

ULSTER COUNTY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR SALE/LEASEBACK OR BOND TRANSACTION

IMPORTANT NOTICE: The answers to the questions contained in this application are necessary to determine your firm's eligibility for tax incentives or other assistance from the Ulster County Industrial Development Agency. These answers will also be used in the preparation of papers in this transaction. Accordingly, all questions should ~~should~~ be answered accurately and completely by an officer or ~~other~~ other employee of your firm ~~your firm~~ ~~your~~ ~~firm~~ who is thoroughly familiar with the business and affairs of ~~your~~ your firm and who is also thoroughly familiar with the proposed project. This application is subject to the acceptance of the Agency. ~~subject to the acceptance of the Agency.~~

COVER SHEET

TO: ULSTER COUNTY INDUSTRIAL DEVELOPMENT AGENCY
P.O. BOX 4265
KINGSTON, NY 12402-4265

APPLICANT:

APPLICANT'S STREET ADDRESS: _____

APPLICANT'S MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

FAX: _____ EMAIL: _____
EMPLOYER'S ID No.: _____

NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION:

IF APPLICANT IS REPRESENTED BY AN ATTORNEY, COMPLETE THE FOLLOWING:

NAME OF FIRM: _____

NAME OF ATTORNEY: _____

ATTORNEY'S STREET ADDRESS: _____

ATTORNEY'S MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

FAX: _____ EMAIL: _____

NOTE: Please read the instructions beginning on page 2 before completing this ~~application~~[application](#).

INSTRUCTIONS

1. The Agency will not approve any application unless, in the judgment of the Agency, said application contains sufficient information upon which to base a decision whether to approve or tentatively approve an action.
2. Fill in all blanks, using “none” or “not applicable” or “n/a” where the question is not appropriate to the project which is the subject of this application (the “Project”).
3. If an estimate is given as the answer to a question, put “(est.)” after the figure or answer that it is estimated.
4. If more space is needed to answer any specific question, attach a separate sheet.
5. When completed, return two (2) copies of this application to the Agency at the address indicated on the first page of this application. We also request that a digital version of the complete application be emailed to the UCIDA (oed@co.ulster.ny.us).
6. The Agency will not give final approval until the Agency receives a completed environmental assessment form (Appendix A) concerning the Project which is the subject of this application.
7. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the applicant feels that there are elements of the Project which are in the nature of trade secrets or information, the nature of which is such that if disclosed to the public or otherwise widely disseminated, would cause substantial injury to the applicant’s competitive position, the applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.
8. The applicant will be required to pay to the Agency all actual costs incurred in connection with this application and the Project contemplated herein. The applicant will also be expected to pay all costs incurred by general counsel and special counsel to the Agency.
9. The Agency has established an application fee of Five Hundred Dollars (\$500) to cover the anticipated costs of the Agency in processing this application. A check or money order made payable to the Agency must accompany each application. This application will not be accepted by the agency unless accompanied by the application fee.
10. Post-Closing Modification/Amendment Transactions. The amount of the administrative fee for Post- Closing Modification/Amendment Transactions shall be determined by the staff of the Agency, with the review and approval by the Agency. The minimum administrative fee for such transactions shall equal Five Hundred Dollars (\$500).
11. The Agency has established a project fee for each project in which the Agency participates. Unless the agency agrees in writing to the contrary, the project fee is required to be paid by the applicant at or prior to the granting of any financial assistance by the Agency. This project fee is equal to 1% of the total project cost. If ~~there~~there is no closing, there is no such fee charged.
12. The Agency requires that each application be accompanied by the most recent (3) years of audited financial statements of the applicant and a **written business plan** concerning the project described in the application. The Agency reserves the right to reject any application, which fails to contain the foregoing information.
13. Please be as accurate as possible in completing this application as the consequences for misstatements could include loss and/or recapture of UCIDA benefits.

Applicant has read the above. Please initial your acceptance. ____

APPLICANT CHECKLIST

1. Date <i>Draft</i> Application emailed to Agency staff for analysis and feedback:	
2. Date of Meeting with Agency Staff for Review of Application:	
2 <u>3</u> . Date <i>Final</i> Application Completed and Digital Version Emailed to Agency:	
3 <u>4</u> . Date Two Hard Copies of Application Signed and Notarized:	
4 <u>5</u> . Date Two Copies of Application Delivered with \$500 Application Fee:	
5 <u>6</u> . Approval of Inducement/Public Hearing Resolution:	
6 <u>7</u> . Date Scheduled for Public Hearing:	
7 <u>8</u> . Date of Approval of SEQRA Resolution:	
8 <u>9</u> . Date of Final Approval of Application:	
9 <u>10</u> . Date of Closing:	

6/10/2014

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I. PROPOSED OCCUPANT (HEREINAFTER, THE "COMPANY")

A. Identity of Company:

1. Indicate type of business organization of Company:

a. ~~a.~~ Corporation.

If so incorporated in what country?

What State: ; Date

Incorporated: Type of Corporation:

Authorized to do business in New York? Yes No

b. Partnership.

If so, indicate type of partnership:

Number of general partners:

Number of limited partners:

c. Limited liability company.

If so, formed in what state?

Date formed:

~~Yes~~ ~~No~~ Authorized to do business in New York?

Yes No

d. Sole proprietorship.

2. Is the Company a subsidiary or direct or indirect affiliate of any other organization(s)? If so, indicate name of related organization(s) and relationship:

3. If the Company differs from the Applicant, as stated on Page 1, (e.g. If there will be a real estate holding company and a related operating company or an unrelated tenant company) give details of relationship and contact information if different:

=

B. Management of Company:

1. List all owners, members, officers, directors and partners (complete all columns for each person):

Name and Home Address	Office Held	Other Principal Business

2. Yes No Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation?
3. Yes No Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)?
4. Yes No Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt?
5. If the answer to any of questions 2 through 4 is yes, please furnish details in a separate attachment.

