



Empire State Development

Upstate Regional Blueprint Fund Downstate Revitalization Fund

APPLICATION

Released May 11, 2009

Funding Round Application Due Dates:

June 15, 2009

September 15, 2009

December 15, 2009

March 15, 2010

ESDC Internal

Date Application Received:

Application Tracking #:

APPLICATION CHECKLIST

Project Name: _____

Applicant: _____

	Attached? <i>(Enter "N/A" if not applicable)</i>
Signed certification and completed application	
Application fee payable to Empire State Development Corporation	
Exhibit 1: Organizational Chart	
Exhibit 2: Corporate Financial Information	
Exhibit 3: Personal Guarantor Financial Disclosure	
Exhibit 4: Collateral List	
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Exhibit 16: Phase 1 Environmental Site Assessment	
Exhibit 17: Photos & Drawings	

Certification: The undersigned solemnly affirms that to the best of my knowledge, information and belief, the application is complete and that all statements, including all schedules, attachments and additional information submitted in connection herewith, are true and accurate. I hereby authorize ESDC to order credit reports or other financial background information on any individual or entity proposed as a guarantor, as may be necessary to provide the assistance requested.

Signature		
Type Name		
Title		Date

SUMMARY SHEET

Note: The terms of assistance provided under the Upstate Regional Blueprint Fund and Downstate Revitalization Fund are governed by the Guidelines released May 11, 2009. Please consult the Guidelines and the glossary of defined terms contained therein when preparing this Application. ESDC reserves the right to offer project awards to sponsors in different amounts and under terms other than requested or than included in the Guidelines.

APPLICANT: _____

PROJECT NAME: _____

CONTACT INFORMATION

Name: _____

Title: _____

Address: _____

Phone & email: _____

PROJECT LOCATION

Name: _____

Street Address: _____

Street Address: _____

City, State, Zip: _____

County: _____

Senate District: _____ Assembly District: _____

Name of Empire Zone (if applicable): _____

INSTRUCTIONS: *If applicant is located in an Empire Zone or intends to apply for Empire Zone benefits, complete **Exhibit 5, Empire Zones Program Benefit Calculation Form.***

Name of Brownfield Opportunity Area (if applicable): _____

11-digit Census tract: _____

ASSISTANCE REQUESTED: \$ _____

Funding track (check one):

Business Investment ___ Infrastructure Investment ___ Downtown Redevelopment ___

Form of funding requested (check one):

Grant ___ Convertible Loan ___ Subsidized Loan ___ (term requested,* in years: ___)

*If secured by machinery/equipment, term not to exceed lesser of useful life and ten years.

If secured by real estate, term not to exceed 20 years.

PROJECT'S PROPOSED CONSTRUCTION COMMENCEMENT & COMPLETION DATES:

BASIC BUSINESS INFORMATION

Federal Employer Identification Number (FEIN): _____

NYS Unemployment Insurance registration number: _____

NAICS Code of business at Project Location: _____

Description of Applicant's business activity at Project Location (goods produced, services performed, etc.):

Description of Applicant's competitive market (primary suppliers and customers, markets served, major competitors):

What share of Applicant's goods and services are sold in New York State? _____

PROJECT NARRATIVE

Description: Describe the Project to be undertaken, including capital expenditures, specifying the nature and size of land and/or buildings to be acquired; demolition and remediation, if any; facilities or infrastructure to be built or renovated; and machinery or equipment to be acquired.

Why is the Project being undertaken? (Operating businesses should explain how the Project is expected to affect the Applicant's future operating results.)

Why is New York State being asked to provide financial support for this Project? If alternative Project locations or options are being considered seriously, please provide information about them, including out-of-state incentives, if any.

Does this Project involve clean technology and/or renewable energy? If yes, please provide details:

Does this Project involve green building, transit-oriented development or other sustainable development? If so, explain how.

Will the Project increase the community's economic and social viability? Will the Project have significant regional breadth or wide regional impact? If so, how?

Does the Project comport with a regional or local development plan or initiative? If so, how?

