TIOGA COUNTY INDUSTRIAL DEVELOPMENT AGENCY

PILOT APPLICATION

Instructions

a. Please respond to all items either by filling in blanks, by attachment (by marking space "See Attachment Number 1," etc.) or by N.A., where not applicable. This application must be filed in 4 copies. A complete application is essential for the Agency's determination of whether to provide the financial assistance requested.
b. If more space is needed to answer any specific question, attach separate.
c. The attached Environmental Assessment Form ("EAF") is an integral part of this application. This application will not be deemed complete unless accompanied by a fully completed EAF.
d. Completed application and EAF must be submitted to Tioga County Industrial Development Agency (TCIDA). Electronic applications can be submitted to tcida@tiogacountyny.gov . Hard copies can be mailed to: **Tioga County Industrial Development Agency 56 Main Street Owego, NY 13827**
e. TCIDA has established a non-refundable application fee of $2,500.00 and is required at the time of submission of this application. A check or money order payable to Tioga County Industrial Development Agency. In the event that multiple public hearings are required, $500.00 per hearing will be charged in addition to the application fee.
f. TCIDA has established a project fee for each project in which the IDA participates. The project fee is 1% of the total Project Cost. The applicant is required to pay the IDA Twenty-Five Percent (25%) of the project fee thirty (30) days after approval of benefit, with the remaining balance of the fee to be paid in Twenty-Five Percent (25%) increments every six (6) months, or in full at the time of closing, whichever occurs first. The project fee is non-refundable. The applicant will also be expected to pay all actual costs incurred in connection with the application including all costs incurred by general counsel and bond counsel. In addition, any cost associated with a requested change, modification or alteration to the PILOT agreement during the term of the PILOT including, but not limited to refinancing, renaming, reassignment and PILOT termination shall be the responsibility of the applicant. The applicant is responsible for any costs the IDA incurs, including the CBA and Test of Reasonableness, legal fees and closing costs.
g. TCIDA has established an annual administration fee of $1500 to cover ongoing compliance and oversight; the fee shall be payable January 1 of each year until all financing documents shall terminate and be discharged and satisfied.
h. Information provided herein will not be made public by the Agency prior to the passage of an Official Inducement Resolution, but may be subject to disclosure under the New York Freedom of Information Law

I. Applicant:

Name [business owner(s)]:

Applicant street address:

City: State: ZIP: Phone:

Name of person(s) authorized to speak for applicant with respect to this application

Name: Phone:

Tile: Email:

II. Type of Application:

☐ Tax-Exempt Bonds ☐Taxable Bonds ☐Both Taxable and Tax-Exempt Bonds

☐ Sale/Leaseback ☐Bank Financing ☐ Refunding

☐Second Mortgage ☐Transfer ☐Amendment

III. Project summary:

a. Type of project: Select Project Type for all end users at project site (you may check more than one)

☐Industrial/manufacturing ☐Housing ☐Warehousing ☐Commercial/office

☐ Energy/cogeneration facility ☐Nonprofit/civic ☐Pollution control ☐other_____

b. Description of Project (check one or more):

☐Acquisition of existing facility ☐Renovation of existing facility-Existing IDA project

☐Purchase of new machinery/equipment ☐Addition to existing facility-Existing IDA project

☐New Construction ☐Purchase of used machinery/equipment

IV. Applicant information:

Employer's federal ID no.: NAICS code:

Indicate type of business organization of applicant

1. ☐corporation incorporated in what country: what state:
   i) date incorporated: type of corporation:
   ii) authorized to do business in New York: ☐yes ☐no
2. ☐partnership type of partnership: # of general partners:
   i) # of limited partners:
3. ☐sole proprietorship
4. ☐limited liability applicant date created

Is the applicant a subsidiary or direct or indirect affiliate of any other organization(s)? if so, name of related organization(s) and relationship:

5. Principle stockholders or partners of the owner and the user, if any (i.e., owners of 5% or more in equity in the owner or the user):

Name	address	Percentage of holding

6. Management of Applicant: list all owners, directors and partners

Name & address	Office held	Other principal business

7. Applicants' attorney:
   Attorney: Firm name:
   Address: Phone:
   E-mail: Fax:

8. Applicants' Principal Bank(s) Account:

9. Has the Owner or the User (or any related person) made a public offering or private placement of its stock within the last year? If so, please describe and provide the prospectus or other offering materials used.

