occupant of the Project, from removing such plant or facility to a location outside New York State? Yes No

If the answer to question 3 or 4 is "Yes," please provide on a detailed explanation on a separate sheet of paper.

Certification

I, the undersigned officer/member/partner of Applicant, on behalf of Applicant, hereby request, represent, certify, understand, acknowledge and agree as follows:

I request that this Application, together with all materials and data submitted in support of this Application (collectively, these "Application Materials"), be submitted for review to the Agency's Board, in order to obtain from the Board an expression of intent to provide the benefits requested herein for the Project.

I represent that I have the authority to sign these Application Materials on behalf of, and to bind, Applicant.

I certify to the best of my knowledge and belief, after due investigation, the information contained in these Application Materials is accurate, true and correct and does not contain a misstatement of a material fact or omit to state a material fact necessary to make the statements contained herein not misleading. I understand that an intentional misstatement of fact, or, whether intentional or not, a material misstatement of fact, or the providing of materially misleading information, or the omission of a material fact, may cause the Agency's Board to reject the request made in the Application Materials. I understand that the Agency will rely on the information contained within these Application Materials in producing and publishing a public notice and convening a public hearing. If any information in these Application Materials is found to be incorrect, the Applicant may have to provide new information and a new public notice and public hearing may be required. If a new public notice and public hearing is required, they will be at the Applicant's expense.

I understand the following: that Applicant and Principals will be subject to a background check and actual or proposed subtenants may be subject to a background check, and if such background check performed by the Agency with respect to Applicant or any Affiliates reveals negative information, Applicant consents to any actions that the Agency or NYCEDC may take to investigate and verify such information; that the Agency may be required under SEQRA to make a determination as to the Project's environmental impact and that in the event the Agency determines that the Project will have an environmental impact, Applicant will be required to prepare, at its own expense, an environmental impact statement; that the decision of the Board to approve or to reject the request made in the Application Materials is a discretionary decision; that no Bonds may be issued (if Bonds are being requested) unless such Bonds are approved by the Mayor; that under the New York State Freedom of Information Law ("FOIL"), the NYCIDA/Build NYC may be required to disclose the Application Materials and the information contained therein (see Disclosure Policy and Procedure); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials.

I further understand and agree as follows:

That notwithstanding submission of this Application, the Agency shall be under no obligation to present Applicant's proposed Project to its Board of Directors for approval. If the Agency presents Applicant's proposed Project to its Board of Directors for approval, the Agency does not guaranty that such approval will be obtained. If upon presenting Applicant's proposed Project to its Board of Directors for approval the Agency obtains such approval, such approval shall not constitute a guaranty from the Agency to Applicant that the Project transaction will close.

That preparation of this Application and any other actions taken in connection with the proposed Project shall be entirely at Applicant's sole cost and expense. Under all circumstances, the Application Fee is non-refundable, including but not limited to the circumstance where the Agency decides, in its sole discretion, to not present Applicant's proposed project to the the Agency Board of Directors for Approval.

That the Applicant hereby releases the Agency, NYCEDC, and the directors, officers, employees and agents of each (collectively, the "Indemnitees") from all claims that Applicant has or could assert and which arise out of this Application or out of any actions taken in connection with this Application or our of any other actions taken in connection with the proposed Project (collectively, the "Actions"). Applicant hereby indemnifies and holds harmless each of the Indemnitiees against any claims and damages brought or asserted by third parties, including reasonable attorneys' fees, arising from or in connection with the Actions. As referred to herein, "third parties" shall include but not be limited to Affiliates.

That in the event the Agency discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Agency to make such disclosure and hereby releases the Agency from any claim or action that Applicant may have or might bring against the Agency, their directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the Agency and the NYCEDC and their respective directors, officers, agents, employees and attorneys harmless (including without limitation for the cost of reasonable attorneys fees) against claims arising out of such disclosure as such claims may be made by any party including the Applicant, Affiliate, Owner or Principal, or by the officers, directors, employees and agents thereof.

I acknowledge and agree that the Agency reserves its right in their sole and absolute discretion to request additional information, waive any requirements set forth herein, and/or amend the form of this Application, to the full extent permitted by applicable law.

Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,

I certify that, using due care, I know of no misstatement of material fact in these Application Materials and know of no material fact required to be stated in these Application Materials to make the statements made therein not misleading. **Certified by Preparer,**

This day of _____, 20____.

This day of _____, 20____.

Name of Applicant: _____

Name of Preparer: _____

Signatory: _____

Signatory: _____

Title of Signatory: _____

Title of Signatory: _____

Signature: _____

Signature: _____

PROJECT APPLICATION

Hudson Yards Commercial Construction Project Program

Introduction and Information

I. Introduction.

This application (the "Application") is to be completed by applicants (each, "Applicant") seeking to obtain Financial Assistance from New York City Industrial Development Agency (the "NYCIDA") for a Hudson Yards Commercial Construction Project ("HYCCP" or "Project") in the Hudson Yards UTEP Area. The Tax Exemption Policy for the Hudson Yards UTEP Area (the "HY UTEP") is set forth primarily in Exhibit E to the NYCIDA Uniform Tax Exemption Policy ("UTEP"). All capitalized terms not otherwise defined in the Application shall have the meaning ascribed to them in the UTEP, which is available at . Below is a summary of the Application requirements and process.

II. Application Requirements.

The Application requires each Applicant to submit the information necessary to demonstrate that the proposed HYCCP satisfies the eligibility criteria described in Section III of Appendix E in the UTEP ("HYCCP Eligibility Criteria"), as well as the ability to fulfill all conditions to "Closing", as hereinafter defined in Section IV.

For projects that contemplate more than one building that would each meet the HYCCP Eligibility Criteria, each proposed building will be treated as a separate HYCCP. Therefore, a separate Application must be completed for each proposed building.

III. Process for Completion and Review of Application.

1. **Completion of Application.** To Complete the Application:
 - a. Responses must be typewritten. NYCIDA will not accept handwritten Applications. If Applicant desires to complete and submit the Application electronically, Applicant may for that purpose request an electronic copy of this Application from NYCIDA. Electronic submission notwithstanding, Applicant must additionally submit an original and executed hard copy of the Application.
 - b. When necessary, and regardless of whether the Application so instructs, Applicant may answer questions by means of separate attachments. Applicant should identify attachments by the questions being answered.
2. **Re-Application Process.** Applicants will be required to re-apply (and pay an additional Application Fee) to request Financial Assistance for a particular HYCCP if more than one year has passed since the adoption by the NYCIDA of an inducement resolution for such HYCCP and the Closing for the Project has not occurred.
3. **Required Document List.** The items listed below are necessary in order to complete the review of the Application and must be submitted simultaneously with the Application. This list is intended as a convenience to Applicant but is not all-inclusive; additional items may be required.

- a. General Application;
- b. Environmental Assessment Form;
- c. Background Investigation Form;
- d. Retail Questionnaire;
- e. Anti-Raiding Questionnaire;
- f. Employment Questionnaire;
- g. Employment Questionnaire Addendum;
- h. Doing Business Data Form (available at);
- i. A detailed history of the Applicant, a summary description of the Applicant's business and a brief description of the market or industry in which Applicant operates;
- j. Preliminary project construction budget for the HYCCP (including, if applicable, Qualifying Site Improvements as defined in Section IV(1)(a) below) with specific hard and soft costs (including professional fees);
- k. Names of potential and committed tenants; attach letters of interest and/or summaries of lease terms. Please disclose any affiliations and the nature of those affiliations between such tenants and Applicant or any Affiliate or Principal User (see definitions in Core Application);
- l. A completed Environmental Audit Report (Phase I). The Audit Report must conform to ASTM (American Society for Testing of Materials) standards, and, in particular, to E1527-97 ("Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Process"). Based upon a review of the Phase I report, a Phase II Environmental Audit Report may also be required by the NYCIDA (such reports, collectively, the "Audit Report");
- m. A reliance letter from the firm conducting the Audit Report certifying that NYCIDA can rely on the investigations, statements, findings and conclusions in the Audit Report;
- n. If applicable, draft or final (as the case may be) contract of sale, deed, ground lease for acquiring title or leasehold title to the site of the proposed Project (the "Premises");
- o. Résumés of employees who are chiefly responsible for the management and/or oversight of the operations and activities of Applicant, including job descriptions of key management personnel;
- p. Audited Financial Statements for the Applicant for the past three fiscal years (or, if such statements are not audited by a certified public accountant, then, in addition, provide entity tax returns for the past three fiscal years (or for whatever shorter period the Applicant may have been in existence)); and
- q. Fees:
 - i. Upon submitting the Application, Applicant shall pay a non-refundable Application fee in the amount of \$75,000 (the "Application Fee"). The Application Fee will not be

credited against the Closing Fee;

- ii. At Closing, Applicant will pay a “Closing Fee” equal to 3% of the net present value of the first 20 years of annual PILOT savings in comparison to actual real property taxes, as calculated by NYCIDA;
- iii. Applicant will pay IDA outside counsel fees, which will be determined by actual billable hours, and related expenses; and
- iv. Applicant shall pay an annual compliance fee to NYCIDA of \$25,000.

