

County of Oswego Industrial Development Agency

**44 W. Bridge St.
Oswego, NY 13126
(315) 343-1545**

Application for Financial Assistance

2020

Application for Financial Assistance

This Application is required for Bond Financing and/or Straight Lease Transactions. Please answer all questions either by filling in blanks or by attachment. Please file application in duplicate. Information provided herein will not be made public by the Agency prior to the passage of an Official Action Resolution, but may be subject to disclosure under the New York Freedom of Information Act. The entity completing this application shall be referred to herein as either the "Company" or the "Applicant".

A. COMPANY INFORMATION

1. **Company Legal Name:** _____
Address: _____
City, State, Zip: _____
Telephone: _____ **Fax:** _____
Contact Person: _____ **Title:** _____
E-mail Address: _____
Website Address: _____

2. **Employer I.D. Number:** _____
DUNS Number: _____

3. **Legal Counsel:** _____
Address: _____
Telephone: _____ **Fax:** _____
E-Mail Address: _____

4. **Accountant:** _____
Address: _____
Telephone: _____ **Fax:** _____
E-Mail Address: _____

5. **Business Form:**

Private Corporation:	<input type="checkbox"/>	Year Incorporated:	<input type="checkbox"/>	State:	<input type="checkbox"/>
Public Corporation:	<input type="checkbox"/>	Year Incorporated:	<input type="checkbox"/>	State:	<input type="checkbox"/>
Partnership:	<input type="checkbox"/>	Year Formed:	<input type="checkbox"/>	State:	<input type="checkbox"/>
Sole Proprietorship:	<input type="checkbox"/>	Year Established:	<input type="checkbox"/>	State:	<input type="checkbox"/>
LLC:	<input type="checkbox"/>	Year Formed:	<input type="checkbox"/>	State:	<input type="checkbox"/>
LLP:	<input type="checkbox"/>	Year Formed:	<input type="checkbox"/>	State:	<input type="checkbox"/>

6. **Type of Business:** (Describe products produced, services provided, etc.) _____

N.A.I.C.S. Code: _____

7. Principal Stockholders or partners, if any (owners of 20% or more equity in Company):

Name	Percent Owned
_____	_____
_____	_____
_____	_____
_____	_____

8. If any of the above persons or a group of them owns more than a 50% interest in the Company, list all other organizations which are related to the Company by virtue of such persons having more than a 50% interest in such organizations:

9. Is the Company related to any other organization by reason of more than 50% common ownership? If so, indicate name of related organization and relationship.

10. List parent corporation, sister corporations and subsidiaries, if any.

11. Has the Company (or any related corporation or person) been involved in or benefitted by any prior economic development financing in the municipality in which this Project is located whether by this Agency or another issuer (“municipality” herein means city, town or village, or, if the Project is not in any incorporated city/town/village, to the unincorporated areas of the county in which it is located). If so, explain in full.

12. Has the Company (or any related corporation or person) made a public offering or private placement of its stock within the last year? If so, please provide Offering Statement used.

B. PROJECT DESCRIPTION

1. Project Site (Land)

(a) Indicate approximate size (*in acres or square feet*) of Project Site:

(b) Are there buildings now on the Project site?

Yes _____ No _____

(c) Indicate the present use of the Project site:

(d) Indicate the relationship to present user of Project:

2. Does the Project involve acquisition of an existing building or building?

Yes _____ No _____

If yes, indicate number and size of building(s):

3. Does the Project consist of the construction of a new building or buildings?

Yes _____ No _____

If yes, indicate number and size of building(s):

4. Does the Project consist of additions and/or renovations to existing buildings?

Yes _____ No _____

If yes, indicate nature of expansion and/or renovation:

5. What will the building or buildings to be acquired, constructed or expanded be used for by the Company? (Please provide a brief narrative description of the project including why the Company is undertaking the project and why the Agency is requesting financial assistance from the Agency. In addition, please include a description of products to be manufactured, assembled or processed and services to be rendered, as applicable.)

5a. Indicate the type of Project (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Services | <input type="checkbox"/> Finance/insurance/real estate |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Warehouse/Distribution |
| <input type="checkbox"/> Agriculture/forestry/fish | <input type="checkbox"/> Residential/Mixed-Use |
| <input type="checkbox"/> Wholesale/trade | <input type="checkbox"/> Retail/trade |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation/communication/electric/gas and sanitation services |
| <input type="checkbox"/> Other: _____ | |

5b. Will the Project contain retail facilities? Yes No

If Yes, will the cost of the retail facilities exceed one-third of the total project costs?