PRIOR ACTIVITY

Has there been any announcement (press release, media reports, etc.) regarding this project? YES___ NO ___

Please describe any activity that could be interpreted as initiating the Project, including, but not limited to:

- entering into or paying for any contracts, purchase offers, commitments, or other agreements for any Project-related activities;
- business formation or incorporation directly related to the Project;
- the Project is required in order to fulfill a contract for which the Applicant was successful bidder, or to comply with a regulatory requirement.

ENTITY FORM / CORPORATE OWNERSHIP, page 1

INSTRUCTIONS: In addition to the information requested below, all Applicants must complete **Exhibit 1, Organizational Chart**.

Please note the Applicant's form:

___ Government
City Town Village County

___ Public benefit corporation
Please fill in Table 2 on the next page

___ Privately held for-profit business
"C" corp. "S" corp. LLC LP Sole proprietorship Other: _____
Please fill in Table 1 on the next page

___ Publicly held for-profit business
Note: **Exhibit 2, Corporate Financial Information** is required for publicly held businesses and their subsidiaries only if a Subsidized Loan is requested.

___ Not-for-profit corporation
501(c)(3) 501(c)(4) Other: _____
Please fill in Table 2 on the next page

___ Other (specify): _____

Does any entity and its affiliates together own 50% or more of Applicant? YES ___ NO ___
If Yes, complete **Exhibit 2, Corporate Financial Information** for each entity in the ownership group.

Does any individual and her/his immediate family members together own 20% or more of Applicant? YES ___ NO ___
If Yes, **and if a Subsidized Loan is sought**, complete **Exhibit 3, Personal Guarantor Financial Disclosure** for each member of the ownership group.

Does any individual and her/his immediate family members together own 50% or more of Applicant? YES ___ NO ___
If Yes, complete **Exhibit 3, Personal Guarantor Financial Disclosure** for each member of the ownership group.

Is Applicant (or any owner of a 50% or greater interest) a New York State-certified Minority- or Women-owned Business Enterprise? YES ___ NO ___
If Yes, provide name of M/WBE: _____

Is there a relationship by virtue of common ownership or control between the Applicant and the vendor of any asset the Applicant intends to acquire as part of the Project? YES ___ NO ___ If Yes, explain:

SUITABILITY

INSTRUCTIONS: *If the answer to any question below is Yes, please explain as **Exhibit 6, Suitability Explanation**.*

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

YES ___ NO ___

Has the Applicant or any affiliate been cited for a violation of federal, State or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or other operating practices?

YES ___ NO ___

Is the Applicant or any affiliate delinquent on any New York State, federal or local tax obligations or has it been delinquent on any such tax obligations within the last 5 years?

YES ___ NO ___

Has the Applicant or any affiliate ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

YES ___ NO ___

Has the Applicant or any affiliate ever settled a debt with a lending institution for less than the full amount outstanding?

YES ___ NO ___

Are there any outstanding judgments or liens pending against the Applicant or any Affiliate other than liens in the normal course of business?

YES ___ NO ___

Is the Applicant or any affiliate presently the subject of any litigation, or is any litigation threatened, which may have a material adverse effect on their financial condition?

YES ___ NO ___

Has the Applicant been in operation for less than three years?

YES ___ NO ___

PENDING & PRIOR ASSISTANCE

Instructions: Please describe all public subsidies received or pending from New York State or its local governments within the last five years.

ESDC Assistance Requested or Received by Applicant within Last Five Years

Project name and purpose	Amount & form (loan or grant)	Status (pending, approved, disbursed, completed)	Last action (and date)	ESDC Project Number

Other New York State Assistance Received by Applicant within Last Five Years

(Applicants that are government entities need not complete the table below.)

Project name and purpose	Source of Funds	Year	Amount & form (loan or grant)	Status (approved, disbursed, completed)

SOURCES & USES

INSTRUCTIONS: See **Appendix A** for an example of a completed spreadsheet.