4. Submission and Review of Application; Project Inducement and Authorization.

- a. Applicant must have a pre-Application meeting with NYCIDA to discuss the application process and timeline.
- b. Applicant must complete and sign the Application and all required documentation and submit it to NYCIDA (with the Application Fee).
- c. Acceptance of the Application or any other action by NYCIDA prior to Closing shall not be deemed a commitment by NYCIDA to provide Financial Assistance to the HYCCP.
- d. The staff of New York City Economic Development Corporation (“NYCEDC”), acting on behalf of NYCIDA, will review the Application in order to confirm that it is complete and the proposed Project is eligible for Financial Assistance, based on both the HYCCP Eligibility Criteria and Applicant’s ability to fulfill the Closing conditions listed in Section IV below. Thereafter, a public hearing to present the Project must be held on not less than 30 days published notice. Following the public hearing, the Project will be presented to the NYCIDA Board for approval of an inducement resolution.
- e. NYCIDA’s participation in the project constitutes an “action” for purposes of the State Environmental Quality Review Act (“SEQR”). SEQR requires NYCIDA to make a determination as to the Project’s environmental impact at the time that the inducement resolution for the Project is adopted. To obtain the information needed to make such a determination, NYCIDA requires each Applicant to complete and Environmental Assessment Form (attached). Should NYCIDA determine that the Project may result in an adverse environmental impact as defined by SEQR, Applicant would then be required to prepare, at its own expense, an environmental impact statement in accordance with the substantive and procedural requirements of SEQR prior to the Project being presented to NYCIDA Board for approval of an inducement resolution.
- f. Upon or after NYCIDA Board approval of an inducement resolution for the Project, if Applicant has presented evidence of funding commitments for the Project, NYCEDC staff will request that NYCIDA’s Board of Directors adopt a resolution authorizing NYCIDA to enter into the PILOT Agreement, leases, mortgages and other transactional documents.

IV. Closing.

1. Following the Application review and NYCIDA Board inducement and authorization process described above, the Closing (the “Closing”) shall be deemed to occur on the date on which Applicant shall have provided to NYCIDA final, binding documentation for all of the following items, all of which documentation shall be to NYCIDA's satisfaction in its sole discretion:

- a. Either (i) documentation evidencing that Applicant has immediately available funds from construction loan proceeds and/or equity sources in an amount sufficient, in the aggregate, to fully fund all construction and other project costs for completion of the proposed HYCCP; or (ii) if the Project requires site preparation, foundation, platform or site infrastructure improvements on the same zoning lot as the proposed HYCCP in the minimum aggregate amount of \$250 million (all such site improvements necessary for a Project are collectively referred to as the "Qualifying Site Improvements"), documentation evidencing that Applicant has immediately available funds from construction loan proceeds or equity sources in the minimum amount of \$250 million for Qualifying Site Improvements;¹
- b. Executed construction contracts for construction of the HYCCP, if the HYCCP is applying for Financial Assistance on the basis of (a)(i) above, or the Qualifying Site Improvements, if the NYCCP is applying for Financial Assistance on the basis of (a)(ii) above, and evidence that either Applicant or its construction contractors have delivered binding guaranties of completion with respect to such improvements;
- c. Either a long-term lease of the Premises (at least 49 years) to Applicant or evidence of Applicant's fee ownership of the Premises;
- d. Documentation evidencing the Applicant's ownership of all necessary development rights to undertake the proposed HYCCP, including Eastern Rail Yard Transferable Development Rights ("ERY TDR") and District Improvement Bonus; and
- e. All required NYCIDA agreements, instruments and Closing documentation, including, but not limited to, lease agreements, a PILOT Agreement, mortgages securing PILOT payments due under the PILOT Agreement and opinions of counsel satisfactory to NYCIDA. Such documentation will include:
 - i. A title report for the Premises (continued to the date of Closing) reflecting all matters of record, including copies of the instruments for all encumbrances on the Premises, a full set of municipal departmental searches (all violations, fines and non-permitted encumbrances to be cleared prior to Closing);
 - ii. A title insurance policy commitment insuring NYCIDA's interest in the Premises;
 - iii. A Survey of Premises certified to NYCIDA;
 - iv. Evidence of required insurance coverage, including liability insurance in the minimum amount of \$50 million naming NYCIDA as an additional insured, as evidenced by an ACORD certificate and a certificate evidencing Workers' Compensation;
 - v. All necessary real property transfer tax questionnaires, returns and affidavits;
 - vi. Current certified organizational documents of the Applicant, good-standing certificates and franchise tax reports;
 - vii. An opinion of counsel to the Applicant addressed to NYCIDA in a form acceptable to NYCIDA; and

¹ Notwithstanding that certain Qualifying Site Improvements may concern multiple zoning lots, each particular set of Qualifying Site Improvements may only be used to satisfy the requirements of this section (a) for one HYCCP, only. Each other HYCCP that benefits from such Qualifying Site Improvements must satisfy subsection (i) of this section (a).

- viii. Certificates of Applicant's architect and/or construction manager pertaining to the HYCCP in a form acceptable to NYCIDA.

V. Qualification for PILOT Financial Assistance.

The PILOT Financial Assistance available to qualifying HYCCPs varies according to the zone in which the HYCCP is located, as well as the square footage of prior HYCCPs that qualified to receive PILOT Financial Assistance as described in Section IV of the HY UTEP, with progressively higher discounts (each, a "PILOT Discount Tier") in the zones located further west within the HY UTEP Area. Each HYCCP shall be assigned to a PILOT Discount Tier upon the Closing for the HYCCP. Such assignment shall be made in a manner consistent with Section IV of the HY UTEP. If more than one proposed HYCCP is scheduled to close within any particular thirty day period (or such longer or shorter time period as NYCIDA may have established) and the aggregate zoning square footage of all proposed HYCCPs scheduled to Close during such thirty day period (or such longer or shorter time period as NYCIDA may have established) is greater than the remaining zoning square footage of the then applicable PILOT Discount Tier, NYCIDA will have the discretion to allocate the remainder of such PILOT Discount Tier proportionately among the HYCCPs scheduled to close during such period, based on the zoning square footage of each such HYCCP.

VI. Forfeiture and Recapture of Financial Assistance.

1. NYCIDA shall have the discretion to declare a forfeiture of all Financial Assistance prospectively in the event that the HYCCP is not 20% complete (based on actual expenditures on hard costs of the Project) within two years of Closing, or within three years of Closing for a Project that qualified for Financial Assistance on the basis of Qualifying Site Improvements pursuant to Section IV(1)(a)(i) above.
2. NYCIDA shall have the discretion to declare a forfeiture of all Financial Assistance prospectively in the event that such HYCCP is not substantially complete, as evidenced by the issuance of a temporary or permanent certificate of occupancy within four (4) years after the Closing, or within six (6) years after the Closing for a HYCCP that qualified for Financial Assistance on the basis of Qualifying Site Improvements pursuant to Section IV(1)(a)(i) above, both subject to Force Majeure and extensions that may be granted by NYCIDA in its sole discretion.
3. In addition, in accordance with Section II(e) of the HY UTEP, upon a prospective forfeiture of Financial Assistance, any sales tax exemption Financial Assistance received by the HYCCP shall be subject to recapture.