C. Principal Owners of Company:

1. Yes No Is the Company publicly held?
If yes, please list exchanges where stocks are traded:

2. If no, list all stockholders having a 5% or more interest in the Company:

Name	Address	Percentage of Holding

D. Company's principal bank(s) account(s):

II. PROJECT ELEMENTS

A. Description of the Project. (Please provide a brief narrative description of the Project.)

B. Location of the Project:

1. Street Address:

2. SBL Numbers:

3. City:

4. Town:

5. Village of:

6. County of:

C. Description of the Project Site:

1. Approximate size (in acres or square feet) of the Project site:

Yes No Is a map, survey or sketch of the Project site attached?

2. Yes No Are there existing buildings on the Project site?

a. If yes, indicate the number of buildings on the site:

Also, please briefly identify each existing building and indicate the approximate size (in square feet) of each such building:

b. Yes No Are the existing buildings in operation?

If yes, describe the present use of the existing buildings:

e. ~~Yes No~~ Are the existing buildings
~~Yes No~~ About to be abandoned?

c. Yes No Are the existing buildings abandoned?

d. Yes No About to be abandoned?

If yes, describe:

3. Utilities serving the Project site:

Water – Municipal:

Other (describe)

Sewer – Municipal ~~Other~~

~~(describe)~~

Other (describe)

Electric – Utility ~~Other~~

~~(describe)~~

Other (describe)

Heat – Utility

Other (describe)

4. Present legal owner of the Project site:

a. If the Company owns the Project site:

Date of Purchase:

Purchase Price:

b. Yes No If the Company does not own the Project site, does the Company have an option signed with the owner to purchase the Project Site?

If yes,

Date option signed with owner: Date

option expires:

c. Yes No If the Company does not own the Project site, is there a relationship legally or by common control between the Company and the present owner of the Project site?

If yes, describe

5. Zoning District in which the Project is located:

a. ~~a-~~ Yes No Are there any variances or special permits affecting the Project site?

If yes, list below and attach copies of all such variances or special permits:

D. Description of Proposed Construction:

1. Yes No Does part of the Project consist of the acquisition or construction of a new building or buildings?

If yes, indicate number and size of new buildings:

2. Yes No Does part of the Project consist of additions and/or renovations to existing buildings located on the Project site?

If yes, indicate the buildings to be expanded or renovated, the size of any expansions and the nature of expansion and/or renovations:

3. Describe the principal uses to be made by the ~~Company~~Company of the building or buildings to be acquired, constructed or expanded:
4. Yes No If the Project involves the construction or reconstruction of any building or other improvement, has construction or reconstruction work on any such building or improvement begun?

If yes, please discuss in detail the approximate extent of construction or reconstruction 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.:

E. Description of the Equipment:

1. Yes No Does a part of the Project consist of the acquisition or installation of machinery, equipment or other personal property (the "Equipment")?

If yes, describe the Equipment:

2. Yes No With respect to the Equipment to be acquired, will any of the Equipment have been used?

If yes, please provide detail:

3. Describe the principal uses to be made by the Company of the Equipment to be acquired or installed:

4. Please give the specific status of any equipment acquisition that is already in process:

F. Project Use

1. What are the principal products to be produced at the Project?

2. What are the principal activities to be conducted at the Project?

3. Yes No Does the Project include facilities or property that are primarily used in making ~~retails~~retail sales of goods or services to customers who personally visit such facilities?

If yes, please provide detail:

4. If the answer to question 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? _____ %.
5. If the answer to question 3 is yes, and the answer to question 4 is more than 33.33%, indicate whether any of the following apply to the Project:

a. ~~a.~~ Yes No Will the Project be operated by a not-for-profit corporation?

If yes, please explain:

b. Yes No Is the Project likely to attract a significant number of visitors from outside the economic development region in which the Project will be located?

If yes, please explain:

- c. Yes No Would the Project occupant, but for the contemplated financial assistance from the Agency, locate the related jobs outside the State of New York?

If Yes, please explain:

- d. Yes No 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 provide detail:

- e. Yes No Will the Project be located in one of the following: (i) the City of New York; (ii) an area designed as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (iii) 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 (x) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of households receiving public assistance, and (y) 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:

6. Yes No If the answers to any of subdivisions c. through e. of question 5 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?

If yes, please explain:

7. Yes No Will the completion of the Project result in the removal of a plant or facility of the Company or another proposed occupant of the Project (a "Project Occupant") from one area of the State of New York to another area of the State of New York?

If yes, please explain:

8. Yes No Will the completion of the Project result in the abandonment of one or more plants or facilities of the Company located in the State of New York?

If yes, please explain:

9. If the answer to either question 7 or question 8 is yes, indicate whether any of the following apply to the Project:

- a. ~~Yes~~ No Is the Project reasonably necessary to preserve the competitive position of the Company or such Project Occupant in its industry?

If yes, please provide detail:

- b. Yes No Is the Project reasonably necessary to discourage the Company or such Project Occupant from removing such other plant or facility to a location outside the State of New York?

If yes, please provide detail:

G. Sales and Use Tax Exemption (See also question B.3 in Part VI following):

1. Yes No Do you wish to apply for sales and use tax exemptions on project materials, equipment and furnishing?

H. Construction Status:

1. Has construction work on this project begun? Yes _____; No _____. 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.:

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



3. Please indicate the date the applicant estimates the Project will be completed:
_____.

III. LEASES OR SUBLEASES

A. Yes No Does the Company intend to lease or sublease

(by area or fair market value) of the Project?

If yes, please complete the following for each existing or proposed tenant or subtenant:

1. Sublessee Name:

Present Address:

City State Zip

Employer's ID No.:

~~1. Sublessee Name:~~
~~Present Address:~~
~~City State Zip~~
~~Employer's ID No.:~~

Sublessee Is: Corporation Partnership Sole Proprietorship
Relationship to Company:

Percentage of Project to be leased or subleased:

Use of Project intended by Sublessee:

Date of lease or sublease to Sublessee: Term of lease
or sublease to Sublessee:

Yes No Will any portion of the space leased by this Sublessee be
primarily used in making retail sales of goods or services to
customers who personally visit the Project?

If yes, please provide on a separate attachment (a) details and (b) the answers to
questions II(F)(4) through (6) with respect to such Sublessee.

Please provide on a separate attachment answers to questions II(F)(7) and (8)
with respect to such Sublessee.