Uses	Explanation	Cost
Planning/feasibility study costs (specify)		\$ -
Land acquisition		-
Acquisition of existing assets (specify)		-
Demolition		-
Environmental remediation		-
Hard costs, inc. contingency		-
Infrastructure costs (specify)		-
Machinery + Equipment (specify)		-
Furniture, Fixtures + Equipment (specify)		-
Soft costs, inc. contingency		-
Developer fee		-
Other (specify)		-
Total:		\$ -

Sources	Provider	Amount	Terms
Senior debt		\$ -	
Subordinate debt		-	
Subject request for ESDC assistance		-	
Total Other Sources: Committed (see below)		-	
Total Other Sources: Potential (see below)		-	
Corporate cash/line of credit/Related Entity loan		-	
Additional cash equity contribution		-	
Deferred developer fee		-	
Other (specify)		-	
Unidentified		-	
Total:		\$ -	

Other Sources: Committed		Terms
Provider	Use of Funds	
A		\$ -
B		-
C		-
Total:		\$ -

Other Sources: Potential		Terms
Provider	Use of Funds + Status of Request	
X		\$ -
Y		-
Z		-
Subtotal:		\$ -
Allowance for rejection of funding requests from potential sources (in order to show balanced budget):		-
Total:		\$ -

For the Uses above, indicate the approximate percentage of construction costs to be incurred in each of the following years:

- 2009:
- 2010:
- 2011:
- 2012:

As **Exhibit 7, Commitment Letters/Term Sheets**, provide copies of commitment letters or term sheets for the funding sources listed above, if available.

ADDITIONAL FINANCIAL INFORMATION

OPERATING PRO FORMA

Applicants for Subsidized Loans must provide *pro forma* operating projections demonstrating ability to repay the requested ESDC loan, meeting ESDC's minimum Debt Coverage Ratio on all debt. For operating companies assuming improved operating results relative to prior years, a detailed justification should be provided.

Applicants for Grants or Convertible Loans that are likely to receive a low credit score due to a history of poor cash flow, high leverage or low solvency, but which expect a future turnaround, are additionally invited to provide *pro forma* operating projections with a detailed explanation of how the improved results will be achieved.

*This operating pro forma and explanations should be provided as **Exhibit 8, Operating Pro Forma**.*

COLLATERAL LIST

*The **Collateral List, Exhibit 4**, must be provided by Applicants for Subsidized Loans.*

PUBLIC SUBSIDIES

INSTRUCTIONS: Government Applicants (city, town, village, county) should skip this page.

SALES TAX EXEMPTIONS

Has Applicant received, or does Applicant expect to receive, a Sales Tax Exemption Certificate or a sales tax refund? If so, please provide the expected value of the total exemption or refund _____ and the years it will be valid _____.

PROPERTY TAX ABATEMENTS

Will the Project receive property tax abatement through §485-b? YES _____ NO _____

Will the Project receive property tax abatement through §485-e? YES _____ NO _____

Will the Project receive property tax abatement/PILOT through an industrial development agency (IDA)? YES _____ NO _____

If yes, please provide the schedule of the annual savings over the term.

Through which IDA? _____

UTILITY RATE REDUCTION & NYPA LOW-COST POWER PROGRAM

Utility Rate Reduction: Please provide the schedule of annual savings resulting from utility rate reductions (electricity, gas, telecom) and the term of the reduction. _____

Does the Applicant have a contract for low-cost power? Please describe contract terms:

MORTGAGE RECORDING TAX EXEMPTION

Has Applicant received, or does Applicant expect to receive, a Mortgage Recording Tax exemption? Please indicate the value of the mortgage or the exemption, if known. _____

OTHER GOVERNMENT SUBSIDIES

Please provide the following information for any additional local government subsidy:

Source	Type of Subsidy	Annual Savings	Term

INSTRUCTIONS: This section must be completed by Business Investment Applicants committing to achieve/maintain employment levels for a period of five years following receipt of ESDC funding, subject to compliance provisions. This section may be completed by Infrastructure Investment and Downtown Redevelopment Applicants; such Applicants doing so must indicate the entity/entities providing the job commitments and provide financial disclosure on those third-party guarantors. ESDC may accept an employment commitment from an acceptable creditworthy entity that will provide those jobs directly, upon review of that party's Financial Information.