VII. IDA Project Documentation.

1. Lease/Leaseback. Applicant (the "Lessee") will lease the Premises to NYCIDA. NYCIDA will simultaneously lease back the Premises to Lessee for a term determined by the UTEP (the "Project Lease"). Under the Project Lease:
 - a. Lessee agrees to indemnify and hold NYCIDA harmless.
 - b. Lessee releases NYCIDA from all claims that the Lessee may have against NYCIDA.
 - c. Lessee agrees to maintain liability insurance (Commercial General Liability) in the minimum amount of \$50 million throughout the Project term, and causes NYCIDA to be an additional insured on such policies. The Commercial General Liability policy must insure the Lessee against Contractual Liability, and the carrier must be admitted in New York State. During any

period of construction or renovation, liability coverage shall be in the form of an Owners and Contractors Protective Liability policy.

- d. Lessee must obtain and maintain Workers' Compensation insurance throughout the term of the Project Lease.
 - e. Lessee completes the HYCCP by an agreed-upon completion date set forth in the Project Lease.
 - f. The Lessee will use the Premises only for the purpose described in the Application to NYCIDA.
2. PILOT Agreement. The Lessee will enter into a PILOT Agreement with NYCIDA. The New York City Department of Finance will remove the Premises from the tax rolls on the first July 1 after the first January 5 following the date on which NYCIDA and the Lessee execute the Project Lease. That July 1 will commence the PILOT term described in the UTEP. Upon an event of default on the part of the Lessee, PILOT will increase to what real property taxes would have been but for exemption.
 3. PILOT Mortgage. The Lessee's obligation to pay PILOT will be secured by a first priority mortgage lien on the Lessee's interest in the Premises. In addition, each other mortgagee of the Premises will be required to execute a non-disturbance agreement with NYCIDA to ensure that the Project Lease and PILOT Agreement are not terminated by reason of a foreclosure under any mortgage encumbering the Premises in favor of such mortgagee. The purpose of such non-disturbance agreement is to ensure that the PILOT structure remains in place following a foreclosure. NYCIDA reserves the right to review and approve successors in interest to the Lessee. At Closing, NYCIDA will provide, for presentation at the register's office, an affidavit stating that the PILOT Mortgage is exempt from mortgage recording taxes.
 4. Sales and Use Tax Exemption Letter. NYCIDA may provide the Lessee with a Sales Tax Exemption Letter with an expiration date that will be the same date as the date required for completing Project activities. NYCIDA may require a payment in lieu of sales tax exemption in its sole discretion, in accordance with the HY UTEP.

VIII. General Provisions.

1. Applicable Law. The General Municipal Law of the State of New York ("GML") authorizes and governs the activities of the NYCIDA. GML Sections 850 et seq. are the generic provisions that apply to all industrial development agencies in the State of New York; GML Section 917 is the enabling provision that creates NYCIDA. Applicant's counsel should review the foregoing provisions of the GML.
2. Reporting Requirements. Applicants will be subject to various requirements, including:
 - a. Project Progress and Completion Certificates;
 - b. Annual certifications, including, but not limited to, an Employment and Benefits reports; Subtenant Surveys and Employment reports and a Contact Information Report; and
 - c. Annual renewal of insurance certificates evidencing required insurance coverage.

3. FOIL. NYCIDA believes that its actions should be transparent to the public and that if NYCIDA is to conduct its public hearing process in a meaningful way, the public must have access to sufficient information to permit evaluation of NYCIDA's proposed actions. NYCIDA also realizes that in some instances public dissemination of certain information provided on the Application may be harmful to applicants and/or to their affiliates without providing a benefit to the public. By submitting the Application to NYCIDA, Applicant recognizes that NYCIDA retains ultimate discretion as to which information should be made available to ensure transparency and a meaningful public hearing process. However, if Applicant believes that the disclosure of specific information in its Application would cause harm to Applicant and/or its Affiliates and the redaction of such information would not impede transparency or a meaningful public hearing process, Applicant may request that such information be redacted by submitting with its Application a separate piece of paper containing the following information: (i) the Application question number or numbers and the specific materials furnished in response to the question or questions as to which Applicant is seeking redaction; (ii) an explanation as to why disclosure will cause harm to Applicant and/or its Affiliates; (iii) a statement as to whether there is a date after which redaction will no longer be necessary; and (iv) a summary version of the matter that is desired to be redacted that Applicant believes could be disclosed to the public without harm to Applicant and/or its Affiliates (e.g., a summary of a construction budget) or a statement as to why a summary version is neither feasible nor necessary.

NYCIDA will determine, in its sole discretion, whether a summary version is feasible and necessary and, if so, whether any summary submitted on behalf of Applicant and its Affiliates provides sufficient information to fulfill NYCIDA's public disclosure requirements and policies. If Applicant does not wish to provide a summary version, or does not provide one that is acceptable to NYCIDA, Applicant will be free to withdraw its Application.

NYCIDA will take Applicant's response, if any, into consideration in order to ascertain compatibility with State law. In any event, all information supplied by Applicant will be subject to disclosure to the extent of requests made under and in accordance with the New York State Freedom of Information Law, also known as "FOIL".

4. Local Law 34. Applicants and their Principals must comply with the requirements of Local Law No. 34 (2007) ("LL34"), which amended the City's Campaign Finance Law, requiring the City to establish a computerized database containing the names of any "person" that has "business dealings with the city", as such terms are defined in LL 34. In order for the City to obtain information necessary to establish the required database, Applicants must complete a Doing Business Data Form (which can be accessed on the internet at) and return it in a separate envelope with the Application. The submission of a Doing Business Data Form that is not accurate and complete may result in appropriate sanctions. Applicants are encouraged to consult legal counsel with respect to the impact of LL 34. Note that submitting this Application constitutes "doing business with the city" under LL 34. If you have any questions about the Data Form please contact the Doing Business Accountability Project at (212 788-8104 or DoingBusiness@Cityhall.nyc.gov).

The General Application captures specific and general information about Applicant and the Project. This section begins with a survey of general information, followed by a section that describes Applicant's Interest or relationship to the project site. This helps establish eligibility and which Financial Assistance will be applied to the project.

Name: _____

Address: _____

Phone Number(s): _____

Fax Number(s): _____

E-mail Address: _____

Website Address: _____

Applicant EIN Number: _____

NAICS Code: _____

Date of Application: _____

1. Officer of Applicant serving as contact person:

Name: _____ Firm: _____

Phone #: _____ Fax#: _____

E-mail
Address: _____ Address: _____

2. Attorney of Applicant:

Name: _____ Firm: _____

Phone #: _____ Fax#: _____

E-mail
Address: _____ Address: _____

3. Accountant of Applicant:

Name: _____ Firm: _____

Phone #: _____ Fax#: _____

E-mail
Address: _____ Address: _____

4. Other Advisor/Consultant to Applicant (if applicable):

Name: _____ Firm: _____

Phone #: _____ Fax#: _____

E-mail
Address: _____ Address: _____

5. Applicant is (check one of the following, as applicable):

General Partnership Limited Partnership Corporation
Limited Liability Company Other (specify):

6. Are any securities of Applicant publicly traded?

Yes No

7. Applicant's state of incorporation or formation: _____

8. Applicant's date of incorporation or formation: _____

9. State(s) in which Applicant is qualified to do business: _____

10. Please provide a brief description of Applicant and nature of its business:

11. Please check all that apply: **(Please note:** An "Affiliate" means any individual, corporation, partnership, joint venture, sole proprietorship, limited liability company, trust or other entity that controls, is controlled by or is under common control with the Applicant or the "SPE" (defined herein below)).

Applicant or an Affiliate is the fee simple owner of the Premises.