10. Has the Owner or the User (or any related person) applied to any other Industrial Development Agency regarding this project? If so, please provide details of any action taken with respect to the project and the current status of such application.

11. Within the past five years has the applicant, any affiliate, any predecessor company or company or entity, owner, director, officer, partner or any contractor affiliated with the proposed project been the subject to:

    a. an indictment, judgment, conviction, or a grant of immunity, including pending actions, for any business-related conduct constituting a crime? ☐Yes ☐No

b. a government suspension or debarment, rejection of any bid or disapproval of any proposed contract, including pending actions, or for lack of responsibility? ☐Yes ☐No

c. any final governmental determination of a violation of any public works law or regulation, or labor law regulation? ☐Yes ☐No

d. a consent order with the NYS Dept. of Environmental Conservation? ☐Yes ☐No

e. an unsatisfied judgment, injunction or lien for any business-related conduct obtained by any federal, state or local government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed? ☐Yes ☐No

f. Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated in bankruptcy? ☐Yes ☐No

<u>If the answer to any question a through f is yes, please furnish details on a separate attachment.</u>

12. Has the Owner or the User been involved in or benefitted by any prior tax-exempt bond financing in the town/city/village in which this Project is located, whether through the Agency, JDA or another issuer? If so, please explain in full (e.g., name of issuer and beneficiary; original amount of issue; date of issue; current amount outstanding; purpose of issue; etc.).

    ☐Yes ☐No

13. Facility user (tenant using more than 10% of the square footage of the Facility, if different than the Owner):
    Business name:
    Phone:
    Address:
    E-mail:
    Contact: Position:
    Federal employer ID#: NAICS code:

14. Indicate type of business organization of user:
    ☐Corporation Incorporated in what country: what state:
    i) Date incorporated: Type of corporation:
    ii) Authorized to do business in New York: ☐Yes ☐No
    ☐Partnership Type of partnership: # of general partners:

iii) # of limited partners

☐sole proprietorship:

☐limited liability applicant date created:

V. Owners' operations at current location:

1. Address:
2. Acreage of existing facility:
3. Number of buildings and square feet of each:
4. ☐Owned or ☐leased
5. Type of operation (e.g., manufacturing, wholesale, distribution, retail, etc.) and products and services offered at current location:
6. Current # of full-time employees:
7. Annual payroll amount:

VI. Users' operations at current location: (if owner is different than user)

1. Address:
2. Acreage of existing facility:
3. Number of buildings and square feet of each:
4. ☐Owned or ☐leased
5. Type of operation (e.g., manufacturing, wholesale, distribution, retail, etc.) and products and services offered at current location:
6. Current # of full-time employees:
7. Annual payroll amount:

VII. Project Data:

ITEM	RESPONSE
Existing Building SQFT	
New Building SQFT/# of new buildings	
Site Acreage	
Project Timeline	
Estimated Project Cost	
existing/required utilities	
Water/sewer requirements	
List any state, local, or federal approvals	
Other:	

1. Project description: Please attach the following information for the IDA to review:
    a. Copies of preliminary plans or sketches of proposed construction or floor plan of existing facility.
    b. A photo of the site or existing facility to be improved.

2. Who presently is legal owner of building or site?

3. Is there a purchase option in force or other legal or common control in the project? ☐YES ☐NO
   If yes, furnish details in a separate attachment.

4. Is there an existing or proposed lease for all or a portion of the project? ☐YES ☐NO

5. If applicant will not occupy 100% of the building in a real estate related transaction, provide information on tenant(s) on a separate sheet including: name, present address, employer fed. ID no., percentage of project to be leased, type of business organization, relationship to applicant, date and term of lease.

6. Is the owner or tenants responsible for the payment of real property taxes?

7. List principal items or categories of equipment to be acquired as part of the project and identify whether equipment will be new or used.

8. Have any of the items or categories listed above been ordered or obtained? If so, enclose copies of purchase orders, contracts and/or invoices. ☐YES ☐ NO

9. Will the completion of the Project result in the removal of a plant or facility of the applicant another proposed occupant of the project from one area of the State of New York to another area of the State? If yes, please explain: ☐YES ☐NO

10. Will the completion of the Project result in the abandonment/disposal of one or more plants or facilities of the Applicant located in New York state? If yes, please explain:
    ☐YES ☐NO

11. If the answer to question 9 or 10 is yes, indicate whether any of the following apply to the Project:

a. Is the project reasonably necessary to preserve the competitive position of the applicant or such project occupant? If yes, please explain: ☐YES ☐NO
b. Is the project reasonably necessary to discourage the applicant or such project occupant from relocating outside of New York State? If yes, please explain:
☐YES ☐NO