Full-Time Permanent Employees*		
	Applicant	Applicant & Affiliates
Project location	Current_____ Projected _____	Current_____ Projected _____
New York State**	Current_____ Projected _____	Current_____ Projected _____
United States	Current_____ Projected _____	Current_____ Projected _____
Worldwide	Current_____ Projected _____	Current_____ Projected _____
<p>*A Full-time Permanent Employee is a full-time, permanent, private sector employee on the Applicant's payroll who works at the Project Location for a minimum of 35 hours per week for not less than 4 consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the Applicant to other employees of comparable rank and duties; or 2 part-time, permanent, private sector employees on Applicant's payroll who work at the Project Location for a combined minimum of 35 hours per week for not less than 4 consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the Applicant to other employees of comparable rank and duties.</p> <p>** If more than one NY State facility, please attach a list as Exhibit 9, Additional NY State Facilities. The list should include each major location, facility address and number of Full-time Permanent Employees. The total in the list should equal the NY State figure, above.</p>		

Of the Full-time Permanent Employees located in NY State, what share are NY State residents? ____%

AT-RISK POSITIONS: Are any positions counted above At Risk of being lost or moved out of state should the Project not proceed? If yes, please explain:

Employees Committed by Applicant at Project Location

INSTRUCTIONS: See **Appendix B** for an example of a completed spreadsheet. Year 1 is the year in which construction commences.

Full-time Permanent Employees	Current	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Current baseline employment, not at risk	0	0	0	0	0	0	0	0
Current employment at risk	0	0	0	0	0	0	0	0
New jobs to be added over Current Year		0	0	0	0	0	0	0
Total Permanent Employment at Year End	0	0	0	0	0	0	0	0

Average Annual Wage/Salary at Project Location	Full-time Permanent Employees
New jobs	\$ _____
At-risk jobs	\$ _____

Is Applicant currently subject to any job creation, employment level, capital expenditure or other obligations resulting from previous public (federal, state or local) funding? YES ___ NO ___

*If Yes, submit detailed information as **Exhibit 10, Existing Obligations.***

REAL ESTATE INFORMATION, page 1

Is the Project on land that may be environmentally contaminated or has a Phase 1 Environmental Site Assessment been performed? YES ___ NO ___

If yes, is there any contamination and what are the plans for remediation, if any?

*If a Subsidized Loan is requested that will be secured by real estate, attach the report as **Exhibit 16, Phase 1 Environmental Site Assessment**.*

Does the Project require review pursuant to the State Environmental Quality Review Act (SEQRA)? (For information about SEQRA, visit <http://www.dec.ny.gov>.) YES ___ NO ___

If yes, what is the status?

If yes, you may be asked to provide a copy of the SEQRA review documents, e.g. Environmental Assessment Form and Negative Declaration, or Draft and Final Environmental Impact Statements and Statement of Findings.

Does the Project involve:

- Demolition or rehabilitation of a building(s) more than 50 years old? YES ___ NO ___
- Demolition or rehabilitation of a building(s) or new construction on or contiguous to a site listed on or eligible for listing on the State or National Registers of Historic Places? YES ___ NO ___

If yes to either of the above, the Project requires consultation with the State Historic Preservation Office (SHPO). (For more information, visit <http://nysparks.state.ny.us/shpo>.) If the Project requires SHPO consultation, what is the status?

Has an architect been engaged? YES ___ NO ___

If yes, provide name and firm: _____

Which drawings have been prepared? None ___ Schematics ___ Design ___ Construction ___

Have a Construction Manager and/or General Contractor been selected? YES ___ NO ___

If yes, specify which and name firms: _____

Attach copies of third party estimates for Project costs as **Exhibit 13, Cost Estimates**. Attached ___ Not Available ___

INSTRUCTIONS: Applicants for Business Investment funding should skip this page.

FOR INFRASTRUCTURE INVESTMENT & DOWNTOWN REDEVELOPMENT PROJECTS

Attach **Exhibit 11, Developer Background**, including individual and corporate resumes, with descriptions of projects developed, projects under management and other projects under development, specifying square footage and development costs.