2. Sublessee Name:

~~2. Sublessee Name:~~ Present

Address:

City State Zip

Employer's ID No.:

Sublessee Is: Corporation Partnership Sole Proprietorship

Relationship to Company:

Percentage of Project to be leased or subleased:

Use of Project intended by Sublessee:

Date of lease or sublease to Sublessee:

Term of lease or sublease to Sublessee:

Yes No Will any portion of the space leased by this Sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project?

If yes, please provide on a ~~separate~~separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such Sublessee.

Please provide on a separate attachment answers to questions II(F)(7) and (8) with respect to such Sublessee.

3. Sublessee Name:
Present Address:
City State Zip
Employer's ID No.:
Sublessee Is: Corporation Partnership Sole Proprietorship

3. Sublessee Name:
Present Address:
City State Zip
Employer's ID No.:
Sublessee Is: Corporation Partnership Sole Proprietorship

Relationship to Company:

Percentage of Project to be leased or subleased:

Use of Project intended by Sublessee:

Date of lease or sublease to Sublessee:

Term of lease or sublease to Sublessee:

Yes No Will any portion of the space leased by this Sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project?

If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such Sublessee.

Please provide on a ~~separate~~ separate attachment answers to questions II(F)(7) and (8) with respect to such Sublessee.
~~with respect to such Sublessee.~~

B. What percentage of space intended to be leased or subleased is now subject to a binding written lease or sublease?

IV. EMPLOYMENT IMPACT.

~~A. Full-Time Equivalent (FTE) Employment Information.~~

~~The New York State Authority Budget Office requires the Agency to collect and monitor full-time equivalent (FTE) information about its projects. The Agency defines "FTE" as 35 hours of employment or more weekly. Therefore, please furnish the information below for your organization.~~

~~1. Current Employees. (At the time of Application)~~

A. Indicate the number of people presently employed at the Project site and the additional number that will be employed at the Project site at the end of the first and second years after the Project has been completed, using the tables below for (1) employees of the Applicant, (2) independent contractors, and (3) employees of independent contractors. (Do not include construction workers). Also indicate below the number of workers employed at the Project site representing newly created positions as opposed to positions relocated from other project sites of the applicant. Such information regarding relocated positions should also indicate whether such positions are relocated from other project sites financed by obligations previously issued by the Agency.

Current Full-time Employees					
(A)		In our organization a f			hours per
(B)		Current number of full- <u>TYPE OF EMPLOYMENT</u> time -Employees of Applicant		(with A weekly hours):	
	<u>Professional or Managerial</u>	(C) <u>Skill ed</u>	<u>Semi-Skilled</u> Current total number full-time hours worked per week	(=A x B): <u>Un-Skilled</u>	<u>Totals</u>
<u>Present Time</u>	<u>Full Time</u>	(D)	Current total number of full-time FTE's	(=C ÷ 35):	
Current Part-time Employees					

<u>Present Part Time</u>		(E)	Current total number of part-time employee hours—worked per week		hours per week
<u>Present Seasonal</u>		(F)	Current total number of part-time FTE's	(= E ÷ 35):	
Current Seasonal Employees					
<u>First Year Full Time</u>		(G)	Current total number of weeks in seasonal employment		weeks
<u>First Year Part Time</u>					
<u>First Year Seasonal</u>		(H)	Current seasonal proration percentage	(= G ÷ 52):	
<u>Second Year Full Time</u>		(I)	Current total number of seasonal hours worked per week (during season)		
<u>Second Year Part Time</u>					
<u>Second Year Seasonal</u>		(J)	Current total number of season FTE's	(= H × I ÷ 35):	

Current Total Employees			
(K)	Current total number of	(= D + F + J):	

<u>TYPE OF EMPLOYMENT</u> <u>Independent Contractors</u>					
	<u>Professional or Managerial</u>	<u>Skill ed</u>	<u>Semi-Skilled</u>	<u>Un-Skilled</u>	<u>Totals</u>
<u>Present Full Time</u>		(L)	If some current employees will not be retained, please break down on a separate sheet the number of full-time, part-time and seasonal employees who will not be retained and when they will be terminated.		
<u>Present Part Time</u>			Average Wages and Benefits		
<u>Present Seasonal</u>		(M)	Total weekly payroll with benefits for all fulltime employees		
<u>First Year Full Time</u>		(N)	Total weighted weekly payroll with benefits for all part time	Multiply each part-time employee's weekly wage/salary (with benefits) by its	

			employees	percentage of FTE and take the sum of all these products	
<u>First Year Part Time</u>		(O)	Weighted current average salary with benefits	$(M + N) \div \text{total FTEs}$ (A1(K) above)	

2. ~~New~~ permanent employees projected to be hired by end of third year after ~~UCIDA~~ approval

New Full-time Employees					
<u>First Year Seasonal</u>		(A)	Number of new full-time employees	(with 1A weekly hours):	
<u>Second Year Full Time</u>		(B)	Total number new full-time hours per week	$(= 1A \times 2A)$:	
<u>Second Year Part Time</u>		(C)	Total number of new full-time FTE's	$(= B \div 35)$	
New Part-time Employees					
<u>Second Year Seasonal</u>		(D)	Total number of new part-time employees:		

6/10/2014

ULSTER COUNTY INDUSTRIAL DEVELOPMENT AGENCY
APPLICATION FOR SALE/LEASEBACK OR BOND TRANSACTION

TYPE OF EMPLOYMENT
Employees of Independent Contractors

	<u>Professional or Managerial</u>	(E) <u>Skill ed</u>	Semi-Skilled Total number of hours per week worked by new part-time employees.	<u>Un-Skilled</u>	<u>Totals</u>
<u>Present Full Time</u>		(F)	Total number of new part-time FTE's	(=E ÷ 35):	
New Seasonal Employees					
<u>Present Part Time</u>		(G)	Total number of expected weeks of seasonal employment:		
<u>Present Seasonal</u>		(H)	Estimated seasonal proration percentage	(= G ÷ 52):	
<u>First Year Full Time</u>		(I)	Total number of new seasonal hours per week worked during season		
<u>First Year Part Time</u>					