12. Does the Project include facilities or property that are primarily used in making retail sales of goods or services to customers who personally visit such facilities? If yes, please explain: ☐YES ☐NO

13. If the answer to question 12 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?

14. If the answer to question 12 is yes, and the answer to question 13 is more than 33.33%, indicate whether any of the following apply to the Project:
    a. Will the Project be operated by a not-for-profit corporation? If yes, please explain:
    ☐YES ☐NO

    b. Will the Project likely attract a significant number of visitors from outside the economic development region in which the Project will be located? If yes, please explain: ☐YES ☐NO

    c. Would the project occupant, but for the contemplated financial assistance from The Agency, locate the related jobs outside New York state? If yes, please explain:
    ☐YES ☐NO

    d. Is the predominant purpose of the project to make available goods or services which would not, but for the Project, be reasonably accessible to the residents of the city, town or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services? If yes, please explain: ☐YES ☐NO

    e. Will the Project be located in one of the following:
        i. an area designed as an economic development zone pursuant to Article 18-B of the General Municipal Law ☐YES ☐NO
        ii. a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most Recent census data, has a

poverty rate of at least 20% for the year in which the data relates, or at least 20% of households receiving public assistance ☐YES ☐NO

iii. an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates? If yes, please explain: ☐YES ☐NO

f. If the answers to any of subdivisions c. through e. of question 14 is 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? ☐YES ☐NO

15. Please indicate all other local agencies, boards, authorities, districts, commissions or governing bodies (including any federal, city, county and other political subdivision of the State of New York and all state departments, agencies, boards, public benefit corporations, public authorities or commissions) involved in approving or funding or directly undertaking action with respect to the Project. For example, do you need a municipal building permit to undertake the Project? State Historic Preservation? Do you need a zoning approval to undertake the Project? If so, you would list the appropriate municipal building department or planning or zoning commission which would give said approvals.

16. Describe the nature of the involvement of the federal, state or local agencies described above:

17. Has construction work on this project begun? If yes, please discuss in detail the approximate extent of construction and the extent of completion. Indicate in your answer whether such specific steps have been completed as site clearance and preparation, completion of foundations, installation of footings, etc. ☐YES ☐NO

18. Please indicate amount of funds expended on this Project by the Applicant in the past three (3) years and the purposes of such expenditures:

19. Does the project utilize resource conversation, energy efficiency, green technologies, and alternative and renewable energy measures? Please explain: ☐YES ☐NO

VIII. Project Costs:

1. Name of project applicant:
2. Estimated amount of project benefits sought:

Value of Mortgage recording tax exemption sought	$
Value of sales tax exemption sought	$
Value of real property tax exemption sought	$
Amount of tax-exempt & Taxable bonds Sought	$
Amount of tax-exempt bonds Sought	$
Amount of taxable bonds Sought	$

3. Sources and uses of funds:

Financing sources	
Equity	$
Local Banks	$
	$
	$
	$
	$
Total	$

4. Are costs of working capital, moving expenses, work in progress or stock in trade included in the proposed uses of the tax-exempt bond proceeds? If yes, please explain:

5. Will any of the funds to be borrowed through the Agency be used to repay or refinance an existing mortgage, outstanding loan or outstanding bond issue? If yes, please explain:

6. Has the Owner made any arrangements for the marketing or the purchase of the bond or bonds? If yes, please indicate with whom and provide copies of any commitments and/or term sheets

7. Attach the following financial information of the owner
   i) Financial statements for last two fiscal years (unless included in the Owner's or User's annual report).
   ii) Owner's and User's annual reports (or Form 10-Ks) for the two most recent fiscal years.
   iii) Quarterly reports (Form 10-Qs) and current reports (Form 8-Ks) since the most recent annual report, if any.

iv) In addition, if applicable, please attach the financial information described above in items A, B, and C of any expected guarantor of a proposed bond issue other than the Owner or the User.

v) Upon the request of the Applicant, TCIDA will review the information submitted pursuant to this Section VIII and return all copies to the Applicant within two weeks after the inducement date. Please indicate whether you require the information to be returned. ☐YES ☐NO

8. Projected project investment:
   (1) Building and land related costs
      i. Land acquisition
      ii. Acquisition of existing structures
      iii. Renovation of existing structures
      iv. New construction