Applicant or an Affiliate is the ground lessee of the Premises. Describe basic lease terms:

Applicant or an Affiliate is not currently, but expects to be, the fee simple owner or lessee of the Premises. Describe status of sale or lease negotiations:

None of the above categories fully describe Applicant and its relation to the Premises, which may be more accurately described as follows (please provide copies of supporting documentation, as applicable):

12. If a special-purpose entity ("SPE") that is owned and controlled by Applicant will own or otherwise control the Premises, the SPE will be a (check one of the following as applicable):

General Partnership Limited Partnership Corporation
Limited Liability Company Other (specify):

Name of SPE: _____

State of Formation: _____

Address: _____

Phone Number(s): _____

Contact Person: _____

Title of Contract Person: _____

Affiliation of SPE to Applicant: _____

Owners of SPE and each respective ownership share: _____

SPE EIN Number: _____

Please note: If information required above for the SPE is unknown at time of the Application submission, then please submit any missing information to NYCIDA as soon as it becomes available.

13. Please complete the following items with respect to the HYCCP:

Street address and zip code: _____

Block(s): _____

Lot(s): _____

Zoning: _____

Square footage of land: _____

Gross Square footage of the proposed HYCCP building: _____

Number of floors of the proposed HYCCP building: _____

Intended use(s) (e.g., office, retail, etc.): _____

Proposed Leadership in Energy and Environmental Design (LEED) Green Building Rating of HYCCP (Describe): _____

Please provide documentation evidencing Applicant's ownership of or leasehold interest in the Premises. If Applicant does not own or lease the Premises at the time of Application, please provide copies of all agreements evidencing Applicant's right to purchase or lease the Premises.

14. Please provide the following Project information:

a. Please provide a brief description of the proposed Project:

b. When does Applicant expect Closing to occur?

c. Indicate the estimated date for commencement of the Project: _____

d. Indicate the estimated date for completion of the Project: _____

e. Will the Project require Uniform Land Use Review Procedure ("ULURP") approval?

Yes No

f. Will the Project require any other special permit or approval?

Yes No

If Yes, please explain:

g. Is any governmental entity intended or proposed to be an occupant at the Project site?

Yes No

If Yes, please provide details:

h. Will the Project require a tax lot apportionment or subdivision? (Tax lot apportionment will be required for real estate tax Financial Assistance to commence.)

Yes No

If Yes, please provide details and timing:

15. Please provide the following information with respect to all present and proposed tenants and sub-tenants at the proposed project site. Please provide tenant commitment letters, if available. Provide information on an additional sheet if more space is needed.

Company Name	Phone	Affiliation with Applicant	SF & Floors (Percent Occupancy)	Lease Expiration	Tenant Business
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16. Please complete the following summary of Project sources and uses:

Use of Funds	Source of Funds
Land acquisition:	Loan (1):
Building acquisition:	Loan (2):
New construction:	Affiliate loans:
Soft costs (define):	Company funds:
Debt Services Reserve Funds:	Other equity (explain):
Capitalized interest:	Other(explain):
Other (explain):	
Total Project Uses	Total Project Sources
0	0

Please provide a detailed explanation of the costs and financing for the HYCCP. Provide, to the extent available, copies of financing commitment letters and other documentation evidencing funding or financing for the Project.

17. Please answer the following questions and, if necessary, include additional information as an attachment. **(Please note:** “Principal” means the following with respect to Applicant and/or the SPE: all persons (entities or individuals) that control Applicant and/or the SPE, and/or own more than 10 percent of either; all executive officers; all directors; and all members and general partners for, respectively, limited liability companies and partnerships).

- a. Has Applicant, or any Affiliate or Principal, ever received or is any such person or entity currently receiving, financial assistance or any other kind of discretionary benefit from any local, state or federal governmental entity or agency, or any public authority or public benefit corporation, or any local development corporation? (Please note: local, state and federal governmental entities or agencies, public authorities or public benefit corporation, and local development corporation, shall be referred to as “Public Entit(y)(ies)”).

Yes No If Yes, please provide details on an attached sheet.

- b. Has Applicant, or any Affiliate or Principal, or any existing or proposed occupant at the Project site, obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from NYCIDA?

Yes No If Yes, please provide details on an attached sheet.

- c. Has Applicant, or any Affiliate or Principal, ever defaulted on a loan or other obligation to a Public Entity?

Yes No If Yes, please provide details on an attached sheet.

- d. Has real property in which Applicant, or Affiliate or Principal, holds or has ever held an ownership interest and/or controlling interest of 25 percent or more, now or ever been (i) the subject of foreclosure (including a deed in lieu of foreclosure), or (ii) in arrears with respect to any type of tax, assessment or other imposition?

Yes No If Yes, please provide details on an attached sheet.

- e. Does Applicant, or any Affiliate or Principal, have any contingent liabilities not already covered above (e.g., judgment liens, lis pendens, other liens, etc.)? Please include mortgage loans and other loans taken in the ordinary course of business only if in default.

Yes No If Yes, please provide details on an attached sheet.

- f. Has Applicant, or any Affiliate or Principal, failed to file any required tax returns as and when required with appropriate governmental authorities?

Yes No If Yes, please provide details on an attached sheet.

18. Please answer the following questions relating to Applicant (if the space below is insufficient, please provide complete information on an attached sheet):

a. List major customers:

Company Name	Address	Contact	Phone	Percent of Revenues
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b. List major suppliers:

Company Name	Address	Contact	Phone
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c. List unions (if applicable)

Company Name	Address	Contact	Phone	Contact Expiration
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d. List banks:

Company Name	Address	Contact	Phone	Type of Account
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19. List all buildings in New York City currently owned or leased by Applicant or its Affiliates. Please include the street address, Borough, tax block and lot and approximate gross square footage of land and building of each such building.

Address	Borough	Tax Block and Lot	Gross Square Footage Land/Building
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I, the undersigned officer/member/partner of Applicant, hereby request, represent, certify, understand, acknowledge and agree as follows:

I request that the Application attached hereto, together with all materials and data submitted in support of the Application (collectively, these "Application Materials"), be submitted for initial review to NYCIDA, whether the Application is complete and satisfactory. Upon a staff determination that complete and satisfactory Application Materials have been submitted, Applicant's project may be presented to the Board of NYCIDA for an expression of interest in providing for financial assistance for the proposed project. I understand that the submission of the Application does not entitle Applicant to financial assistance and that any such financial assistance will only be provided in the sole discretion of NYCIDA. Any expression of interest by NYCIDA to provide financial assistance shall be non-binding.

I represent that I have the authority to sign these Application Materials on behalf of, and to bind, Applicant.

I certify to the best of my knowledge and belief that all of the information provided in these Application Materials is accurate, true and correct. I understand that an intentional misstatement of fact, or, whether intentional or not, a material misstatement of fact, or the providing of materially misleading information, or the omission of a material fact, may cause the Board of NYCIDA to reject the request made in the Application Materials.

I understand the following: that Applicant and Principals will be subject to a background check and actual or proposed subtenants may be subject to a background check; that NYCIDA may be required under SEQR to make a determination as to the Project's environmental impact and that in the event the governmental agency does determine that the Project will have an environmental impact, Applicant will be required to prepare, at its own expense, an environmental impact statement; that the decision of the governmental agency to approve or to reject the request made in the Application Materials is a discretionary decision; that under the New York State Freedom of Information Law ("FOIL"), the governmental agency may be required to disclose the Application Materials and the information contained therein (see Disclosure Policy and Procedure); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials.