<u>First Year Seasonal</u>		(J)	Total number of new seasonal FTE's	(= H x I ÷ 35):	
<u>Second Year Full Time</u>			Total New Employees and Wage Averages		
<u>Second Year Part Time</u>					
<u>Second Year Seasonal</u>		(K)	Total number of new FTEs	(= G + F + J):	
(L)			Estimated new weighted average annual salary with benefits	(= projected total new weekly payroll \$ + benefits)	\$
(M)			Estimated salary range	Low: High:	High:

3. ~~Construction jobs.~~

(A)	Estimated total weeks of construction for project:		weeks
(B)	Construction proration percentage	(= A ÷ 52):	
(C)	Total number of hours per week worked by construction employees.		
(D)	Total number of construction FTE's	(= C x B ÷ 35)	

B. Projected Construction Employment Impact:

Please provide estimates of total construction jobs, wages and benefits, and employee income tax from the project:

B. Indicate below (1) the estimated salary and fringe benefit averages or ranges and (2) the estimated number of employees residing in the Mid-Hudson Economic Development Region for all the jobs at the Project site, both retained and created, listed in the tables described in subsection A above for each of the categories of positions listed in the chart below.

Year	Construction Jobs	Total Construction Jobs Total Annual Wages and Benefits	Estimated Additional Construction Employees NYS Income Tax
Current		\$	\$
Year 1		\$	\$
Year 2		\$	\$
Year 3		\$	\$

C. Projected Permanent Employment Impact:

Please provide estimates of total existing permanent jobs to be preserved or retained as a result of the Project.

RELATED EMPLOYMENT INFORMATION					
	Year	Professional or Managerial	Skill Existing Jobs (Show reductions if plans include eliminating positions)	New Jobs (Annual wages and benefits) Semi-Skilled	Un-Skilled Estimated Additional NYS Income Tax
<u>Estimated Salary and Fringe Benefit Averages or Ranges</u>	Current				\$
<u>Estimated</u>	Year 1				\$

<u>Number of Employees Residing in the Mid-Hudson Economic Development Region¹</u>				
Year 2				\$-
Year 3				\$

~~D. Projected Skills Needed for New Jobs.~~

~~C. Please list describe the projected skills that will be required timeframe for the creation of any new permanent jobs with respect to be created by the applicant through undertaking of the Project, as follows:~~



D. Please prepare a separate attachment describing in detail the types of employment at the Project site. Such attachment should describe the activities or work performed for each type of employment.

Skills Required for New Jobs	Number of Positions Created	Wage Rate

¹ The Mid-Hudson Economic Development Region consists of the following counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester.

V. PROJECT COST AND FINANCING SOURCES

- A.** Anticipated Project Costs. State the costs reasonably necessary for the acquisition of the Project site, the construction of the proposed buildings and the acquisition and installation of any machinery and equipment necessary or convenient in ~~connection~~connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

PROJECTED PROJECT INVESTMENT

1-	Land-Related Costs <u>Description of Cost</u>	<u>Amount</u>
(a))	Land-acquisition	\$ _____
(b))	Site-preparation <u>Buildings</u>	\$ _____
(c))	Landscaping <u>Machinery and equipment costs</u>	\$ _____
(d))	Utilities and infrastructure development, <u>roads and appurtenant costs</u>	\$ _____
(e))	Access roads and parking development <u>Architects and engineering fees</u>	\$ _____
<u>Costs of financing</u>		\$ _____
(f)	Other land-related costs (describe <u>Construction loan fees and interest (if applicable):</u>	\$ _____
<u>Other (specify)</u>		
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
2-	Building-Related <u>TOTAL PROJECT COSTS</u>	\$ _____
(a)	Acquisition of existing structures	\$ _____
(b)	Renovation of existing structures	\$ _____
(c)	New construction costs	\$ _____

	(d)	Electrical systems	\$
	(e)	Heating, ventilation and air conditioning	\$
	(f)	Plumbing	\$
	(g)	Other building related costs (describe):	
	3.	Machinery and Equipment Costs	
	(a)	Production and process equipment	\$
	(b)	Packaging equipment	\$
	(c)	Warehousing equipment	\$
	(d)	Installation costs for various equipment	\$

B. Anticipated Project Financing Sources. State the sources reasonably necessary for the financing of the Project site, the construction of the proposed buildings and the acquisition and installation of any machinery and equipment necessary or convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

	<u>(e)Description of Sources</u>	Other equipment related costs (describe):	<u>Amount</u>
	4 Furniture and Fixture Costs		
	(a)Private Sector Financing	Office furniture	\$ <hr/> <hr/>
	(b)Public Sector	Office equipment	\$
	(c)Federal Programs	Computers	\$ <hr/> <hr/>
	(d)	Other furniture related costs	
	5 Working Capital Costs		
	(a)State Programs	Operation costs	\$ <hr/> <hr/>
	(b)Local Programs	Production costs	\$ <hr/> <hr/>
	(c)	Raw materials	\$
	(d)	Debt service	\$
	(e)Applicant Equity	Relocation costs	\$ <hr/> <hr/>
	Other (fspecify, e.g., tax credits)	Skills training	\$
	(g)	Other working capital related	

6 Professional Service Costs		
(a) _____ _____	Architecture and engineering	\$ _____ _____
(b)	Accounting/legal	\$ _____
(c)	Other service related costs	
7 Other Costs		
(a) _____ _____		\$ _____ _____
_____		\$ _____ _____
<u>TOTAL AMOUNT OF PROJECT</u>		_____
<u>FINANCING SOURCES</u>		\$ _____ _____

	(b)		\$
8.	Summary of Expenditures		
	(a)	Total Land Related Costs	\$
	(b)	Total Building related Costs	\$
	(c)	Total Machinery and Equipment Costs	\$
	(d)	Total Furniture and Fixture Costs	\$
	(e)	Total Working Capital Costs	\$
	(f)	Total Professional Service Costs	\$
	(g)	Total Other Costs	\$
	(h)	Total Project Costs (Sum of (a)-(g))	\$

C. B. ~~Yes~~ ~~No~~ Have any of the above expenditures already been made by the applicant? Yes _____; No _____. If yes, indicate particulars:_____

D. Amount of loan requested: \$ _____;

Maturity requested: _____ years.

E. Has a commitment for financing been received as of this application date, and if so, from whom?

Yes _____; No _____. Institution Name: _____

Provide name and telephone number of the person we may contact.

Name: _____ Phone: _____

F. The percentage of Project costs to be financed from public sector sources is estimated to equal the following: _____ %

G. The total amount estimated to be borrowed to finance the Project is equal to the following: \$ _____

VI. FINANCIAL ASSISTANCE EXPECTED FROM THE AGENCY.

A. Financing.

1. Yes No Is the applicant requesting that the Agency issue bonds to assist in financing the Project?

If yes, indicate:

a. Amount of loan requested: \$ _____ ;

and b. Maturity Requested:

Years.

2. Yes No If the answer to question 1 is yes, is the interest on such bonds intended to be exempt from federal income taxation?

3. If the answer to question 2 is yes, will any portion of the Project be used for any of the following purposes?

- | | | |
|---|-------------------------------------|------------------------------------|
| a. Retail food and beverage services: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Automobile sales or service: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Recreation or entertainment: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Golf course: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Country club: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. <u>Massage parlor:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| g. <u>Tennis club:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| h. <u>Skating facility (including roller skating skateboard and ice skating):</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| i. <u>Racquet sports facility:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| j. <u>Handball and racquetball court:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| k. <u>Hot tub facility:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| l. <u>Suntan facility:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| m. <u>Racetrack:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| n. <u>Airplane:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| o. <u>Skybox or private luxury box:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| p. <u>Health club facility:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| q. <u>Gambling:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |
| r. <u>Sale of alcoholic beverages for consumption off premises:</u> | <input type="checkbox"/> <u>Yes</u> | <input type="checkbox"/> <u>No</u> |

f.	Massage parlor:	Yes	No
g.	Tennis club:	Yes	No
h.	Skating facility (including roller skating, skateboard and ice skating):	Yes	No
i.	Racquet sports facility:	Yes	No
j.	Handball and racquetball court:	Yes	No
k.	Hot tub facility:	Yes	No
l.	Suntan facility:	Yes	No
m.	Racetrack:	Yes	No
n.	Airplane:	Yes	No
o.	Skybox or private luxury box:	Yes	No
p.	Health club facility:	Yes	No
q.	Gambling:	Yes	No
r.	Sale of alcoholic beverages for consumption off premises:	Yes	No

4. NAICS Code(s): _____

B. Tax Benefits.

1. Yes No Is the applicant requesting any real property tax exemption in connection with the Project that would not be available to a project that did not involve the Agency?
 Yes No If yes, is the real property tax exemption being sought consistent with the Agency's Uniform Tax Exemption Policy?
2. Yes No Is the applicant expecting that the financing for the Project will be secured by one or more mortgages?
 If yes, what is the approximate amount of financing to be secured by mortgages? \$
3. If the answer to question G in Part II previous is yes, what is the approximate amount of purchases which the applicant expects to be exempt from the NYS Sales and Compensating Use Taxes?
 \$
4. What is the estimated value of each type of tax-exemption being sought in connection with the Project? Please detail the type of tax-exemption and value of each exemption. NOTE: The Agency will assist you in calculating these estimates:
 - a. NYS Sales and Compensating Use Taxes: \$
 - b. Mortgage Recording Taxes: \$

c. Real Property Tax Exemptions: \$

- d. Amount of bonds sought: ~~-\$~~ \$
 Estimated interest savings over life of bond \$
- e. Other (please specify): \$
\$

5. Please list the affected taxing jurisdictions for the Project:

- a. Village (if any):
- b. Town (if any):
- c. City (if any):
- d. School District:

6. Yes No Are any of the tax-exemptions being sought in connection with the Project inconsistent with the Agency's Uniform Tax- Exemption Policy?

If yes, please explain how the request of the applicant differs from the Agency's Uniform Tax-Exemption Policy:

VII. COMMUNITY COSTS AND BENEFITS. Provide the Agency with information on costs and benefits to the community accruing from the project, in the following categories, checking or entering information as applicable:

A. Anticipated Community Benefits

- 1. Jobs retained and created by the project (covered in Part IV above)
- 2. New payroll generated by the project (covered in Part IV above)
- 3. New capital investment made or leveraged by the project (covered in Part V above)
- 4. Total new taxes generated and *not exempted or abated* (must be consistent with Parts IV and VI above), as applicable:
 - a. Estimated new mortgage recording taxes: \$
 - b. Estimated new sales and use taxes:

Additional Purchases (1st year following project completion)	\$
--	----

Additional Sales Tax Paid on Additional Purchases	\$
--	----

Estimated Additional Sales (1 st year following project completion)	\$
Estimated Additional Sales Tax to be collected on additional sales (1 st full year following project completion)	\$

c. New PILOT payments projected for this project and new property taxes projected for this project. (Please discuss eligibility for PILOT schedules with UCIDA staff)

Year	Existing Real Property Taxes	New Real Property Taxes	New PILOT Payments	Total
Current Year				
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				
Year 6				
Year 7				
Year 8				
Year 9				
Year 10				
Year 11				
Year 12				
Year 13				
Year 14				
Year 15				

5. Exceptional wages and benefits

a. At least 80% of FTE's (Full-Time Equivalent) will receive the following hourly wage (including benefits) or better: (Check highest applicable)

_____ \$16.26

_____ \$20.00

_____ \$25.00

b. Yes No During the construction phase 90% of employment will be regional labor (i.e. from Ulster, Sullivan, Greene, Columbia, Dutchess, and/or Orange Counties)? Or

Yes No Applicant will make best efforts to use regional labor during construction phase.

If yes, Applicant is required to provide monthly documentation to support this claim.

c. Of the construction workforce:

_____ At least 50%

_____ At least 75%

will be paid prevailing wages. (See definitions of prevailing wages for Ulster County posted at: www.labor.ny.gov/home.) Applicant is required to submit to the UCIDA monthly certified construction payroll to support this claim.