   (2) Machinery and equipment costs

   (3) Furniture and fixture costs

   (4) Working capital costs

   (5) Professional services/development costs
      i. Architecture and engineering
      ii. Accounting/legal
      iii. Development fee
      iv. Other service-related costs

   (6) Other costs
   (7) Summary of expenditures
      i. Total land-related costs
      ii. Total building-related costs
      iii. Total machinery and equipment costs
      iv. Total furniture and fixture costs
      v. Total working capital costs
      vi. Total professional services/development costs
      vii. Total other costs
   (8) Total project cost
   (9) Agency fee 1%
   (10) Total project expenditures
   (11) Total percentage of spending that will occur locally for labor and materials.

9. Have any of the expenditures already been made by the applicant? If yes please describe: ☐YES ☐NO

10. Please list any non-financial public benefits that the project will provide?

IX. Projected construction employment impact:

Please provide estimates of total construction jobs at the project

Year	Construction jobs (annual wages and benefits $40,000 and under)	Construction jobs (annual wages and benefits over $40,000)
Current		
Year 1		
Year 2		
Year 3		

Please provide estimates of total annual wages and benefits of total construction jobs at the project:

Year	Total annual wages and benefits
Current	
Year 1	
Year 2	
Year 3	

X. Projected permanent employment impact

Projected employment figures- year one	under $30,000	$30,000-$50,000	$50,000-$75,000	over $75,000
# of Full-Time Employees (FTE) Earning	$	$	$	$
# of Part-Time Employees Earning	$	$	$	$
Total Payroll for Full-Time Employees	$	$	$	$
Total Payroll for Part-Time Employees	$	$	$	$
Total Payroll for All Employees	$	$	$	$

Projected employment figures- year two	under $30,000	$30,000-$50,000	$50,000-$75,000	over $75,000
# of Full-Time Employees (FTE) Earning	$	$	$	
# of Part-Time Employees Earning	$	$	$	
Total Payroll for Full-Time Employees	$	$	$	$
Total Payroll for Part-Time Employees	$	$	$	$
Total Payroll for All Employees	$	$	$	$

Projected employment figures- year three	under $30,000	$30,000-$50,000	$50,000-$75,000	over $75,000
# of Full-Time Employees (FTE) Earning	$	$	$	$
# of Part-Time Employees Earning	$	$	$	$
Total Payroll for Full-Time Employees	$	$	$	$
Total Payroll for Part-Time Employees	$	$	$	$
Total Payroll For All Employees	$	$	$	$

Total jobs:

XI. Document lists:

(A copy of this list should be provided to Applicant's legal counsel)

Please ensure that the following items are delivered with the application:

1. A $2,500 Application Fee.
2. An EAF (Environmental Assessment Form).
3. Have financing arrangements been made

Required documentation prior to closing (if applicable):

1) Insurance
   a) Certificate of Worker's Compensation Insurance *(TCIDA named as additional insured).*

      ☐YES ☐NO

   b) Certificate of General Liability Insurance *(Tioga County IDA named as additional insured).*

Limits not less than $1,000,000 per occurrence/accident and a blanket excess liability not less than$3,000,000. ☐YES ☐NO

c) Certificate of insurance against loss/damage by fire, lightning or other casualties with uniform standard extended coverage endorsement in an amount not less than the full replacement value of the Facility *(Tioga County IDA named as additional insured)*. ☐YES ☐NO

2) Certificate of Incorporation/Articles of Organization together with all amendments or restatements thereto. ☐YES ☐NO
3) By-Laws/Operating Agreement together with any amendments thereto. ☐YES ☐NO
4) Good Standing Certificate(s) issued by the State of Incorporation/Organization of the Applicant and NYS. ☐YES ☐NO
5) Resolutions of the Board of Directors/Members of the Applicant approving the Project. ☐YES ☐NO
6) List of all Material Pending Litigation of the Applicant. ☐YES ☐NO
7) List of all Underground Storage Tanks containing Hazardous Materials at the Project. ☐YES ☐NO
8) List of all Required Environmental Permits for the Project. ☐YES ☐NO
9) Legal Description of the Project Premises. ☐YES ☐NO
10) Name and title of person signing on behalf of the Applicant. ☐YES ☐NO
11) Copy the Mortgage of proposed (if any). ☐YES ☐NO
12) Applicant's Federal Tax ID Number (EIN). ☐YES ☐NO
13) Tax Map Number Parcel(s) the Project. ☐YES ☐NO
14) Copy of the certificate of occupancy comprising (as soon as available) ☐YES ☐NO

XII. CERTIFICATION:

(name of representative of entity submitting application, or name of individual submitting application) deposes and says that s/he (choose and complete one o f the following two options) (i) is a/the (title) of (entity name), the entity named in the attached application, or (ii) is the individual named in the attached application; that s/he has read the foregoing application and knows the contents thereof; and that the same is true to his/her knowledge.