- Yes No

5c. Is the Project located in a distressed Census Tract? Yes No

5d. Is the Project site designated as an Empire Zone? Yes No

6. If any space in the Project is to be leased to third parties, indicate total square footage of the Project, amount to be leased to each tenant, and proposed use by each tenant and estimated jobs to be created by each tenant.

7. List principal items or categories of equipment to be acquired as part of the Project:

8. Has construction work on this Project begun: Yes_____ No_____

If yes, complete the following:

- | | | | |
|----------------------------|----------|---------|------------------|
| (a) Site clearance | Yes_____ | No_____ | _____ % Complete |
| (b) Foundation | Yes_____ | No_____ | _____ % Complete |
| (c) Footings | Yes_____ | No_____ | _____ % Complete |
| (d) Steel | Yes_____ | No_____ | _____ % Complete |
| (e) Masonry work | Yes_____ | No_____ | _____ % Complete |
| (f) Other (describe below) | Yes_____ | No_____ | _____ % Complete |

9. Describe (Pollution Abatement Project Only, if applicable):

(a) Type of pollution to be abated:

(b) Existing orders of environmental agencies:

(c) Description of method of abatement and construction to be financed:

(d) Major equipment to be acquired:

10. Location of Project:

(a) Are there other plants or facilities of the Company (or a related company or person) within New York State?

Yes _____ No _____

(b) If there are other plants or facilities within New York State, is it expected that any of these other plants or facilities will close or be subject to reduced activity?

Yes _____ No _____

If yes, explain in detail on a separate sheet of paper.

(c) If the answer to 10(b) is Yes, please indicate whether the Project is reasonably necessary for the Company to maintain its competitive position in its industry. If so, please explain in detail on a separate sheet of paper.

(d) Has the Company thought about moving to another state?

Yes _____ No _____ If yes, explain in detail.

(e) Will the Project meet zoning requirements at proposed location?

11. Attach copies of preliminary plans or sketches of proposed construction or rehabilitation or both.

12. Does Company or any related corporation or person have a lease on the Project site?

Yes _____ No _____ If yes, attach a copy of the lease.

13. Does the Company now own the Project site?

Yes _____ No _____ If yes, indicate the following:

(a) Date of purchase: _____

(b) Purchase price: _____

(c) Balance of existing mortgage: _____

(d) Holder of mortgage: _____

14. If the Company is not now the Owner of the Project site, does the Company or any related person or corporation have an option to purchase the site and any buildings on the site?

Yes _____ No _____ If yes, indicate the following:

- (a) Date signed: _____
- (b) Purchase price: _____
- (c) Settlement date: _____

15. Has the Company or any related person or corporation entered into a contract to purchase the site?

Yes _____ No _____ If yes, indicate the following:

- (a) Date signed: _____
- (b) Purchase price: _____
- (c) Settlement date: _____

16. If the Company is not the owner of Project site, does the Company now lease the site or any building on the site?

Yes _____ No _____ If yes, describe the lease terms:

17. Is there a relationship legally or by virtue of common control or ownership between the Company (and/or its shareholders) and the seller of the Project (and/or its shareholders)?

Yes _____ No _____ If yes, describe this relationship:

C. MEASURE OF ECONOMIC DEVELOPMENT BENEFITS OF PROPOSED PROJECT

1. If Company presently operates in Agency's jurisdiction (Oswego County, NY), give current employment (include contract employees).

Full Time Employees _____ Part-Time Employees _____

Please complete the Projected Employment Plan (Appendix A)

2. Estimate total Company employment in Agency's jurisdiction after completion of the Project (include contract employees):

	Employees First Year	Employees Second Year	Employees Third Year	Employees Fourth Year	Employees Fifth Year
Full Time	_____	_____	_____	_____	_____
Part-Time	_____	_____	_____	_____	_____

3. Annual payroll in Agency's jurisdiction (including contract employees):

Present annual payroll:	\$ _____
Expected annual payroll the first year after completion of the Project:	\$ _____
Second year after completion:	\$ _____
Third Year after completion:	\$ _____
Fourth Year after completion:	\$ _____
Fifth Year after completion:	\$ _____

4. What, if any, is the dollar amount of your current annual sales for the Project located in Oswego County? \$ _____

What will be your projected sales after the first year of Project completion?	\$ _____
after the second year of Project completion?	\$ _____
after the third year of Project completion?	\$ _____
after the fourth year of Project completion?	\$ _____
after the fifth year of Project completion?	\$ _____

D. PROJECT COSTS/REQUESTED BENEFITS

1. Give an accurate estimate of cost of all items:

<u>Description</u>	<u>Amount</u>
Land/Building Acquisition	\$ _____
New Construction	\$ _____
Building Renovations	\$ _____
Site Work	\$ _____
Legal Fees	\$ _____
Engineering Fees	\$ _____

Financing Costs	\$ _____
Machinery & Equipment	\$ _____
Furniture and Fixtures	\$ _____
Working Capital	\$ _____
Recording Fees	\$ _____
Other (Specify):	\$ _____
TOTAL	\$ _____

2. **Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application?**

Yes No

If yes, give particulars on separate sheet.