I further understand and agree as follows:

That in the event that the Application Materials are not submitted to the appropriate governmental agency for any reason including negative results obtained through the background check, and/or, with respect to Application Materials that are submitted to the appropriate governmental agency, in the event the governmental agency rejects same, then, under either of said circumstances, Applicant shall have no recourse against NYCIDA or any of its directors, officers, employees or agents, for the Application Fee, or for other expenses incurred by Applicant or other parties on behalf thereof, or for damages or specific performance; and that the Application Fee is under all circumstances (including but not limited to the ones just described and the ones described in the next succeeding paragraph) non-refundable; and

That if NYCIDA adopts a resolution with respect to the request made in the Application Materials, such adoption shall not be deemed a guaranty that the governmental agency will then provide the financial assistance requested; and

That Applicant shall indemnify NYCIDA for fees and disbursements incurred by its outside counsel and that its outside counsel shall be a third-party beneficiary of this indemnity to NYCIDA regardless of whether a Closing occurs and if no Closing occurs, regardless of the reason thereafter and regardless of whether a Closing was within or without the control of NYCIDA; and

That in the event NYCIDA discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes NYCIDA to make such disclosure and hereby releases NYCIDA from any claim or action that Applicant may have or might bring against NYCIDA, its directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold NYCIDA and its respective directors, officers, agents, employees and attorneys harmless (including without limitation for the

cost of reasonable attorneys fees) against claims arising out of such disclosure as such claims may be made by any party including Applicant, Affiliate, Owner or Principal, or by the officers, directors, employees and agents thereof.

I acknowledge and agree that the Public Participants reserve the right in their sole and absolute discretion to request additional information, waive any requirements set forth herein, and/or amend the form of the Application attached hereto, to the full extent permitted by applicable law.

Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,

Name of Applicant: _____

By (Signature): _____

Printed Name of Signer: _____

Title of Signer: _____

Date: _____

Please note: This document is designed to assist in determining whether the action proposed may have a significant effect on the environment. Please complete the entire form. Answers to these questions will be considered as part of the Application for approval and may be subject to further verification and public review. It is expected that completion of the full Environmental Assessment Form will be dependent on the information currently available and will not include new studies, research investigation. If information requiring such additional work is unavailable so indicate and specify each instance.

Name of action:

Location of action (or show site location on a copy of a Hagstrom or other street map):

Name of Applicant: Telephone:

Address of Applicant: FAX:

Contact:

Name of Owner (if different): Telephone:

Address of Owner: FAX:

Contact:

Description of action (please be precise):

Site Description

(Physical setting of overall Project, both developed and undeveloped areas.)

- 1. Present land use: Urban Industrial Commercial
- Forest Agriculture Residential (suburban)
- Rural (non-farm) Other:

2. Total acreage of Project area: ____ acres

Approximate Acreage	Presently (in acres)	After Completion (in acres)
Meadow or brushland (non-agricultural)		
Forested		
Agricultural (includes orchards, cropland, pasture, etc.)		
Wetlands (freshwater or tidal as per Article 24, 25 of ECL)		
Water surface area		
Unvegetated (rock, earth or fill)		
Roads, building and other paved surfaces		
Other (indicate type)		

3. What is predominant soil type(s) on Project site?
- a. Soil drainage: Well-drained ___percent of site
 Moderately well drained ___percent of site
 Poorly drained ___percentage of site
- b. If any agricultural land is involved, how many acres of soil are classified within soil group 1 through 4 of the NY Land Classification System? ___acres. (See I NYCRR 370).
4. Are there bedrock outcroppings on Project site?
- Yes No
- If Yes, what is depth to bedrock? ___ (in feet)
5. Approximate percentage of proposed Project site with slopes:
- 0-10 percent
 10-15 percent
 15 percent or greater
6. Is Project substantially contiguous to, or contain a building, site or district listed on the State or the National Registers of Historic Places?
- Yes No
7. Is Project substantially contiguous to a site on the Register of National Natural Landmarks?
- Yes No
8. What is the depth of the water table? ___(in feet)
9. Is site located over a primary, principal or sole source aquifer?
- Yes No
10. Do hunting, fishing or shellfishing opportunities currently exist in the Project area?
- Yes No
11. Does Project site contain any species of plant or animal life that is identified as threatened or endangered?
- Yes No
- If yes,
 according to: _____
 If yes, please identify each
 species: _____
12. Are there any unique or unusual landforms on the Project site? (i.e., cliffs, dunes, other geological formations)
- Yes No If yes, please described: _____
13. Is the Project site currently used by the community or neighborhood as an open space or recreation area?
- Yes No
- If yes, please explain: _____

14. Does the present site include scenic views known to be important to the community?

Yes No

15. Please list the streams within or contiguous to

Project area: _____

Please list the name of stream and name of river to

Which it is tributary: _____

16. Please list lakes, ponds, wetland areas within or contiguous to Project area:

a. Name: _____

b. Size (in acres): _____

17. Is the site served by existing public utilities?

Yes No

If Yes, does sufficient capacity exist to allow connection? Yes No

If Yes, will improvements be necessary to allow connection? Yes No

18. Is the site located in an agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304?

Yes No

19. Is the site located in or substantially contiguous to a Critical Environmental Area designated pursuant to Article 8 of the ECL and 6 NYCRR617?

Yes No

20. Has the site ever been used for the disposal of solid or hazardous wastes?

Yes No

21. Is any part or the entire site listed on the National Priorities List, CERCLA Information System List ("CERCLIS LIST"), the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List?

Yes No

If yes, please provide specific information regarding such listing on a separate piece of paper.

22. Has any part or all of the site been listed on the National Priorities List, CERCLIS LIST, the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List?

Yes No

If yes, please provide specific information regarding all such material(s), substance(s) and/or waste(s):

23. Are there any hazardous and/or toxic or similar material(s), substance(s) and/or waste(s), including but not

limited to petroleum products, present at the site that may pose a health or physical hazard to persons employed at or visiting the Project site?

Yes No

If yes, please provide specific information regarding all such material(s), substance(s) and/or waste(s)

24. Are there any properties which are or have been listed on the National Priorities List, CERCLIS LIST, the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List within a 1/4-mile radius of the site?

Yes No

If yes, please provide specific information regarding all such property(ies) on a separate piece of paper.

25. Are there any properties which are or have been listed on the National Priorities List, CERCLIS LIST, the New York State Inactive Hazardous Waste Disposal Site Registry and/or the New York State Petroleum Spill List that may pose a health or physical hazard to persons employed at or visiting the site?

Yes No

If yes, please provide specific information regarding all such property(ies) on a separate piece of paper.

26. Does Applicant have any reason to believe that there are any hazardous and/or toxic or similar material(s), substance(s) and/or waste(s), including but not limited to petroleum products, present at properties in the vicinity of the site that which may pose a health or physical hazard to persons employed at or visiting the site?

Yes No

If yes, please explain on a separate piece of paper.

1. Physical dimensions and scale of Project (fill in dimensions as appropriate)

a. Total contiguous acreage owned or controlled by Project sponsor: ___ acres.

b. Project acreage to be developed: ___ acres initially; ___ acres ultimately.

c. Project acreage to remain undeveloped: ___ acres.

d. Length of Project, in miles: ___(if appropriate).

e. If the Project is an expansion, indicate percent of expansion proposed: ___percent.

f. Number of off-street parking spaces: existing ___; proposed ___.

g. Maximum vehicular trips generated in the AM and PM peak hours upon completions of Project: ___.

h. If residential, number and type of housing units:

One Family	Two Family	Multiple Family	Condominium
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Initially

Ultimately

i. Dimensions (in feet) of largest proposed structure: ___height; ___width; ___length.

j. Linear feet of frontage along a public thoroughfare Project will occupy: ___ft.

2. How much natural material (i.e., rock, earth, etc.) will be removed from the site? ___ tons/cubic yards.

3. Will disturbed areas be reclaimed?

Yes No

If Yes, for what intended purpose is the site being reclaimed?