What is the estimated value of the property currently? \$ _____

What is the estimated value of the property as-built? \$ _____

Attach **Exhibit 15, Property Appraisal**. If no appraisal is available, attach a market study.

Have tenants been identified? YES ___ NO ____

If Yes, provide copies of **Tenant Leases and Letters of Intent** as **Exhibit 12**, indicating square footage, start date, rent amount and anticipated number of employees, if available.

For what percentage of overall square footage are there tenants with signed leases? _____%

For what percentage of overall square footage are there tenants identified with letters of intent? _____%

Does the Project involve reuse of an existing structure and/or remediation of an environmentally contaminated property? If so, explain.

FOR DOWNTOWN REDEVELOPMENT PROJECTS ONLY

Attach photographs and drawings in **Exhibit 17, Photos & Drawings**.

Does the Project bear the potential to revitalize a downtown neighborhood? If so, explain.

Is the Project consistent with surrounding architecture and does it involve architectural preservation? If so, how?

PROJECT READINESS

Does Applicant currently own the site in question? YES ___ NO ___

If no, describe how and when the Applicant plans to acquire the site:

If Applicant currently leases or intends to lease the site, what are the terms of the lease?

Does the Project require a zoning change or variance, site plan, special permit, subdivision, or other planning or zoning approval?
YES ___ NO ___

If yes, what is the status of the approval?

List all other federal, state, and local permits or approvals required for the Project:

Agency Name	Permit Name	Status

LETTERS OF SUPPORT

INSTRUCTIONS: List below all of the support letters/resolutions that are attached to this application as **Exhibit 14, Support Letters**. For private entities, ESDC will consider resolutions from local legislatures and letters from elected executive officials and local industrial development agencies, together with evidence of funding commitments from these sources. For public entities, ESDC will consider letters of support from any other public or private entities, including evidence of funding commitments from these sources. ESDC will also consider letters of support from non-public entities in addition to those listed above, such as businesses, non-profits, regional parties and academic institutions.

Name	Type of Entity (government, not-for-profit, academic institution, etc.)	Funding Provided for this Project?
		Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____
		Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____
		Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____
		Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____
		Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____
		Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____
		Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____

AFFIRMATIVE ACTION & NON-DISCRIMINATION

It is the policy of the State of New York, and the ESDC, to comply with all federal, State and local laws, policies, orders, rules and regulations that prohibit unlawful discrimination because of race, creed, color, national origin, sex, sexual orientation, age, disability or marital status, and to take affirmative action when implementing projects to ensure that Minority and Women-owned Business Enterprises (M/WBEs), Minority Group Members and women share in the economic opportunities generated by ESDC's participation in projects or initiatives, or the use of ESDC funds. ESDC's Non-Discrimination and Affirmative Action policy will apply to awards issued under the Upstate Fund and Downstate Fund. The beneficiary shall, to the extent permitted by law, agree to undertake a program of affirmative action as directed by and substantially in accordance with the affirmative action program of ESDC.

If your Project is approved for funding, where applicable, ESDC's affirmative action unit will implement an affirmative action program, including business and employment participation goals for minorities and women.

APPENDIX A

Sample Sources & Uses

Uses	Explanation	Cost
Planning/feasibility study costs (specify)		\$ -
Land acquisition		100,000
Acquisition of existing assets (specify)		-
Demolition		-
Environmental remediation		500,000
Hard costs, inc. contingency		2,000,000
Infrastructure costs (specify)		
Machinery + Equipment (specify)		500,000
Furniture, Fixtures + Equipment (specify)		-
Soft costs, inc. contingency		50,000
Developer fee		-
Other (specify)		-
	Total:	\$ 3,150,000

Sources	Provider	Amount	Terms
Senior debt	Bank A	\$ 1,500,000	10 yrs, 20 yr amort @ 7%
Subordinate debt	Loan Fund B	500,000	10 yrs, 20 yr amort @ 12%
Subject request for ESDC assistance	ESDC machinery + equipment loan	300,000	5 yrs @ 3%
Total Other Sources: Committed (see below)		300,000	
Total Other Sources: Potential (see below)		235,000	
Corporate cash/line of credit/Related Entity loan		-	
Additional cash equity contribution		315,000	
Deferred developer fee		-	
Other (specify)		-	
Unidentified		-	
	Total:	\$ 3,150,000	

Other Sources: Committed		Terms
Provider	Use of Funds	
Local Loan Fund	hard costs	\$ 100,000 5 yrs, amortizing, 5%
Foundation Grant	land acquisition	100,000 grant
Municipal Grant	environmental remediation	100,000 grant
	Total:	\$ 300,000

Other Sources: Potential		Terms
Provider	Use of Funds + Status of Request	
Foundation A	historical preservation; answer expected 12/09	\$ 100,000
Foundation B	environmental remediation; answer expected 9/09	100,000
Foundation C	streetscape improvements; status unknown	100,000
	Subtotal:	\$ 300,000
	Allowance for rejection of funding requests from potential sources (in order to show balanced budget):	(65,000)
	Total:	\$ 235,000

APPENDIX B

Sample Job Commitment Spreadsheet

Full-time Permanent Employees	Current	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Current baseline employment, not at risk	75	75	75	75	75	75	75	75
Current employment at risk	25	25	25	25	25	25	25	25
New jobs to be added over Current Year		25	50	75	50	25	25	25
Total Permanent Employment at Year End	100	125	150	175	150	125	125	125

EXHIBIT 1

Organizational Chart

Please provide an organizational chart depicting the Applicant, its corporate owners or members, its subsidiaries and affiliates and the relationships among them.

EXHIBIT 2

Corporate Financial Information

For **Applicant** itself, any **50% or more owner of Applicant**, and any **prospective tenant providing a third-party job commitment**, please provide the following information (note that any publicly-held company need not provide this information):

- Three (3) years of most recent financial statements
 - Must include balance sheet, income statement and statement of cash flows
 - If financial statements are not audited, signed tax returns for the same three (3) year period must be provided
- Internally-prepared year-to-date financial statements dated no older than 90 days prior to application submission

Applicants applying for a **Subsidized Loan** must provide the following information:

- If not included in the financial statements, provide schedules of:
 - Short term notes and loans payable
 - Property owned and/or mortgaged
 - Explanation of any contingent liabilities or litigation
 - Long term debt
 - Accounts receivable aging
 - Accounts payable aging
- Bank reference Information
 - Bank name
 - Contact name
 - Contact telephone and fax numbers

EXHIBIT 3

Personal Guarantor Financial Disclosure

If applying for a **Subsidized Loan**, please provide information for any individual owning 20% or more of Applicant, or any group of immediate family members together owning 20% of Applicant.

If applying for a **Convertible Loan or Grant**, please provide information for any individual owning 50% or more of Applicant or any group of immediate family members together owning 50% of Applicant.

The information requested for each individual is as follows:

- Personal Financial Statement (see next page)
- Tax return for the most recent period
- Biographical information or resume
- Bank reference information
 - Bank name
 - Contact name
 - Contact telephone and fax numbers

PERSONAL FINANCIAL STATEMENT

EMPIRE STATE DEVELOPMENT CORPORATION

As of _____,

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	LIABILITIES	(Omit Cents)
Cash on hand & in Banks		\$ _____
Savings Accounts	Accounts Payable	\$ _____
IRA or Other Retirement Account	Notes Payable to Banks and others	\$ _____
Accounts & Notes Receivable	(Describe in Section 2)	\$ _____
Life Insurance-Cash Surrender Value Only	Installment Account (Auto)	
(Complete Section 8)	Mo Payment	\$ _____
Stocks and Bonds	Installment Account (Other)	\$ _____
(Describe in Section 3)	Mo. Payments	\$ _____
Real Estate	Loan on Life Insurance	\$ _____
(Describe in Section 4)	Mortgages on Real Estate	\$ _____
Automobile-Present Value	Other Personal Property	\$ _____
	(Describe in Section 4)	
Other Personal Property	Unpaid Taxes	\$ _____
(Describe in Section 5)	(Describe in Section 6)	
Other Assets	Other Liabilities	\$ _____
(Describe in Section 5)	(Describe in Section 7)	
Total	Total Liabilities	\$ _____
	Net Worth	\$ _____
	Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize ESDC to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

EXHIBIT 4

Collateral List

Applicants for **Subsidized Loans** must provide the following information for machinery and equipment to be used **as part of the Project**:

NEW EQUIPMENT

Type of New Equipment	Purchase Price	Depreciation Period*	Expected liens

*If useful life differs from depreciation period, note useful life in parentheses.