3. **Amount of project costs to be financed with bonds (if any):**

\$ _____ Term _____

4. **Are costs of working capital, moving expenses, work in process, or stock in trade included in the proposed uses of the bond proceeds (if applicable)?**

5. **Will any of the bond proceeds (if applicable) to be borrowed through the Agency be used to repay or refinance an existing mortgage or outstanding loan?**

Yes _____ No _____ If yes, explain:

6. **What portion, if any, of the cost of the Project is to be financed from funds of the Company other than from the proposed bond issue?**

7. **Amount of capital the Company has invested in the Project to date:**

\$ _____

Amount of capital the Company anticipates investing in the Project through completion: \$ _____

Percentage of the Project to be financed from public sector sources: _____

Percentage of Project to be financed from private sector sources: _____

8. Financial Assistance:

Is the Applicant expecting to be appointed as agent of the Agency for purposes of abating NYS and local Sales and Use Tax? Yes No

Financial Assistance Requested:

Check all that apply	Type of Exemption/Abatement Requested		Estimated Amount of Exemption/Abatement Requested
<input type="checkbox"/>	Real Property Tax Abatement (PILOT)		**(See below)
<input type="checkbox"/>	Mortgage Recording Tax Exemption (3/4 of 1% of amount mortgaged)	Mortgage Amount: \$ _____	Exemption Amount Requested: \$ _____
<input type="checkbox"/>	Sales and Use Tax Exemption (4% Local, 4% State)	Est. Project Costs subject to State and local Sales and Use Taxes: \$ _____	Exemption Amount Requested: \$ _____
<input type="checkbox"/>	Tax Exempt Bond Financing (Amount Requested)	\$ _____	
<input type="checkbox"/>	Taxable Bond Financing (Amount Requested)	\$ _____	

If you are seeking a Mortgage Recording Tax Exemption list the name of the lender(s):

New York State regulations require the Agency recapture State benefits that exceed the amount listed in this application.

****Is the applicant requesting a payment in lieu of taxes agreement?** Yes No.

If Yes:

A. Upon acceptance of this application, the Agency staff will create a PILOT schedule and indicate the estimated amount of the total PILOT benefit based upon certain assumptions, including but not limited to, anticipated tax rates and a projected assessed value and attached such information hereto at Appendix “E”. AT SUCH TIME, the applicant will be required to certify that it accepts the proposed PILOT schedule and requests such benefit to be granted by the Agency.

[Complete Question 9 Only if the Proposed Financing Requires a Tax-Exempt Private Activity Bond Financing in Excess of \$1 Million]

9. List capital expenditures with respect to other facilities of the Company or any related corporation or person, if the facilities are located in the same municipality:

	<u>Past 3 Years</u>	<u>Next 3 Years</u>	<u>Total</u>
Land	_____	_____	_____
Buildings	_____	_____	_____
Equipment	_____	_____	_____
Engineering	_____	_____	_____
Architecture	_____	_____	_____
Research and Development	_____	_____	_____
Interest during Construction	_____	_____	_____
Other (please explain)	_____	_____	_____
Total	_____	_____	_____

10. Has the Company made any arrangements for the marketing or the purchase of the bond or bonds (if applicable)?

E. PROJECT CONSTRUCTION SCHEDULE

1. What is the proposed date for commencement of construction or acquisition of the Project? _____
2. Give an accurate estimate of the time schedule to complete the Project and when the first use of Project is expected to occur (use additional sheets if necessary).