If Yes, will topsoil be stockpiled for reclamation? Yes No

If Yes, will upper subsoil be stockpiled for reclamation? Yes No

4. How many acres of vegetation (trees, shrubs, ground covers) will be removed from site? ___ acres

5. Will any mature forest (over 100 years old) or other locally important vegetation be removed by this Project?

Yes No

6. If single phase Project, anticipated period of construction ___ months (including demolition).

7. If multi-phased:

a. Total number of phases anticipated

b. Anticipated date of commencement phase 1 ___ month ___ year (including demolition).

c. Approximate completion date of final phase ___ month ___ year.

d. Is phase 1 functionally dependent on subsequent phases? Yes No

8. Will blasting occur during construction?

Yes No

9. Number of jobs generated: during construction ___ after Project is complete

10. Number of jobs eliminated by this Project

11. Will Project require relocation of any Projects or facilities?

Yes No

If Yes, please explain: _____

12. Is surface liquid waste disposal involved?

Yes No

If Yes, indicate type of waste (sewage, industrial, etc.) and amount:

If Yes, name of water body into which effluent will be discharged:

13. Is subsurface liquid waste disposal involved?

Yes No

If Yes, please explain: _____

14. Will surface area of an existing water body increase or decrease by proposal?

Yes No

If Yes, please explain: _____

15. Is Project or any portion of Project located in a 100-year flood plain?

Yes No

16. Will the Project generate solid waste?

Yes No

If Yes, what is the amount per month? ___ tons.

If Yes, will an existing solid waste facility be used? Yes No

If Yes, please give Name: _____ And Location: _____

Will any wastes not go into a sewage disposal system or into a sanitary landfill? Yes No

If Yes, please explain: _____

17. Will the Project involve the disposal of solid waste?

Yes No

If Yes, what is the anticipated rate of disposal? ___ tons/month.

If Yes, what is the anticipated site life? ___ years.

18. Will Project use herbicides or pesticides?

Yes No

19. Will Project routinely produce odors (more than one hour per day)?

Yes No

20. Will Project produce operating noise exceeding the local ambient noise levels?

Yes No

21. Will Project result in an increase in energy use?

Yes No

If Yes, indicate type(s): _____

22. If water supply is from wells, indicate pumping capacity: ___gallons/minute.

23. Total anticipated water usage: ___ gallons/day.

24. Does Project involve local, state or federal funding?

Yes No

If Yes, please explain: _____

25. Approvals Required:

City, Town, Village Planning

Board Yes Type: _____ Submittal Date: _____

City, Town, Zoning Board Yes Type: _____ Submittal Date: _____

City, County Health Department Yes Type: _____ Submittal Date: _____

Other Local Agencies Yes Type: _____ Submittal Date: _____

State Agencies Yes Type: _____ Submittal Date: _____

Federal Agencies Yes Type: _____ Submittal Date: _____

1. Does proposed action involve a planning or zoning decision?

Yes No

If Yes, indicate decision required:

Zoning amendment

Zoning variance

Special use permit

Subdivision

Site plan

New/revision of master plan

Resource Management Plan Other(specify):

2. What is the zoning classification(s) of the site:

3. What is the maximum potential development of the site if developed as permitted by the present zoning?

4. What is the proposed zoning of the site?

5. What is the maximum potential development of the site if developed as permitted by the proposed zoning?

6. Is the proposed action consistent with the recommended uses in adopted local land use plans?

Yes No

7. What are the predominant land use(s) and zoning classifications within a 1/4 –mile radius of proposed action?

8. Is the proposed action compatible with adjoining/surrounding land uses within a ¼-mile radius?

Yes No

9. If the proposed action is the subdivision of land, how many lots are proposed?

What is the minimum lot size proposed?

10. Will proposed action require any authorization(s) for the formation of sewer or water districts?

Yes No

11. Will the proposed action create a demand for any community provided services (recreation, education, police, fire protection)?

Yes No If yes, is existing capacity sufficient to handle projected demand?

12. Will the proposed action result in the generation of traffic significantly above present levels?

Yes No

If Yes, is the existing road network adequate to handle the additional traffic? Yes No

Attach any additional information that may be needed to clarify your Project. If there are or could be any adverse environmental impacts with your proposal, please discuss such impacts and the measures you propose to mitigate or avoid them.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above, and in any statement attached hereto, are true and correct.

Name of Applicant: _____

By (Signature): _____

Printed Name of Signer: _____

Title of Signer: _____

Date: _____

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.

Background Investigation

Following is the NYCEDC Internal Background Investigation Questionnaire for privately held companies to be submitted with the General Application. If Applicant is a publicly held entity or wholly owned subsidiary of a publicly held entity, please contact NYCIDA staff for the appropriate questionnaire. Thank you.

INSTRUCTIONS FOR COMPLETING NYCEDC INTERNAL BACKGROUND INVESTIGATION QUESTIONNAIRE

1. Please submit, with this Questionnaire, the organizational documents for the submitting business entity.
2. For the purposes of completing this Questionnaire, the following defined terms shall have the meanings given to them below (unless provided otherwise with respect to specific questions in the Questionnaire):
 - **Affiliate** – A Person is “affiliated with” or an “affiliate” of another Person if the Person controls, is controlled by or is under common control with that other Person.
 - **Applicant** – The submitting business entity.
 - **Control** – A Person controls another Person if the Person (i) owns ten percent (10%) or more of the voting interest or has a ten percent (10%) or greater ownership interest in that other Person or (ii) directs or has the right to direct the management or operations of that other Person or (iii) is a member of that other Person’s Board of Directors*.
 - **Executive Officer** – Any individual who serves as chief executive officer, chief financial officer or chief operating officer or Applicant, by whatever titles known, and all other executive officers of Applicant.
 - **Family Member** – With respect to a particular Person, includes spouse, children, grandchildren, parents, parents-in-law, brothers, sisters, brothers-in-law, sisters-in-law and all family members living in the same household as such Person (excepts if such individuals are minors.)
 - **Person** – Any individual, corporation, partnership, joint venture, sole proprietorship, limited liability company, trust or other entity.
 - **Principal** – each of the following Persons is a Principal of Applicant and must be identified in Section B, Part I on page 2 of the Questionnaire.
 - Executive Officers
 - Persons that “Control” Applicant
 - For Limited Liability Companies, ALL members
 - For Partnerships, ALL general partners and ALL partners performing on the contract or able to bind the Partnership

* For a not-for-profit corporation, ONLY the Chairperson of the Board of Directors and any director who is also an employee of Applicant needs to be considered for purposes of determining “Control” under this clause (iii).

The following questionnaire is to be completed by Persons desiring to do business with New York City Industrial Development Agency. This form may be duplicated for additional space. PLEASE COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. Refer to attached instruction sheet for specific instructions and definitions of terms required to complete this Questionnaire.

Business Name:	EIN/SSN:		
Business Address:	City:	State:	Zip:
Type of Entity:			
Business Phone Number(s):			
Business Fax:			
Business E-mail:			

I. Principals of Applicant

Principal Name	Title	Home Address	Percentage Voting Interest	Percentage of Ownership	Date of Birth	Social Security Number/Employer Identification Number
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II. Family Members of each Individual Principal.

Note: Only the following Family Members need to be identified in this Section B.

- Spouse
- Family Members who are employed by, are officers of or have a less than 10% voting or ownership interest in Applicant.

- Family Members who are directly or indirectly providing services and/or supplies with respect to the subject project (e.g. consultants, subcontractors, suppliers or an employee thereof)

Principals Name	Immediate Family Member	Relationship to Principal	Home Address
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1. Does Applicant or any Principal have any Affiliates? If yes, please identify the Affiliates, with SSN/EIN and respective addresses, and describe the nature of the affiliation, on the following page.

No Yes

2. In the past 7 years, has Applicant, any Principal, or any entity affiliated with Applicant (each of the foregoing individually, a “Subject Person” and collectively, the “Subject Persons”) been adjudicated bankrupt or placed in receivership, filed bankruptcy, or is any Subject Person currently the subject of any bankruptcy or similar proceedings? If yes, please explain on the following page.

No Yes

3. In the past 5 years, has any Subject Person been a plaintiff or defendant in any civil proceeding (including any court and federal, state and local regulatory agency proceedings) other than a domestic relations proceeding (e.g., divorce, separation, support, alimony, maintenance, adoption, custody)? If yes, please identify all adjudicated, settled and pending lawsuits on the following page.