6. Improvements to the community or the property:

7. New useful products or services:

8. Secondary business generated or attracted for local or new Ulster County vendors, contractors, suppliers, or customers:

9. Environmental sustainability benchmarks:

- a. ~~a.~~ Yes No Reuse/rehabilitation of existing industrial site or construction in a shovel-ready site/designated business park
- b. Yes ~~No LEEDS certified (www.usgbc.org)~~ No LEEDS certified (www.usgbc.org) or significant renewable energy utilization through the use of photovoltaic energy array
- c. Yes No Reclaim a brownfield
- d. Yes No LEEDS certified silver or higher

10. Community investment benchmarks:

- a. ~~a.~~ Yes No Project easily accessible using public transportation (bus stop within 1/4 mile)
- b. Yes No Development in economically distressed area of Ulster County, as defined by the US Economic Development Administration
- c. Yes No Needed industry or service in the local economy as defined by Ulster County or local comprehensive or economic development plan

11. Education and workforce development benchmarks?

a. ~~a.~~ Yes No Post employment openings and collaborate with the Ulster County Workforce Investment Board/ One-Stop Job Center

b. Yes No At least 50% of your workforce required to have advanced education credential (technical degree from an Accredited Technical College, approved NYS Apprenticeship Program, or Associate degree or higher)

12. Project includes a workforce housing component, i.e., supportive housing for seniors or the disabled or moderately priced dwelling units that families earning 60% to 120% of the area median income can purchase or rent.

13. Other benefits to the Ulster County community:

=

=

B. Anticipated Community Costs

1. Potential taxes forgone (covered in Part VI above)

2. Buildings vacated

3. Publicly funded infrastructure required

Type of infrastructure required	Estimated cost
	\$
	\$
	\$
	\$

4. Cost of new anticipated municipal services required by the project (for the same period used in A.4.c. above)

New municipal service	Estimated cumulative cost
	\$
	\$
	\$
	\$

5. Environmental costs (please fill out, separate Environmental Assessment Form)

6. Other costs to the community:

=

VIII. REPRESENTATIONS BY THE APPLICANT. The applicant understands and agrees with the Agency as follows:

- A. Job Listings. In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by the collective bargaining

agreements, new employment opportunities created as a result of the Project (including any tenants located in the Project) will be listed with the New York State Department of Labor Community Services Division (the "DOL") and the Ulster County Office of

Employment and Training (collectively with the DOL, the “OET Entities”), the administrative ~~entities~~entity of the service delivery area created by the Federal Job Training Partnership Act (Public Law 97-300)(the “OET Law”), as supplanted by the Workplace Investment Act of 1998 (P.L. No. 105-220), in which the Project is located.

- B. First Consideration for Employment. In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant (and any tenants located in the Project) will first consider persons eligible to participate in OET Law programs who shall be referred by the OET Entities for new employment opportunities created as a result of the Project.
- C. Annual Sales Tax Filings. In accordance with Section 874(8) of the New York General Municipal Law, the applicant understands and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the applicant agrees to file, or cause ~~to~~to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the applicant and all consultants or subcontractors retained by the applicant.
- D. Annual Employment Reports. The applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the applicant agrees to file, or cause to be filed ~~(including any tenants located in the Project)~~, with the Agency, on an annual basis, reports regarding the number of people employed at the Project site, including (1) the NYS-45 – Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return – for the quarter ending December 31 (the “NYS-45”), and (2) the US Dept. of Labor BLS 3020 Multiple Worksite report if applicable.
- ~~E. Absence of Conflicts of Interest. The applicant has received from the Agency a list of the members, officers and employees of the Agency. No member, officer or employee of the Agency has an interest whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described.
If more space is required please add a page.~~
- ~~F~~E. Agency Enforcement Policy. The applicant acknowledges that it has read and understands the Agency’s Enforcement of Agency Projects Policy and recognizes that in connection the assistance by the Agency in the undertaking by the applicant of the

Project, the Agency will require the applicant to execute and deliver a Project Benefits Agreement (or equivalent agreement) that will provide, among other things, that upon the failure by the applicant to meet certain agreed upon job creation and retention levels and other requirements, the documents providing for assistance to the applicant, including the PILOT

Agreement, will be subject to possible termination and the applicant will be subject to possible “claw-back” provisions relating to the tax abatements provided by the Agency.

F. Uniform Agency Project Agreement. The applicant agrees to enter into a project benefits agreement with the Agency where the applicant agrees that (1) the amount of Financial Assistance to be received shall be contingent upon, and shall bear a direct relationship to the success or lack of success of such project in delivering certain described public benefits (the “Public Benefits”) and (2) the Agency will be entitled to recapture some or all of the Financial Assistance granted to the applicant if the project is unsuccessful in whole or in part in delivering the promised Public Benefits.

~~IX. CERTIFICATION AND SIGNATURE~~

~~I certify that I have prepared the responses provided in this Application and that, to the best of my knowledge, such responses are true, correct and complete.~~

~~I understand that the foregoing information and attached documentation will be relied upon, and constitute inducement for, the Agency in providing financial assistance to the Project. I certify that I am familiar with the Project and am authorized by the Company to provide the foregoing information and to sign the application, and such information is true and complete to the best of my knowledge. I further agree that I will advise the Agency of any changes in such information, and will answer any further questions regarding the Project prior to the closing.~~

G. Representation of Financial Information. Neither this Application nor any other agreement, document, certificate, project financials, or written statement furnished to the Agency or by or on behalf of the applicant in connection with the project contemplated by this Application contains any untrue statement of a material fact or omits to state a material fact necessary in order to make the statements contained herein or therein not misleading. There is no fact within the special knowledge of any of the officers of the applicant which has not been disclosed herein or in writing by them to the Agency and which materially adversely affects or in the future in their opinion may, insofar as they can now reasonably foresee, materially adversely affect the business, properties, assets or condition, financial or otherwise, of the applicant.