3. At what time or times and in what amount or amounts is it estimated that funds will be required?

<u>Estimated Date (month/year)</u>	<u>Estimated Amount</u>
_____	_____
_____	_____

4. CONSTRUCTION EMPLOYMENT

Number of construction jobs to be created: _____

F. REPRESENTATIONS: The Company certifies and affirms to the Agency as follows:

1. The Company is in substantial compliance with all applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
2. Is there a likelihood that the Company, but for the contemplated financial assistance from the Agency, would be unable to undertake the project? ___ Yes ___ No

If no, please explain why the Agency should undertake the project: _____

3. The Company understands and agrees that the submission of knowingly false or misleading statements or information in this Application, and any exhibits or schedules attached hereto, may lead to the immediate termination of any financial assistance and the reimbursement by the applicant of an amount equal to all or part of any tax exemptions claimed by reason of the Agency's involvement in the Project.
4. The Company understands that the Company must identify in writing to the Agency any information it deems proprietary and seeks to have redacted from public review in accordance with Article 6 of the Public Officers Law.
5. The Company confirms and hereby acknowledges that as of the date of this Application, the Company and the Project are in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) of the New York General Municipal Law.
6. The Company acknowledges and affirms that in accordance with Section 862(1) of the Act, projects which result in the removal of an industrial or manufacturing plant of the project occupant from one area of the State to another area of the State or the abandonment of one or more plants or facilities of the project occupant within the State are ineligible for financial assistance from the Agency unless otherwise approved by the Agency as reasonably necessary to preserve the competitive position of the project in its respective industry or to discourage the project occupant from removing such other plant or facility to a location outside the State.
7. The Company certifies that it has read all of the Agency's policies and agrees to comply with same, including but not limited to the Agency's Recapture Policy.

G. ENVIRONMENTAL ASSESSMENT FORM

1. **Please complete Part 1 – Project and Sponsor Information on the “Short Environmental Assessment Form” which is provided as Appendix B. You may be required to complete the “Long Form” in order to comply with the New York State Environmental Review Act (SEQRA).**

H. ATTACH THE FOLLOWING FINANCIAL INFORMATION OF THE COMPANY (APPLICANT):

- 1. Financial statements for last two fiscal years (unless included in Company's Annual Reports).**
- 2. Company's Annual Reports (or Form 10-K's) for the two most recent fiscal years.**
- 3. Quarterly reports (Form 10-Q's) and current reports (Form 8-K's) since the most recent Annual Report, if any).**
- 4. In addition, please attach the financial information described above in items 1, 2 and 3 of any expected Guarantor of the proposed bond issue if different than the Company.**

I. FEE REQUIREMENTS

The Agency requires the following fees to be paid by the Applicant:

- 1. Application Fee of \$500 to be submitted with the completed application.**
- 2. Administrative Fee based upon the following Schedule A:**

Schedule A	
County of Oswego IDA Administrative Fees	
Relative to Bonding and Straight Lease Transactions	
Where IDA Exemptions are Provided	
Project Financing:	.0075 (3/4 of 1%) based upon the amount of project cost and not limited to the amount of bonds issued (if any).
Refunding of Bonds:	.0025 (1/4 of 1%) based upon the amount of bonds issued to retire prior bond issue.
Refinancing:	.00125 (1/8 of 1%) based upon amount refinanced.
All Legal Fees associated with any of the transactions (including bond counsel and IDA counsel) are the responsibility of the Applicant.	
Adopted 4/23/14	

- 3. Annual Administrative Reporting Fee of \$500 to cover administrative reporting requirements to comply with New York State reporting regulations on IDA assisted projects involving Bond Financing and/or Straight Lease Transactions.**

J. CERTIFICATION

The Applicant must submit a completed certification (Corporate or Individual) executed and notarized along with the Application. Certifications are attached as Appendix C (Corporate) and Appendix D (Individual).

K. SUBMISSION OF APPLICATION

Please submit the completed Application along with the required \$500 Application Fee to:

County of Oswego Industrial Development Agency

44 West Bridge Street

Oswego, NY 13126

(315) 343-1545

ATTN: L. Michael Treadwell

Chief Executive Officer

APPENDIX A
PROJECTED EMPLOYMENT PLAN

Company/Applicant Name

Please complete the following chart describing your projected employment plan following receipt of IDA assistance. Indicate the number of full time equivalent (“FTE”) jobs presently at the Company and the number of FTE jobs that will be employed at the project at the end of the first five years after the project has been completed, by category, including full time equivalent independent contractors or employees of independent contractors that work at the project location. Do not include construction workers. Indicate the salary and fringe benefit averages or ranges for each category of jobs.