No Yes

4. In the past 5 years, has any Subject Person or any Family Member identified in Section B. Part II (a “Subject Family Member”):

- been disqualified as a bidder, or defaulted or terminated, on a permit, license, concession, franchise, lease, or other agreement with the City of New York or any governmental agency? If yes, please explain on the following page.

No Yes

- failed to file any required tax returns or to pay any applicable federal, state, or New York City taxes or other assessed New York City charges or fines, including but not limited to water and sewer charges and administrative fees? If yes, please explain on the following page.

No Yes

5. In the past 10 years, has any Subject Person or any Subject Family Member used an EIN, SSN, name, trade name, or abbreviation other than the name or number provided in response to Section A or Section B, Part I or II of this Questionnaire or provided in response to question 1 above, as the case may be? If yes, please specify on the following page.

No Yes

6. In the past 5 years, has any Subject Person, any Subject Family Member, any Affiliate of any Subject Family Member or any managerial employee of Applicant:
• been the subject of any criminal investigation and/or civil anti-trust investigation (by any federal, state or local prosecuting or investigative agency) and/or investigation by any governmental agency (including, but not limited to federal, state and local regulatory agencies)? If yes, please explain on the following page.

No Yes

7. In the past 10 years, has any Subject Person, any Subject Family Member, any Affiliate of any Subject Family Member or any managerial employee of Applicant been convicted, after trial or by plea, of any criminal offense and/or are there any felony or misdemeanor charges pending against any of them? If yes, please explain on the following page.

No Yes

Indicate question #

Below provide a detailed explanation to all questions checked "yes". If you need more space, photocopy this page and attach it to this questionnaire.

Three horizontal lines for providing detailed explanations.

1. Identify Premises:

Block & Lot(s): _____

Street Address: _____

Borough of: _____

2. The following, together with attachment(s) hereto, if any, is a complete list of properties in which any of the Subject Persons or any of the Subject Family Members have an ownership interest and which are located in the City of New York, together with a statement as to each such property of any current arrears in real estate taxes, sewer rents, sewer surcharges, water charges or assessments due and owing to the City of New York.

Property owned in the City of New York

If you need more space than provided, please provide a detailed statement on a separate sheet of paper.

Principal Name	Borough	Block/Lot	Street Address	Date of Purchase	Amount of Arrears	Type of Arrears
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If you need more space than provided, please provide a detailed statement on a separate sheet of paper.

3. In the past five years, has any Subject Person or any Subject Family Member been a former owner of the Premises?

No Yes

4. Is any Subject Person or any Subject Family Member a tenant of the City of New York? If yes, please list below: Agency, Borough, Block, Lot, Account Number, Monthly Rent and Current Balance.

No Yes

5. Has any Subject Person or any Subject Family Member previously purchased property from the City of New York? If yes, please list below: Agency, Borough, Block, Lot, Sale Date, Parcel Number and Closing Date.

No Yes

6. Does any Subject Person or any Subject Family Member have a mortgage with the City of New York? If yes, please list below: Agency, Borough, Block, Lot, Account Number, Principal Amount, Monthly Installment and Current Balance.

No Yes

Indicate
question #

Below provide a detailed explanation to all questions checked "yes". If you need more space, photocopy this page and attach it to this questionnaire.

A FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE OR ANY FALSE INFORMATION WILLFULLY OR FRAUDULENTLY SUBMITTED IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING APPLICANT NOT RESPONSIBLE WITH RESPECT TO THE PRESENT PROJECT OR FUTURE PROJECTS INVOLVING THE NEW YORK CITY ECONOMIC DEVELOPMENT CORPORATION, NEW YORK CITY IDUSTRIAL DEVELOPMENT AGENCY AND THE CITY OF NEW YORK AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, the undersigned, being duly sworn, state that I have read and understand the items contained in the foregoing six pages of this Questionnaire and pages of attachments, if any, and that, having made due inquiry, I supplied full, complete and truthful answers to each item therein to the best of my knowledge, information and belief; that I will notify the New York City Economic Development Corporation and the New York City Industrial Development Agency in writing of any change in circumstances occurring after the submission of this Questionnaire and before (i) the execution of any contract or agreement with any of them and/or a financing through or straight lease or retention transaction with the New York City Industrial Development Agency, the Closing of the transaction; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the New York City Economic Development Corporation and the New York City Industrial Development Agency will rely on the information supplied by me in this Questionnaire as an inducement to enter into a contract or agreement and to close a transaction with Applicant.

Name of Applicant: _____

By: Signature of Authorized Person: _____

Print Name and Title of Authorized Person: _____

Date: _____

Sworn to me, this ____ day of ___, 20__.

Notary Public:

1. Will any portion of the Project consist of facilities or property that are or will be primarily used in making retail sales of goods to customers who personally visit the Project?
2. If the answer to question 1 is "Yes," will Applicant or any other project occupant be registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the "retail sale of tangible personal property" (as defined in Section 1101(b)(4)(i) of the Tax Law)?
3. Will any portion of the Project consist of facilities or property that are or will be primarily used in making retail sales of services to customers who personally visit the Project?
Yes No
4. If the answer to question 1 or 3 is "Yes," what percentage of the cost of the Project will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project?
____ percent
5. If the answer to question 1 or 3 is "Yes," and the answer to question 4 is more than 33.33 percent, indicate whether any of the following apply to the Project:
 - a. Will a not-for-profit corporation operate the Project?
Yes No
 - b. Is the Project likely to attract a significant number of visitors from outside New York City?
Yes No
 - c. Would Applicant, but for the contemplated financial assistance from NYCIDA, locate the related jobs outside the State of New York?
Yes No
 - d. Is the predominant purpose of the Project to make available goods or services that would not, but for the Project, be reasonably accessible to New York City residents because of a lack of reasonably accessible retail trade facilities offering such goods or services?
Yes No
 - e. Will the Project be located in one of the following: (a) an area designated as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (b) a census tract or block numbering area (or census tract or block numbering are contiguous thereto) that, according to the most recent census data, has (i) a poverty rate of at least 20 percent for the year to which the date relates, or at least 20 percent of its households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates?
Yes No
6. If the answers to any of subdivisions (c) through (e) of question 5 are "Yes," will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York?

If "Yes", please furnish details in a separate attachment.

7. If the answers to any of subdivisions (a) through (e) of question 5 are "Yes," please furnish details in a separate attachment.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above, and in any statement attached hereto, are true and correct.

Name of Applicant: _____

By (Signature): _____

Printed Name of Signer: _____

Title of Signer: _____

Date: _____

Anti-Raiding Questionnaire

1. Will the completion of the Project result in the removal of a plant or facility of Applicant, or of a proposed occupant of the Project, from an area in New York State (but outside of New York City) to an area within New York City?

Yes No

If "Yes," please provide the following information:

Address of the to-be-removed plant or facility:

Names of all current occupants of the to-be-removed plant or facility:

2. Will the completion of the Project result in the abandonment of one or more plants or facilities of Applicant, or of any proposed occupant of the Project, located in an area of New York State other than New York City?

Yes No

If "Yes," please provide the following information:

Addresses of the to-be-abandoned plant(s) or facility(ies):

Names of all current occupants of the to-be-abandoned plants or facilities:

3. Will the completion of the Project in any way cause the removal and/or abandonment of plants and facilities anywhere in New York State (but outside of New York City)?

Yes No

If "Yes," please provide all information relevant to such future removal and/or abandonment:

If the answer to either question 1, 2 or 3, is "Yes," please continue and answer questions 4 and 5.

4. Is the Project reasonably necessary to preserve the competitive position of Applicant, or of any proposed occupants of the Project, in its industry?

Yes No

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

Yes No

If the answer to question 4 and/or question 5 is "Yes," please provide on a separate sheet of paper a detailed statement explaining the same.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above, and in any statement attached hereto, are true and correct.

Name of Applicant: _____

By (Signature): _____

Printed Name of Signer: _____

Title of Signer: _____

Date: _____

Employment Questionnaire

The New York City Industrial Development Agency requires all Applicants to fill out this Employment Questionnaire (the "Questionnaire"). As used in this Questionnaire, "Company" means Applicant; "Project Location" means the project location which Applicant has identified in its Application; and "Tenant" means any person or entity to whom or to which Applicant intends to lease part or all of the Project Location. If Applicant is a real estate holding company that is an affiliate of an operating company and Applicant intends to lease the Project Location to such operating company, then Applicant and the operating company must fill out separate copies of this Questionnaire.

Applicant Name:

Address:

Phone Number(s):

Contract Person:

Title of Contact Person:

Affiliation of SPE to Applicant:

Owners of SPE and each respective ownership share:

SPE EIN Number:

1. Do you expect to conduct business at other location in New York State?

Yes No

2. Expected construction completion date (where applicable):

3. Department of Labor Registration Number of Tenant(s):

Do not include any subcontractors or subconsultants; include only employees and owners/principals on your payroll and on the payroll of Tenant(s).

4. How many employees does Applicant employ in New York City at the time of Applicant submission?

Full-time: ___ Part-time: ___ (on average, Part-time workers work ___ hours per week)

5. How many employees referred to in question 4 reside in New York City at the time of Applicant submission?

Full-time: ___ Part-time: ___

6. How many employees does Applicant employ outside of New York City but in New York State at the time of Application submission?

Full-time: ___ Part-time: ___ (on average, Part-time workers work ___ hours per week)

7. How many employees does Applicant currently employ at the Project location (annual average)?

Full-time: ___ Part-time: ___

8. Project employment at Project Location for the Company on June 30:

1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year	7 th Year
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Full-time:

Part-time:

9. Projected average quarterly wage/salary of employees at Project Location for the Company during first year of operation: \$___/employee.

10. Describe the occupational composition of the workforce of the Company at the Project Location. Note differences between this composition and what is typical at other NYC locations.

11. Does Applicant intend to employ new employees at the Project Location, and/or will Applicant transfer current employees from premises currently being used? Please provide details.

12. Projected employment at Project Location for your Tenant(s) on an annual basis:

1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year	7 th Year
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Full-time:

Part-time:

13. Projected average quarterly wage/salary of employees at Project Location for the Tenant(s) during first year of operation: \$___/employee.

I authorize any private or governmental entity, including but not limited to the New York State Department of Labor (“DOL”), to release to NYCIDA and/or to NYCEDC and/or to the successors and assigns of either (collectively, the “Information Recipients”), any and all employment information under DOL’s control that is pertinent to the Company and the Company’s employees. In addition, upon the Agency’s request, the Company shall provide to the Agency any employment information in the Company’s possession that is pertinent to the Company and the Company’s employees. Information released or provided to Information Recipients by DOL, or by any other governmental entity, or by any private entity, or by the Company itself, or any information previously released as provided by all or any of the foregoing parties (collectively, “Employment Information”) may be disclosed by the Information Recipients in connection with the administration of the programs of the Agency, and/or NYCEDC, and/or the successors and assigns of either, and/or the City of New York, and/or as may be necessary to comply with law; and without limiting the foregoing, the Employment Information may be included in (1) reports prepared by the Information Recipients pursuant to New York City Local Law 48 of 2005, (2) other reports required of the Agency, and (3) any other reports required by law. This authorization shall remain in effect throughout the term of this Lease.

Name of Applicant: _____

By (Signature): _____

Printed Name of Signer: _____

Title of Signer: _____

Date: _____

Employment Questionnaire Addendum

Attach to this Questionnaire your most recent four quarters of the NYS-45 "Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return." Attach additional pages if necessary.

The Applicant and its Affiliates hereinafter will be referred to as the "Companies" or individually as a "Company." If any of the following questions applies to none of these Companies, answer "NONE"; but, for any question that does apply, be sure to specify to which of the Companies the answer on a separate sheet of paper and attach that paper to this Questionnaire.

1. List all of the labor union contracts and collective bargaining arrangements to which any of the Companies is currently a party:

2. Have any of the Companies during the current calendar year and the five calendar years preceding the current calendar year experienced labor unrest situations, including pending or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?

Yes No If Yes, please explain:

3. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year and the three calendar years preceding the current calendar year?

Yes No If Yes, please describe and explain current status of complaints:

4. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings, labor disputes, strikes or disturbances during the current calendar year and the three calendar years preceding the current calendar year?

Yes No If Yes, please explain:

5. Are all employees of the Companies permitted to work in the United States?

Yes No If No, please provide details on an attached sheet.

What steps do the Companies take as a matter or course to ascertain their employees' employment status?

Do the Companies complete and retain all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?

6. Has the United States Department of Labor, the New York State Department of Labor, the New York City Office of the Comptroller or any other local, state or federal department, agency or commission having regulatory or oversight responsibility with respect to workers and/or their wages, inspected the premises of any Company or audited the payroll records of any Company during the current calendar year or during the three calendar years preceding the current one?

Yes No

If the answer to this question is "Yes," briefly described the nature of the inspection, the inspecting governmental entity and when the inspection occurred. Briefly describe the outcome of the inspection, including any reports that may have been issued and any fines or remedial or other requirements imposed upon the Company or Companies as a consequence:

7. Has any Company incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?

Yes No

If the answer to this question is "Yes," quantify the liability and briefly describe its nature and refer to any governmental entities that have had regulatory contact with the Company in connection with the liability:

8. Are the practices of any Company now, or have they been at any time during the three calendar years preceding the current calendar year, the subject of any complaints, claims, proceedings or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or general treatment of employees?

Yes No

If the answer to this is "Yes," provide details. When answering this question, please consider "discrimination" to include sexual harassment.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above, and in any statement attached hereto, are true and correct.

Name of Applicant: _____

By (Signature): _____

Printed Name of Signer: _____

Title of Signer: _____

Date: _____

OSC-ABO Employment Requirements

For purposes of the following questions, "Applicant" shall mean Applicant and/or affiliates of applicant.

The following form will be used as part of the Agency's compliance with the Public Authorities Accountability Act. The requested information is a one time collection and is meant to capture projected wage information for existing and new growth employees at the NYCIDA project location.

Please complete one of these forms for each Project Location. If more than one Project Location exists, please make the requisite number of copies of this section and fill it out one for each site. For all Programs, except Commercial Growth, a Project Site is defined as a facility (perhaps encompassing more than one address and/or block and lot) with either a distinct employment base (as evidenced in the Applicant's reporting to the Department of Labor) or with a separate and distinguishable source of funding for the acquisition, renovation or construction of the facility. For the Commercial Growth Program, a Project Site is the location(s) where benefits are being requested.

IDA Project Location (note: This section should match information provided on p.4 of the core application.)
How many sites comprise the Project?
This is a description of Site# _____ of _____
Borough:
Block(s):
Lot(s):
Street address and zip code:
Intended use(s) of site (e.g., office, retail, etc.):

A. Commencement of Operations at Project Location

What is the projected date in which the facility at the above project location will become operational? (If the applicant currently owns the project facility and renovation/construction will not effect current operations enter anticipated closing date.) _____

B. Employment at the Project Location Answer either 1 or 2, not both

1. *If the Applicant currently owns the project facility* answer the following:

Number of employees the Applicant currently employs at the project location.	
Average wage of these current Employees	
Number of additional, new growth, employees the Applicant projects will be employed at the project location by the date given in section A.	
Projected annual average wage of these new growth employees	

2. *If the Applicant intends to acquire the project facility* answer the following:

Number of employees the applicant plans to move to the project location from other locations.	
Annual average wage of these current employees	
Number of additional, new growth, employees the Applicant projects will be employed at the project location by the date given in section A.	
Projected annual average wage of these new growth employees	

I certify to the best of my knowledge and belief based upon my investigation, that all of the information provided in this form is accurate, true and correct. I understand that an intentional misstatement of fact, a material misstatement of fact (whether intentional or not), the providing of materially misleading information, or the omission of a material fact, may cause the Agency to reject the request made.

This day of _____, 200 .

Name of Applicant: _____

By: Printed Name of Signer: _____

Title of Signer: _____

Signature: _____