

CITY OF SYRACUSE SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY PROJECT APPLICATION INSTRUCTIONS

- 1. The person completing this application on behalf of the company/applicant shall be a person who is eitherthe CEO of the company/applicant or a person authorized to bind the company/applicant and each statement contained in this application shall be made by such a person. Fill in all blanks, using "none", "not applicable" or "not available" where the question is not appropriate to the Project, which is the subject of this Application (the "Project"). If you have any questions about the way to respond, please call the City of SyracuseIndustrial Development Agency ("SIDA" or the "Agency") at (315)473-3275.
- 2. If an estimate is given as the answer to a question, put "(est.)" after the figure or answer, which is estimated.
- 3. If more space is needed to answer any specific question, attach a separate sheet.
- 4. When completed, return this application by mail or fax to the Agency at the address indicated below. A signed application may also be submitted electronically in PDF format to Judith DeLaney, Economic Development Specialist at jdelaney@syrgov.net.

An application will not be considered by the Agency until the application fee has been received.

- 5. The Agency will not give final approval for this Application until the Agency receives a completed NYS Environmental Assessment Form concerning the Project, which is the subject of this Application. The form is available at http://www.dec.ny.gov/permits/6191.html
- 6. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the SIDA (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 which, if disclosed to the public or otherwise widely disseminated, would cause substantial injury to the Applicant's competitive position, this Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the SIDA may also redact personal, private, and/or proprietary information from publicly disseminated documents.
- 7. The Applicant will be required to pay the Agency application fee and legal fee deposit upon submission. If accepted as a project of the agency, the Applicant is responsible for all administrative and legal fees as stated in Appendix D.
- 8. A complete application consists of the following 8 items:
 - This Application
 - Conflict of Interest Statement Appendix A
 - Environmental Assessment Form
 - Verification Appendix B
 - A Project description, including a feasibility statement indicating the need for the requested benefits
 - Provide site plans, sketches, and/or maps as necessary
 - 10 year pro forma operating budget, including funding sources
 - A check payable to the Agency in the amount of \$1,000
 - A check payable to Bousquet Holstein PLLC in the amount of \$2,500

It is the policy of the Agency that any Project receiving benefits from the Agency will utilize 100% local contractors and local labor for the construction period of the Project unless a waiver is granted in writing by the Agency.

Return to:

City of Syracuse Industrial Development Agency 201 East Washington Street, 6th Floor Syracuse, NY 13202 Phone: 315-473-3275 jdelaney@syrgov.net

City of Syracuse Syracuse Industrial Development Agency **Application**

I. APPLICANT DATA

A. Contact Information

| Company Name: | | | | | ("Applicant") |
|--|---------------------|-------------------------|--------------------------|-------------------------|---------------------------|
| Mailing Address: | | | | | |
| City: | | | State: | | Zip: |
| Phone: | | | Fax: | | |
| Contact Person: | | | | | |
| Email Address: | | | | | |
| Industry Sector: | | | | | |
| NAICS Code: | | | Federa Identification | l Employer n Number: | |
| B. Will the Applican | t be the Project E | Beneficiary (i.e. Proje | ect tenant or | owner/operator) | |
| Yes C. Principal Stakeho | | Who will: | | | |
| List principal owne Public companies s | rs/officers/directo | | ore in equity | holdings with perc | centage ownership. |
| Name | % Ownership | Business Add | lress | Phone | Email |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| D. Corporate Struct | ure: Attach a sche | ematic if Applicant i | s a subsidiary | or otherwise affilia | ated with another entity. |
| ☐ Corporation | | [| Date and Loc | ation of | |
| Private | Public | | | n/Organization | |
| Partnership | | I . | f a foreign co | rporation, is the | |
| ☐ Gener | al 🗌 Limite | ed A | Applicant aut | horized to do | |
| Other | Sole P | | ork? | | |
| ☐ Limited Liabi | lity Company/Pa | rtnership | | | SIDA App |

| Name: | | | | |
|---|---|-------------------|-------------------------------------|------|
| | | | | |
| Firm: | | | | |
| Mailing Address: | | | | |
| City: | | State: | Zip: | |
| Phone: | | Fax: | | |
| Email Address: | | | | |
| F. Applicant's Acco | untant: | | | |
| Name: | | | | |
| Firm: | | | | |
| Mailing Address: | | | | |
| City: | | State: | Zip: | |
| Phone: | | Fax: | | |
| Email Address: | | | | |
| G. Applicant History additional informat | y: If the answer to any of the followin tion. | ig is "Yes", plea | ase explain below. If necessary, at | tach |
| 1. Is the Applicant, any civil or crimina | its management, or its principal owr al litigation? | ners now a pla | nintiff or defendant in Yes | ☐ No |
| | listed in Section 1(c) ever been convi or traffic violation)? | cted of a crim | inal offense Yes | ☐ No |
| | listed in Section 1 (C) or any concern ver been in receivership or been adju | | | ☐ No |
| | | | | |
| | nt, or any entity in which the Applicar I assistance from SIDA in the past? If y | | | |