Deponent further says that s/he is duly authorized to make this certification on behalf of her/himself or on behalf of the entity named in the attached application. The grounds of deponent's belief relative to all matters in said application which are not stated upon his/her own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as, if deponent is not an individual applicant, information acquired by deponent in the course of his/her duties in connection with said entity and from the books and papers of said entity.

As (i) the representative of said entity, or (ii) the individual applicant (such entity or individual applicant hereinafter referred to as the "Applicant"), deponent acknowledges and agrees that the Applicant shall be and is responsible for all costs incurred by the Tioga County Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of the Applicant in connection with this application and all matters relating to the issuance of bonds or the provision of financial assistance to which this application relates. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper or requested action or withdraws, abandons, cancels or neglects the application, then upon presentation of an invoice, the Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred with respect to the application up to that date and time, including fees to bond counsel or transaction counsel for the Agency and fees of general counsel for the Agency. Upon the successful conclusion of the transaction or sale of the bond issue contemplated herein, the Applicant shall pay to the Agency an administrative fee set by the Agency in accordance with its fee schedule in effect on the date of the foregoing application, which amount is payable at closing. The Applicant understands that the Agency's bond counsel's fees and general counsel's fees are considered issuance expenses and, therefore, can be paid or reimbursed out of the proceeds of any resultant tax-exempt bond issue only up to an aggregate amount not exceeding 2% of the face amount of such tax-exempt issue.

Name:
Title:

Sworn to before me this _____
day of ,20__
(Seal)

XIII. NEW YORK STATE FINANCIAL REPORTING REQUIREMENTS FOR INDUSTRIAL DEVELOPMENT AGENCIES:

Please be advised that the New York General Municipal Law imposes certain reporting requirements on IDAs and recipients of IDA financial assistance. Of particular importance to IDA applicants is Section 859 (copy attached). This section requires IDAs to transmit financial statements within 90 days following the end of an Agency's fiscal year (Tioga County IDA FY is calendar), prepared by an independent, certified public accountant, to the New York State Comptroller, the Commissioner of the New York State Department of Economic Development and the governing body of the municipality for whose benefit the Agency was created (Tioga County). These audited financial statements shall include supplemental schedules listing the following information:

(1) All straight-lease ("sale-leaseback") transactions and whether or not they are obligations of TCIDA
(2) All bonds and notes issued, outstanding or retired during the period and whether or not they are or were obligations of TCIDA.
(3) All new bond issues shall be listed and for each new bond issue, the following information is required:
    (a) Name of the project financed with the bond proceeds.
    (b) Whether the project occupant is a not-for-profit corporation.
    (c) Name and address of each owner of the project.
    (d) The estimated amount of tax exemptions authorized for each project.
    (e) Purpose for which the bond was issued.
    (f) Bond interest rate at issuance and, if variable, the range of interest rates applicable.
    (g) Bond maturity date.
    (h) Federal tax status of the bond issue.
    (i) Estimate of the number of jobs created and retained for the project.

(4) All new straight lease transactions shall be listed and for each new straight lease transaction, the following information is required:
    (a) Name of the project.
    (b) Whether the project occupant is a not-for-profit corporation.
    (c) Name and address of each owner of the project.
    (d) The estimated amount of tax exemptions authorized for each project.
    (e) Purpose for which each transaction was made.
    (f) Method of financial assistance utilized for each project, other than the tax exemptions claimed by the project.
    (g) Estimate of the number of jobs created and retained for the project.

Also of importance to IDA applicants is Section 874(8) of the General Municipal Law (copy attached), which requires agents (i.e., project owners and/or occupants) of the Agency to file an annual statement with the State Department of Taxation and Finance, of the value of all sales tax exemptions claimed by such agents or their agents, including but not limited to consultants or subcontractors, who claim exemption from sales tax by virtue of the Agency's involvement in a transaction. The penalty for failure to file the statement is removal of authority to act as agent of the Agency.

Please sign below to indicate that you have read and understood the above.

Name: Date:
Title: Company: