City of Syracuse Industrial Development Agency Supplemental Application and Verification

Project	Name:		
Date:			

III. PROJECT COSTS & FINANCING

A. Estimated Project Costs

i. State the costs reasonably necessary for the acquisition, construction, and/or renovation of the Pro	olect
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	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	quisition, 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): s requesting exemptions and/or abatements fre receiving. New York State regulations required in this application.		
	Applicant expecting that the financing of the vill be secured by one or mortgages?	Yes No	
If y	ves, 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	
sub	es, what is the TOTAL amount of purchases piect 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.		
v. Upon acceptance of this Application, the Agency staff will create a PILOT schedule and indicate the estimated amount of PILOT Benefit based on anticipated tax rates and assessed valuation and attach such information as Exhibit A hereof At such time, the Applicant will certify that it accepts the proposed PILOT schedule and requests such benefit be granted by the Agency. ** This Application will not be deemed complete and final until Exhibit A hereto has been completed and executed**				
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:			
Estimate the average length of construction jobs to be created (months):				
Current annual payroll at facility:				
Average annual growth rate of wages:				
Please list, if any, benefits that will be available to either full and/or part time employees:				
Average 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:			
Provide an estimate of the number of residents in the Economic Development 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 responsibition manager, programmer). Skilled - includes jobs that recount by high education or expertise 	lities (examples: a juire specific skill s	architect, engineer, acc	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 I	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.

APPENDIX B Verification

STATE OF), ss
COUNTY OF) SS.:)
(Name of Individual)	, deposes and says that s/he is the
	of
(Title)	(Applicant Name)
subscribed and affirmed 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 retherein. Deponent furthed published policies, include	accurate, and complete to the best of her/his knowledge, as under the penalties of perjury. The grounds of deponent's beliefs are said Application which are not stated upon her/his own neestigations 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 rs ofthe Applicant. The deponent also acknowledges the receipt I tothe 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 right 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	