II. PROJECT INFORMATION

A. Project Location

| Address: | | Legal A (if differ | | | |
|--|--|---|--|--------------------------|-------------------|
| City: | | | - | | |
| Zip Code: | | | | | |
| Tax Map Parcel ID(s): | | | | | |
| Current Assessment: | | Square Footage /Ad | erage of Existing | | |
| Square Footage of Existing Building, if an | <i>f</i> : | Census Tract: (Please See Appendix | E for Census Tracts) | | |
| B. Type (Check all | | | <u>, </u> | | |
| New Construction | on | ☐ Com | mercial | | |
| Expansion/Addi | tion to Current Facility | ☐ Brow | nfield/Remediated | d Brownfield | |
| Manufacturing | | Resid | lential/Mixed Use | | |
| ☐ Warehouse/Dist | ribution | | | | |
| Other | | | | |] |
| completion of the Projective; and (v) an indication | ct sits or is to be construct; (iv) the principal produ n as to why the Applicant ssary). Attach copies of a | icts to be produced a is undertaking the P | nd/or the principa roject and the nee | l activties that will oc | cur on the Projec |
| O. Is the Applicant the ov Yes If not, who is the ow | vner of the property? No rner and by what means v | will the site be acquir | ed? If leasing, who | en does the lease end | 1? |
| Infrastructure: Please in | dicate whether the follov | ving are onsite, need | to be constructed | , or need to be renova | ated/expanded: |
| Water | | Electric | | | |
| Sanitary/ Storm | | Private Road | ds | | |
| Sewer Gas | | Telecommu | nication | | |

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| F. Zoning Classification: Please list the current zoning: |
|---|
| Current Zoning |
| G. Are variances needed to complete the Project? |
| ☐ Yes ☐ No |
| If yes, please describe nature of variances and if municipal approvals have been granted: |
| |
| |
| H. Will the Project generate sales tax for the community? ☐ Yes ☐ No |
| If yes, what is the company's average annual sales or estimated annual sales? |
| |
| |
| In accordance with N.Y. GML Sec. 862(1): 1. Will any other companies or related facilities within the state close or be subjected to reduced activity as a result of this Project? If so please list the town and county of the location(s): |
| ☐ Yes ☐ No |
| 2. Will the completion of the Project result in the removal of a plant or facility of the Applicant from one area of the State New York to another area of the State of New York? Yes No |
| 3. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant located in the State of New York? |
| ☐ Yes ☐ No |
| i. If any answer to questions 1, 2 or 3 above is yes, is the Project reasonably necessary to discourage the Applicant from removing such other plant or facility to a location outside the State of New York? Yes |
| ii. If any answer to questions 1, 2 or 3 above is yes, is the Project reasonably necessary to preserve the competitive position of the Applicant in its respective industry? Yes |
| 4. Will the Project primarily consist of retail facilities? Yes No |
| i. If yes, will the cost of these facilities exceed one-third of the total Project cost? |
| □Yes □ No |
| J. Is the Project located in a distressed Census Tract? |
| Yes No Please see Appendix E for the map of distressed census tracts in the city of Syracuse. |
| K. Is the Project site designated as an Empire Zone? ☐ Yes ☐ No |
| L. Construction |
| 1. Project Timeline (approximate): |
| Construction Construction Date of Commencement Completion Occupancy |
| 2. Please list any other key Project milestones: |
| 3. Has work begun? |
| If so, indicate the amount of funds expended in the past 3 years? |