H. Agency Financial Assistance Required for Project. The Project would not be undertaken but for the Financial Assistance provided by the Agency or, if the Project could be undertaken without the Financial Assistance provided by the Agency, then the Project should be undertaken by the Agency for the following reasons:



- I. Compliance with Article 18-A of the General Municipal Law: The Project, as of the date of this Application, is in substantial compliance with all provisions of article 18-A of the General Municipal including, but not limited to, the provisions of Section 859-a and subdivision one of Section 862; and the provisions of subdivision one of Section 862 of the General Municipal Law will not be violated if Financial Assistance is provided for the Project.
- J. Compliance with Federal, State, and Local Laws. The applicant is in substantial compliance with applicable local, state, and federal tax, worker protection, and environmental laws, rules, and regulations.
- K. False or Misleading Information. The applicant understands that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemptions claimed by reason of Agency involvement in the Project.
- L. Absence of Conflicts of Interest. The applicant acknowledges that the members, officers and employees of the Agency are listed on the Agency's website. No member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:
-
- M. Additional Information. Additional information regarding the requirements noted in this Application and other requirements of the Agency are included in the Agency's Policies which can be accessed at <http://ulstercountyny.gov/economic-development/ulster-county-industrial-development-agency/policies>.

I ~~hereby swear, or~~ affirm, under penalty of perjury ~~and other potential criminal penalties that~~ that all statements made ~~by me in~~ on this application are true, accurate and complete to the best of my knowledge.

		<u>Applicant</u>
<u>By:</u>	<hr/>	
	<u>Title:</u> Name of Person	<hr/>
	Comp	leting Project
Questionnaire on beha		If of the Company

~~Printed Name:~~

~~Title:~~

~~Date:~~

~~Telephone:~~

~~Signature: _____~~

NOTE: ~~A applicant must~~ APPLICANT MUST ALSO COMPLETE THE APPROPRIATE VERIFICATION APPEARING ON PAGES ~~32~~34 THROUGH ~~35 hereof~~37 HEREOF BEFORE A NOTARY PUBLIC AND MUST SIGN AND ACKNOWLEDGE THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE ~~36~~38.

VERIFICATION

(If applicant is ~~a Partnership~~ sole proprietor)

STATE OF _____)
~~STATE OF _____)~~ SS.:
COUNTY OF _____)

_____, deposes and says
COUNTY OF:

(Name of Individual)

~~, deposes and says that he is one~~

~~of the members of the firm of _____,~~

~~(Partnership Name)~~

~~the partnership named in the attached application;~~ that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application ~~as well as information acquired by deponent in the course of his duties as a member of and from the books and papers of said partnership.~~

~~(Partner)~~

Sworn to before me this
day of _____, 20__.

_____ day of _____, _____

(Notary Public)

012253.00000-Business-15041577v1

~~Notary Public~~

~~PAGE 34~~

~~6/10/2014~~

~~ULSTER COUNTY INDUSTRIAL DEVELOPMENT AGENCY
APPLICATION FOR SALE/LEASEBACK OR BOND TRANSACTION~~

VERIFICATION

(If applicant is ~~a Limited Liability Company~~partnership)

STATE OF _____)
~~STATE OF _____)~~ SS.:
COUNTY OF _____)

_____, deposes and says
~~COUNTY _____~~ (Name of: Individual)
that he is one of the members of the firm of _____,
~~(Name of officer of applicant)~~
of _____ ~~deposes and says that he is the~~
_____ (Title)

~~(Company~~Partnership Name)
the ~~Company~~partnership named in the attached application; that he has read the foregoing application and knows the contents ~~thereof~~thereof; and that the same is true and complete and accurate to the best of his knowledge. ~~Deponent further says that the reason this verification is made by the deponent and not by said Company is because the said Company is a limited liability company.~~ The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as ~~an officer~~a member of and from the books and papers of said ~~Company~~partnership.

(Officer of applicant)

Sworn to before me this
_____ day of _____, 20____.

_____ day of _____,

(Notary Public)

VERIFICATION

(If applicant is ~~a Sole Proprietor~~ limited liability company)

STATE OF _____)
~~STATE OF _____)~~ SS.:
COUNTY OF _____)

_____, deposes and says
~~COUNTY OF:~~

(Name of Individual)

that he is one of the members of the firm of

~~deposes and says that he has read~~

(Limited Liability Company)

the limit liability company named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal

knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as a member of and from the books and papers of said limited liability company.

~~(Proprietor)~~

Sworn to before me this
_____ day of _____, 20__.

_____ day of _____, ____

(Notary Public)

=====

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 38 IS SIGNED BY THE APPLICANT.

=====

TO: Project Applicants
FROM: Ulster County Industrial Development Agency
RE: Cost/Benefit Analysis

In order for the Ulster County Industrial Development Agency (the “Agency”) to prepare a Cost/Benefit Analysis for a proposed project (the “Project”), the Applicant must answer the questions contained in this Project Questionnaire (the “Questionnaire”) and complete the attached Schedules. This Questionnaire and the attached Schedule will provide information regarding various aspects of the Project, and the costs and benefits associated therewith.

This Questionnaire must be completed before we can finalize the Cost/Benefit Analysis, please complete this Questionnaire and forward it to us at your earliest convenience.

PROJECT QUESTIONNAIRE

<u>1. Name of Project Beneficiary (“Company”):</u>	
<u>2. Brief Identification of the Project:</u>	
<u>3. Estimated Amount of Project Benefits Sought:</u>	
<u>A. Amount of Bonds Sought:</u>	\$ _____
<u>B. Value of Sales Tax Exemption Sought</u>	\$ _____
<u>C. Value of Real Property Tax Exemption Sought</u>	\$ _____
<u>D. Value of Mortgage Recording Tax Exemption Sought</u>	\$ _____
<u>4. Likelihood of accomplishing the Project in a timely fashion:</u>	

PROJECTED PROJECT INVESTMENT

<u>A. Land-Related Costs</u>	
<u>1. Land acquisition</u>	\$ _____
<u>2. Site preparation</u>	\$ _____
<u>3. Landscaping</u>	\$ _____
<u>4. Utilities and infrastructure development</u>	\$ _____
<u>5. Access roads and parking development</u>	\$ _____
<u>6. Other land-related costs (describe)</u>	\$ _____

<u>B.</u>	<u>Building-Related Costs</u>	
1.	<u>Acquisition of existing structures</u>	\$ _____
2.	<u>Renovation of existing structures</u>	\$ _____
3.	<u>New construction costs</u>	\$ _____
4.	<u>Electrical systems</u>	\$ _____
5.	<u>Heating, ventilation and air conditioning</u>	\$ _____
6.	<u>Plumbing</u>	\$ _____
7.	<u>Other building-related costs (describe)</u>	\$ _____
<u>C.</u>	<u>Machinery and Equipment Costs</u>	
1.	<u>Production and process equipment</u>	\$ _____
2.	<u>Packaging equipment</u>	\$ _____
3.	<u>Warehousing equipment</u>	\$ _____
4.	<u>Installation costs for various equipment</u>	\$ _____
5.	<u>Other equipment-related costs (describe)</u>	\$ _____
<u>D.</u>	<u>Furniture and Fixture Costs</u>	
1.	<u>Office furniture</u>	\$ _____
2.	<u>Office equipment</u>	\$ _____
3.	<u>Computers</u>	\$ _____
4.	<u>Other furniture-related costs (describe)</u>	\$ _____
<u>E.</u>	<u>Working Capital Costs</u>	
1.	<u>Operation costs</u>	\$ _____
2.	<u>Production costs</u>	\$ _____
3.	<u>Raw materials</u>	\$ _____
4.	<u>Debt service</u>	\$ _____
5.	<u>Relocation costs</u>	\$ _____
6.	<u>Skills training</u>	\$ _____
7.	<u>Other working capital-related costs (describe)</u>	\$ _____
<u>F.</u>	<u>Professional Service Costs</u>	
1.	<u>Architecture and engineering</u>	\$ _____
2.	<u>Accounting/legal</u>	\$ _____
3.	<u>Other service-related costs (describe)</u>	\$ _____
<u>G.</u>	<u>Other Costs</u>	
1.	_____	\$ _____
2.	_____	\$ _____

<u>H.</u>	<u>Summary of Expenditures</u>	
<u>1.</u>	<u>Total Land-Related Costs</u>	<u>\$</u>
<u>2.</u>	<u>Total Building-Related Costs</u>	<u>\$</u>
<u>3.</u>	<u>Total Machinery and Equipment Costs</u>	<u>\$</u>
<u>4.</u>	<u>Total Furniture and Fixture Costs</u>	<u>\$</u>
<u>5.</u>	<u>Total Working Capital Costs</u>	<u>\$</u>
<u>6.</u>	<u>Total Professional Service Costs</u>	<u>\$</u>
<u>7.</u>	<u>Total Other Costs</u>	<u>\$</u>

PROJECTED PROFIT

I. Please provide projected profit as defined by earnings after income tax but before depreciation and amortization:

<u>YEAR</u>	<u>Without IDA benefits</u>	<u>With IDA benefits</u>
<u>1</u>	\$ _____	\$ _____
<u>2</u>	\$ _____	\$ _____
<u>3</u>	\$ _____	\$ _____
<u>4</u>	\$ _____	\$ _____
<u>5</u>	\$ _____	\$ _____

PROJECTED CONSTRUCTION EMPLOYMENT IMPACT

I. Please provide estimates of total construction jobs and the total annual wages and benefits of construction jobs at the Project:

<u>Year</u>	<u>Number of Construction Jobs</u>	<u>Total Annual Wages and Benefits</u>	<u>Estimated Additional NYS Income Tax</u>
<u>Current Year</u>		\$ _____	\$ _____
<u>Year 1</u>		\$ _____	\$ _____
<u>Year 2</u>		\$ _____	\$ _____
<u>Year 3</u>		\$ _____	\$ _____
<u>Year 4</u>		\$ _____	\$ _____
<u>Year 5</u>		\$ _____	\$ _____

PROJECTED PERMANENT EMPLOYMENT IMPACT

I. Estimates of the total number of existing permanent jobs to be preserved or retained as a result of the Project are described in the tables in Section IV of the Application.

II. Estimates of the total new permanent jobs to be created at the Project are described in the tables in Section IV of the Application.

III. Please provide estimates for the following:

A. Creation of New Job Skills relating to permanent jobs. Please complete Schedule A.

IV. Provide the projected percentage of employment that would be filled by Ulster County residents:

A. Provide a brief description of how the project expects to meet this percentage:

PROJECTED OPERATING IMPACT

I. Please provide estimates for the impact of Project operating purchases and sales:

<u>Additional Purchases (1st year following project completion)</u>	\$ _____
<u>Additional Sales Tax Paid on Additional Purchases</u>	\$ _____
<u>Estimated Additional Sales (1st full year following project completion)</u>	\$ _____
<u>Estimated Additional Sales Tax to be collected on additional sales (1st full year following project completion)</u>	\$ _____

II. Please provide estimates for the impact of Project on existing real property taxes and new payments in lieu of taxes (“Pilot Payments”):

<u>Year</u>	<u>Existing Real Property Taxes (Without IDA involvement)</u>	<u>New Pilot Payments (With IDA)</u>	<u>Total (Difference)</u>
<u>Current Year</u>			
<u>Year 1</u>			
<u>Year 2</u>			
<u>Year 3</u>			
<u>Year 4</u>			
<u>Year 5</u>			
<u>Year 6</u>			
<u>Year 7</u>			
<u>Year 8</u>			
<u>Year 9</u>			
<u>Year 10</u>			

III. Please provide a detailed description for the impact of other economic benefits and all anticipated community benefits expected to be produced as a result of the Project (attach additional pages as needed for a complete and detailed response):

6/10/2014

ULSTER COUNTY INDUSTRIAL DEVELOPMENT AGENCY
APPLICATION FOR SALE/LEASEBACK OR BOND TRANSACTION

CERTIFICATION

I certify that I have prepared the responses provided in this Questionnaire and that, to the best of my knowledge: such responses are true, correct, and complete.

I understand that the foregoing information and attached documentation will be relied upon, and constitute inducement for, the Agency in providing financial assistance to the Project. I certify that I am familiar with the Project and am authorized by the Company to provide the foregoing information, and such information is true and complete to the best of my knowledge. I further agree that I will advise the Agency of any changes in such information, and will answer any further questions regarding the Project prior to the closing.

I affirm under penalty of perjury that all statements made on this application are true, accurate and complete to the best of my knowledge.

<u>Date Signed:</u> _____, 20____.	<u>Name of Person Completing Project Questionnaire on behalf of the Company.</u>
	<u>Name:</u> _____
	<u>Title:</u> _____
	<u>Phone Number:</u> _____
	<u>Address:</u> _____
	<u>Signature:</u> _____