Permanent Occupations in Company	Current Jobs by Occupation (jobs being retained)														Projection of New Jobs to be Created Annually	
	Estimated Average Salary/Benefits or Salary/Benefits Range for each category	No. of Employees		1 st year net of current retained employees		2 nd year net of prior years		3 rd year net of prior years		4 th year net of prior years		5 th year net of prior years		Total Net New Jobs for 5 Yr. Period		
		Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	
Professional																
Est. Average Salary or Salary Range																
Est. Average Benefits or Benefit Range																
Clerical																
Est. Average Salary or Salary Range																
Est. Average Benefits or Benefits range																
Sales																
Est. Average Salary or Salary Range																
Est. Average Benefits or Benefits Range																
Service																
Est. Average Salary or Salary Range																
Est. Average Benefits or Benefits Range																
Manufacturing:																
Skilled																
Est. Average Salary or Salary Range																
Est. Average Benefits or Benefits Range																
Semi-Skilled																
Est. Average Salary or Salary Range																
Est. Average Benefits or Benefits Range																

**APPENDIX A
PROJECTED EMPLOYMENT PLAN (CONT.)**

Permanent Occupations in Company	Current Jobs by Occupation (jobs being retained)		APPENDIX A PROJECTED EMPLOYMENT PLAN (CONT.)											Projection of New Jobs to be Created Annually	
	Estimated Average Salary/Benefits or Salary/Benefits Range for each category	No. of Employees		1 st year net of current retained employees		2 nd year net of prior years		3 rd year net of prior years		4 th year net of prior years		5 th year net of prior years		Total Net New Jobs for 5 Yr. Period	
		Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Unskilled															
Est. Average Salary or Salary Range															
Est. Average benefits or benefit range															
Other (Describe)															
Est. Average Salary or Salary Range															
Es.t Average benefits or benefits range															
	Total														

LABOR UNION AGREEMENT:

The employees of our firm are not _____ are _____ currently covered by a collective bargaining agreement with:

(Name of International Union and Local Union Number)

Union Contact Person: _____

Address/Phone: _____

Contract Expiration Date: _____

No. of employees covered: _____

LABOR MARKET AREA: Onondaga, Oswego, Oneida, Madison, Cayuga and Jefferson Counties.

Estimate the number of residents from the above Labor Market Area that currently fill the retained jobs identified in Appendix "A":

Estimate the number of residents from the above Labor Market Area that are expected to fill the net new jobs to be created identified in Appendix "A":

Exhibit B
Short Environmental Assessment Form
Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO: q		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		

Project:

Date:

***Short Environmental Assessment Form
Part 2 - Impact Assessment***

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Project:

Date:

Short Environmental Assessment Form Part 3 Determination of Significance

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

**County of Oswego Industrial Development Agency
Corporate Certification Signature Page**

Corporate Seal

Name of Authorized Officer

Title

Signature

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally came _____, to be personally known, who being by me duly sworn did depose and say that he/she resides in _____; that he/she is the _____ of _____, the corporation described in and which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the members of the Board of Directors of said corporation and he/she signed his/her name thereto by like order.

Notary Public

APPENDIX D
County of Oswego Industrial Development Agency
Individual Certification

_____ deposes and says that he/she is
(Name)
submitting this application on behalf of _____.

(Company)

(hereinafter referred to as the "Applicant"); that he/she has read the foregoing and knows the contents thereof; that the same is true, accurate and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of this application as well as, if applicable; information acquired by deponent in the course of her/his duties for the applicant and from the books, and papers of the applicant.

Deponent acknowledges and agrees that Applicant shall be an is responsible for all costs incurred by the County of Oswego Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of the Applicant in connection with this application and all matters relating to the Agency's financing and assistance. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper, or requested action or withdraws, abandons, cancels, or neglects the application, or if the Applicant is unable to consummate the financing arrangements required to carry out the Project, then upon presentation of invoice, Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred with respect to the application, up to that date and time, including fees of bond counsel for the Agency and fees of general counsel for the Agency. Upon successful conclusion of the closing for the financing of the project and the execution of a PILOT Agreement (if applicable), the Applicant shall pay to the Agency an administrative fee set by the Agency not to exceed an amount equal to Schedule A, provided in Section H of the application, which amount, at the option of the Agency, shall be payable at closing. The Applicant also shall pay an Annual Administrative Reporting Fee of \$500.00 to be billed annually by the Agency (if applicable). Fees of bond counsel and the general counsel of the Agency are the responsibility of the Applicant.

An application fee of \$500, payable to the County of Oswego Industrial Development Agency, is due upon submission of the application to the Agency.

(Company)

(Signature)

STATE OF _____)
COUNTY OF _____) SS.:

On _____, _____, before me personally came _____ to me known to be the individual described in, and who executed the foregoing instrument, and acknowledged that he executed the same.

Notary Public

Appendix “E”

PILOT Schedule

(To be filled in by Agency)

The undersigned, an authorized representative of the applicant with authority to bind the applicant, does hereby agree to the foregoing PILOT schedule and hereby incorporates same into this application and requests the Agency grant, as part of the Financial Assistance awarded to the Project, the foregoing exemptions from real property tax.

Dated: _____

(Applicant Authorized Signature)