USED EQUIPMENT

Type of Equipment	Age (years)	Date Acquired*	Purchase Price	Estimated Value	Depreciation Period*	Expected/ existing liens

*If useful life differs from depreciation period, note useful life in parentheses.

+Note prospective purchase date if equipment has not yet been acquired.

Additionally, please list existing **equipment that is not part of the Project**, but is available to be pledged as collateral for an ESDC loan:

USED EQUIPMENT

Type of Equipment	Age (years)	Date Acquired	Purchase Price	Estimated Value	Depreciation Period*

*If useful life differs from depreciation period, note useful life in parentheses.

EXHIBIT 5

**Empire Zones (EZ) Program
Benefit Calculation Form**

Nature of Business: Retail Commercial/ Service Manufacturing Other _____

Has Applicant been a NY State taxpayer for **less than** five years? Yes No

Is Applicant EZ certified in any location? Yes No

If yes, indicate name of the first EZ location where business was certified and the date of that certification.

Empire Zone Name: _____ Date of Certification: _____

Expected year of certification (if not already certified) _____

Current employment in Zone location _____

Section A: NY State Employment and Asset Information

1. Average number of jobs in all NY State locations for each of the six years PRECEDING the year of certification and the year of certification:

Year	Average Number of Jobs
Year 6 Prior	
Year 5 Prior	
Year 4 Prior	
Year 3 Prior	
Year 2 Prior	
Year 1 Prior	
Year of Certification	

2. Value of real and tangible personal property in all NY State locations for Applicant's projected average typical year: _____

3. Annual wages and benefits in all NY State locations for Applicant's projected average typical year: _____

Section B: Empire Zone Location Information

4. Average number of jobs in all Empire Zone locations for each of the six years PRECEDING the year of certification and the year of certification:

Year	Average Number of Jobs
Year 6 Prior	
Year 5 Prior	
Year 4 Prior	
Year 3 Prior	
Year 2 Prior	
Year 1 Prior	
Year of Certification	

5. Value of real and tangible personal property in all Empire Zone locations for Applicant's projected average typical year: _____

6. Annual wages and benefits in all Empire Zone locations for Applicant's projected average typical year:

Section C: Projected Cumulative Employment and Asset Information in this Zone Location Only

This Zone location only

Year	(A) Total No. of New Jobs (Cumulative)	(B) No. of New Jobs indicated in Column (A) with annual wages and benefits of \$40,000 or less	(C) Total annual wages and benefits for new jobs indicated in Column (B) (i.e. \$40,000/yr or less)	(D) Total Wages and Benefits for ALL jobs at this Project Location
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				
Year 6				
Year 7				
Year 8				
Year 9				
Year 10				

7. Projected percentage of targeted workers to be hired: _____
(targeted workers include those receiving public assistance, dislocated workers, and honorably discharged veterans)

8. Applicant's projected average typical year NY State tax liability before tax credits for this Zone location over the next ten year period:

Income-based NY State Tax Liability _____
 Capital-based NY State Tax Liability _____

9. Does Applicant own the zone property or have a lease specifying that the Applicant will pay the property taxes to the taxing jurisdiction (s)? Yes No

10. If yes, approximate real property taxes that will be paid on the Zone property: _____

11. Applicant's cost or other basis of real property for federal income tax purposes in this Zone location: _____

12. Percentage of the Applicant's occupancy of the property: _____

13. Percentage of the cost basis of the property that can be attributed to new construction, expansion, or rehabilitation of the property: _____

14. Projected annual purchases that are subject to state and local sales tax for this Zone location (include services such as utilities): _____