III. PROJECT COSTS & FINANCING

A. Estimated Project Costs

| i. State the costs reasonably necessary for the acquisition, construction, and/or renovation of the | 3 Project |
|---|-----------|
|---|-----------|

| | Description of Cost Type | Total Budget Amount | |
|----------------------|--|--|------------------------|
| | Land Acquisition | | |
| | Site Work/Demo | | |
| | Building Construction & Renovation | | • |
| | Furniture & Fixtures | | |
| | Equipment | | |
| | Equipment Subject to NYS Production Sales Tax Exemption (Manufacturing) | | |
| | Engineering/Architects Fees | | |
| | Financial Charges | | |
| | Legal Fees | | |
| | Other | | |
| | Management /Developer Fee | | |
| | Total Project Cost | | |
| ii. State | the sources reasonably anticipated for the ac | equisition, construction, and/or renov | ration of the Project: |
| | Amount of capital the Applicant has invested to date: | | |
| | Amount of capital Applicant intends to invest in the Project through completion: | | |
| | Total amount of public sector source funds allocated to the Project: | | |
| | Identify each public sector source of funding: | | |
| | Percentage of the Project to be financed from private sector sources: | | |
| | Total Project Cost | | |
| Applicant anticipate | Assistance sought (estimated values): ss requesting exemptions and/or abatements fre receiving. New York State regulations required in this application. | | |
| | Applicant expecting that the financing of the will be secured by one or mortgages? | Yes No | |
| If y | es, amount requested and name of lender: | | |
| of the Ag | Applicant expecting to be appointed agent ency for purposes of abating payments of es and Use Tax? | Yes No | |
| suk | es, what is the TOTAL amount of purchases oject to exemption based on taxable Project sts? | | |

iii. Is the Applicant requesting a payment in lieu of tax agreement (PILOT) for the purpose of a real property tax

If yes, Category of PILOT requested:

Yes No

abatement?

| | ☐ Yes ☐ No | • • |
|-------------|--|---|
| | If yes, please contact the Executive Director prior to submis | sion of this Application. |
| of At | Upon acceptance of this Application, the Agency staff will create PILOT Benefit based on anticipated tax rates and assessed valued such time, the Applicant will certify that it accepts the proposed the Agency. ** This Application will not be deemed complete and final executed* | uation and attach such information as Exhibit A hereto. PILOT schedule and requests such benefit be granted until Exhibit A hereto has been completed and |
| C. | Type of Exemption/Abatement Requested: | Amount of Exemption/Abatement Requested: |
| | Real Property Tax Abatement (PILOT) | |
| | Mortgage Recording Tax Exemption (.75% of amount mortgaged) | |
| | Sales and Use Tax Exemption (\$4% Local, 4% State) | |
| | Tax Exempt Bond Financing (Amount Requested) | |
| | Taxable Bond Financing (Amount Requested) | |
| | Company's average yearly purchases or anticipated yearly rchases from vendors within Onondaga County, subject to sales | tax: |
| | Estimated capital investment over the next 5 years, beyond s Project, if available: | |
| V. EMPL | OYMENT AND PAYROLL INFORMATION | |
| * Full Tim | e Equivalent (FTE) is defined as one employee working no less t | han 40 hours per week or two or more employees |
| - | working a total of 40 hours per week. | |
| A. | Are there people currently employed at the Project site? | |
| В. | Yes No If yes, provide number of full to Complete the following: | ime equivalent (FTE) jobs at the facility: |
| Estima | te the number of full time equivalent (FTE) jobs to be retained as a result of this Project: | |
| Estim | ate the number of construction jobs to be created by this Project: | |
| Estima | te the average length of construction jobs to be created (months): | |
| | Current annual payroll at facility: | |
| | Average annual growth rate of wages: | |
| Pleas | e list, if any, benefits that will be available to either full and/or part time employees: | |
| Averag | ge annual benefit paid by the company (\$ or % salary) per FTE job: | |
| | Average growth rate of benefit cost: | |
| | Amount or percent of wage employees pay for benefits: | |
| Develop | Provide an estimate of the number of residents in the Economic ment Region (Onondaga, Madison, Cayuga, Oneida, Oswego, and Cortland Counties) to fill new FTE jobs: | |

iv. Is the Applicant requesting any real property tax abatement that is inconsistent with the Agency's UTEP?

C. Complete the following chart indicating the number of FTE jobs presently employed at the Project and the number of FTE jobs that will be created at the Project site at the end of the first, second, third, fourth, and fifth years after the Project is completed. Jobs should be listed by title or category (see below), including FTE independent contractors or employees of independent contractors that work at the Project location. Do not include construction workers.

| Current & Planned Full Time Occupations (Job Titles) | Current Number of FTEs | Annual Salary | | | | umber of ect Comp | | |
|---|---|---|------------------------|------------------------|-----------------------|----------------------|------------------------|-------------------------------------|
| | 0.1123 | | End of Year 1 | End of Year 2 | | End of Year 4 | Total New | Total Reta Jobs After 5 Years |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| For purposes of completing the ch • Professional/Managerial/Ted | | • | | | | dinary de | agree and | d may |
| include supervisory responsibilities manager, programmer). Skilled - includes jobs that receive by high education or expertise | lities (examples: a juire specific skill s | architect, engineer, account of the sets, education, training | countant, g, and ex | scientist cperience | , medica e and are | l doctor, f | financial ly charac | terized |
| representative). • Unskilled or Semi-Skilled - ir simple duties that require the egardener, parking lot attendan security guard, telephone solice. | exercise of little or t, line operator, m | no independent judgn | nent (exa | mples: g | eneral cl | eaner, tro | uck drive | r, typist, |
| D. Are the employees of you | r company curren | tly covered by a collec | tive barg | aining a | greement | t? | | |
| Yes No | f yes, provide the N | lame and Local: | | | | | | |
| V. Environmental Informati *An Environmental Assessme application. Please visit https and EAF Forms. | ent Form (EAF) ://www.dec.ny. | gov/permits/6191.h | | | | | | ation |
| A. Have any environmental is Yes No If yes, please explain: | sues been identifi | ied on the property? | | | | | | |

B. Has any public body issued a State Environmental Quality Review Act determination for this Project?

Yes

No If yes, please attach to this application.

VI. REPRESENTATIONS & AFFIRMATIONS BY THE APPLICANT I hereby represent and warrant that I am [the CEO of the company/applicant] or [a person authorized to bind the company/applicant] and make the following representations and/or warranties and understand and agrees with the Agency as follows: A. Jobs Listings: Except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity of the service delivery area created by the Workforce Investment Act ("WIA") in which the Project is located. B. First Consideration for Employment: In accordance with §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 will first consider persons eligible to participate in WIA programs who shall be referred by the WIA for new employment opportunities created as a result of the Project. C. Other NYS Facilities: In accordance with §862 (1) of the New York General Municipal Law, the Applicant understands and agrees that projects which will 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 in the abandonment of one or more plants or facilities of the Project occupant within the state is ineligible for Agency Financial Assistance, unless otherwise approved by the Agency as reasonably necessary to preserve the competitive position of the Project in its respective industry. D. City Human Right Law: The Applicant agrees to endeavor to comply with the provisions of Article XI, Division 2 of the City Code, entitled "The Omnibus Human Rights Law," which prohibits discrimination in employment based upon age, race, sex, creed, color, religion, national origin, sexual orientation, disability or marital status. The Applicant hereby agrees to adhere to this policy or egual opportunity employment in the requirement, hiring, training, promotion, and termination of employees. E. City of Syracuse and MWBE Preference: The applicant understands and agrees that it is the preference of the Agency that the applicant provide, and use its best efforts to provide, opportunities for the purchase of equipment, goods and services from: (i) business enterprises located in the city of Syracuse; (ii) certified minority and/or women-owned business enterprises; and (iii) business enterprises that employ residents in the city of Syracuse. Consideration will be given by the Agency to the Project Applicant's efforts to comply, and compliance, with this objective at any time an extension of benefits awarded, or involvement by the Agency with the Project, is requested by the Project Applicant. F. Local Labor Policy: The applicant understands and agrees that local labor and contractors will be used for the construction, renovation, reconstruction, equipping of the Project unless a written waiver is received from the Agency. Failure to comply may result in the revocation or recapture of benefits awarded to the Project by the Agency. For the purposes of the policy, "Local" is defined as Onondaga, Cayuga, Cortland, Madison, Oneida, and Oswego Counties. G. Annual Sales Tax Filings: In accordance with §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, the Applicant agrees to file, or cause 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 H. Annual Employment Reports and Outstanding Bonds: 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, with the Agency on an annual basis, reports regarding the number of FTE at this Project site. The Applicant also understands and agrees to provide on an annual basis any information regarding bonds, if any, issued by the Agency for the Project that is requested by the Comptroller of the State of New York. 1. 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 in Appendix B. J. Compliance: The Applicant understands and agrees that it 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 and agrees that the submission of knowingly false or knowingly misleading information in this Application may lead to the immediate termination of any financial assistance and the reimbursement of

L. GML Compliance: The Applicant certifies that, as of the date of the Application, the proposed project is in substantial compliance with

an amount equal to all or part of any tax exemptions claimed by reason of Agency involvement in the Project.

allprovisions of NYS General Municipal Law Article 18-A, including but not limited to Sections 859-a and 862(1).

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| M. SIDA's Policies: The Applicant is familiar with all of SIDA's policies p (http://www.syrgov.net/Syracuse_Industrial_Development_Agency.asp | | Initial |
|--|--|---|
| N. Disclosure: The Applicant has read paragraph 6 of the instructions the Applicant must identify in writing to SIDA any information it deems to have redacted. | | Initial |
| O. Reliance: THE APPLICANT ACKNOLWEDGES THAT ALL ESTIMATES O ASSISTANCE REQUESTED, AND OTHER INFORMATION CONTAINED IN THIS APPLICATION WILL BE RELIED UPON BY SIDA AND ANY CHANGES IMPACT THE GRANT OF FINANCIAL ASSISTANCE TO THE PROJECT. | | Initial |
| I am the CEO or a person authorized to bind the co and agree to comply with all the terms and condit City of Syracuse Industrial Development Agency. | | |
| Name of Applicant Company | | |
| Signature of Officer or Authorized Representative | | |
| Name & Title of Officer or Authorized Representative | | |
| Date | | |
| employees thereof (collectively the "Agency" from, agree defend, and hold the Agency harmless from and against Agency's examination and processing of, and action purs the Application or the Project described therein or the tax acted upon by the Agency, (B) the Agency's acquisition, (C) any further action taken by the Agency with respect to foregoing, all cause of action and attorney's fees and any arise as a result of any of the foregoing. If, for any reason, negotiations, or fails, within a reasonable or specified per withdraws, abandons, cancels or neglects the Application with respect to the Project, or the inability of the Application upon presentation of an invoice itemizing the same, the | Development Agency and the members, officers, servants, ages that the Agency shall not be liable for, and agrees to indem any and all liability arising from or expense incurred by: (A) the suant to or upon, the attached Application, regardless of where exemptions and other assistance requested therein are favor construction, and/or installation of the Project described there to the Project, including without limiting the generality of the other expenses incurred in defending any suits or action whith the Applicant fails to conclude or consummate necessary riod of time, to take reasonable, proper or requested action, on, or if the Agency or the Applicant are unable to reach final and the Applicant shall pay to the Agency, its agents or assigns, all contion with the Application, including attorney's fees, if any. | nify, ne ther or not orably ein and ich may or greement ne event, |

CITY OF SYRACUSE INDUSTRIAL DEVLEOPMENT AGENCY APPLICATION

APPENDIX A CONFLICT OF INTEREST STATEMENT

Agency Board Members

- 1. Kathleen Murphy
- 2. Steven P. Thompson
- 3. Rickey T. Brown
- 4. Kenneth J. Kinsey
- 5. Dirk Sonneborn

Agency Officers/Staff

- 1. Judith DeLaney
- 2. John Vavonese
- 3. Debra Ramsey-Burns

Agency Legal Counsel & Auditor

- 1. Susan Katzoff, Esq., Bousquet Holstein, PLLC
- 2. Grossman St. Amour, PLLC.

The Applicant has received from the Agency a list of members, officers and staff of the Agency. <u>To the best of my knowledge, 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:</u>

| Signature: | |
|----------------------------|--|
| Authorized Representative: | |
| Title: | |
| Date: | |

City of Syracuse Industrial Development Agency APPENDIX B Agency Fee Schedule

(Revised 1/15/19)

Bond and Straight Lease Transactions:

| Application & Processing Fee\$1,000.00 |
|--|
| Project Commitment/Legal Fee\$2,500.00 (Due with fully executed Application; Amount applied to SIDA's counsel fee) |
| Administrative Fee: |
| Issuance of Bonds |
| Straight Lease/Agency Appointment |
| Refunding of Bonds |

New Money/Additional Financing on Existing Project:

Refinancing of project where no additional Financial Assistance is sought (other than MRTE) – ¼ of new money financed (exclusive of original mortgage amount). Refinancing of project where additional Financial Assistance is sought (in addition to MRTE) – 1% of new money financed.

<u>Post-Closing Items for Bond and Straight Lease Transactions:</u>

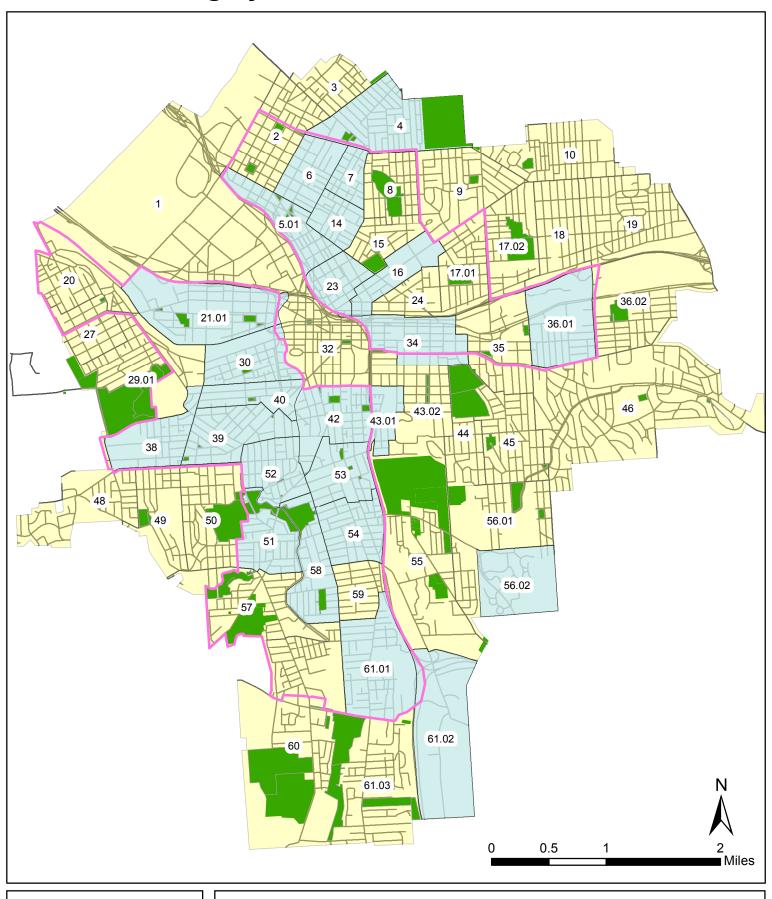
| Annual Administrative Reporting Fee(Paid at time of closing and annually thereafter for duration of SIDA's interest in | \$250.00 n Project Facility) |
|--|---------------------------------|
| Extension of sales tax exemption | \$500.00 |
| Modification or Amendment of Closing Documents* | \$1,000.00 |
| *including but not limited to refinancing of original mortgage | |
| Subsequent lender closing | \$250.00 |

In addition to the foregoing, Applicants are responsible for payment of all costs and expenses incurred by SIDA in connection with application or Project including without limitation publication, copying costs, SEQRA compliance and fees and costs to SIDA's attorneys, engineers, and consultants. SIDA reserves the right to require a deposit to cover anticipated costs. Application fees are payable at time application/request is submitted. All fees are non-refundable. Applicants for bond transactions are responsible for payment of Bond Issuance Charge payable to the State of New York. Applicants are also responsible for payment of post-closing fees and costs associated with the appointment of additional agents. SIDA reserves the right to modify the this schedule at any time and to assess fees and charges in connection with other transactions such as grants of easement or lease of SIDA-owned property.

APPENDIX B Verification

| STATE OF | |
|--|---|
| COUNTY OF |) SS.:) |
| (Name of Individual) | , deposes and says that s/he is the |
| | of |
| (Title) | (Applicant Name) |
| subscribed and affirmed or relative to all matters in the personal knowledge are in concerning the subject macquired by deponent in from the books and paper of the schedules attached schedule and assumes rest therein. Deponent further published policies, including | accurate, and complete to the best of her/his knowledge, as nder the penalties of perjury. The grounds of deponent's beliefs e said Application which are not stated upon her/his own exestigations which the deponent has caused to be made atter of the Application as well as, if applicable, information thecourse of her/his duties/responsibilities for the Applicant and resofthe Applicant. The deponent also acknowledges the receipt to the Application, including but not limited to the Agency's fee ponsibility for payment of any and all applicable fees as described acknowledges review and understanding of the Agency's ng but not limited to the Agency's Recapture Policy, and agrees to be bound by and comply with, all such policies. |
| | Applicant Representative's Signature |
| | Title |
| Subscribed and sworn to b | efore me this |
| day of | , 20 |
| Notary Public | |

Highly Distressed Census Tracts



Legend
Highly Distressed Census Tracts (2016)
2010 Census Tracts
Parks & Cemeteries
NRSA Boundaries

Map created 7/12/2016.
This map is for planning purposes only.
The City of Syracuse cannot guarantee its accuracy.

