



GREENE COUNTY INDUSTRIAL DEVELOPMENT AGENCY

**2011 DISASTER RECONSTRUCTION PROGRAM
ABBREVIATED APPLICATION**

IMPORTANT NOTICE: All questions should be answered accurately and completely by an officer or other employee of your firm who is thoroughly familiar with the business and affairs of your firm and who is also thoroughly familiar with the proposed Project.

TO: GREENE COUNTY INDUSTRIAL DEVELOPMENT AGENCY
270 Mansion Street
Coxsackie, NY 12051

This application by applicant respectfully states:

APPLICANT:

APPLICANT'S ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

MOBILE PHONE: _____

EMAIL: _____

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

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

NAME OF ATTORNEY: _____

ATTORNEY'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

NOTE: PLEASE READ THE INSTRUCTIONS ON PAGES 2 and 3 HEREOF BEFORE FILLING OUT THIS FORM.

GREENE COUNTY INDUSTRIAL DEVELOPMENT AGENCY
2011 DISASTER RECONSTRUCTION PROGRAM

The Greene County Industrial Development Agency ("GCIDA") announces its 2011 disaster reconstruction program for commercial businesses that experienced storm damage as a result of Hurricane Irene and ensuing floods.

PROGRAM

1. Applicants will be limited to business in Greene County that have experienced more than \$5,000 of damage to their real estate premises and furniture, fixtures and equipment (the "Threshold").
2. Applicants would receive financial assistance in the form of an exemption from NYS Sales and Use Taxes on materials used to reconstruct or reequip businesses damaged by Hurricane Irene and the ensuing floods. An exemption from mortgage tax would be considered on a case by case basis and will follow the IDA's normal policies and procedures.
3. Qualifying Applicants will be businesses in the County of Greene that have experienced documented storm-related damages in excess of the Threshold.

PROCESS

1. Applicant is responsible to provide a reconstruction plan, an estimate of reconstruction costs and pictures evidencing damage.
2. Applicant must sign an affidavit certifying the repair costs for the reconstruction project are true and accurate.
3. Exemptions are not effective until approved by resolution of the Greene IDA. The IDA will approve sales tax exemption requests for qualifying projects by a resolution grouping those eligible applicants at the time of each meeting. Special meetings will be held as necessary to expedite the process.
4. Applicant will be required to complete reconstruction within one (1) year of the approval of their exemption.
5. To allow the IDA to provide this benefit, applicants **MUST** sign a one (1) year lease with the GCIDA. This is a requirement under state law and due to the urgency of the program and the waiving of all fee's, there will be no negotiation of the lease form.

6. The Applicant shall be required to provide certificates of insurance in the forms and coverages as set forth in the lease. The lease will provide requirements for insurance from the Applicant and contractors which will name the GCIDA as an additional named insured.
7. Signed leases and insurance certificates in favor of the GCIDA will be submitted to the GCIDA at least one (1) week before the GCIDA meeting.
8. Upon approval of the application, the GCIDA will then sign the lease and sales tax exemption and ST-60.
9. The lease will require the applicant to satisfy the required reporting requirements under the General Municipal Law.

ADDITIONAL INSTRUCTIONS

1. Fill in all blanks, using "none" or "not applicable" or "N/A" where the question is not appropriate.
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 to the Agency at the address indicated on the first page of this Application.
5. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the Project which are in the nature of trade secrets which, if disclosed to the public or otherwise widely disseminated, would cause substantial injury to the Applicant's competitive position, the Applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.

ALL BUSINESSES RECEIVING A TAX EXEMPTION FROM THE IDA WILL BE REQUIRED TO KEEP FULL AND ACCURATE ACCOUNTING OF ALL PURCHASES MADE THAT WERE EXEMPT FROM SALES TAX. COPIES OF ALL INVOICES, SALES RECEIPTS OR OTHER RECORDS MAY BE SUBJECT TO REQUEST BY THE IDA.

FOR AGENCY USE ONLY

1. Project Number 1901-11-_____

2. Date Application Received by Agency _____, 2011

3. Date of Public Hearing _____, 2011

4. Date of SEQRA _____, 2011

5. Date of Application approved _____, 2011

6. Date of Lease signed _____, 2011

7. Date Certificate of Insurance Received _____, 2011

8. Date IDA signed Lease, Sales Tax Exemption and ST-60
_____, 2011

9. Received ST-340 completed for 2011 and at project completion
_____, 2011
_____, 2012

I. Proposed occupant of Project (hereinafter, the "Company").

A. Company Name: _____
 Present Address: _____
 Town, State, Zip Code: _____
 Employer's ID No.: _____

B. Indicate type of business organization of Company:

1. _____ Corporation (if so, incorporated in what country?)

What State? _____

Date Incorporated? _____

Type of corporation? _____

Authorized to do business in New York? ____ yes ____ no.

2. _____ Partnership (if so, indicate type of partnership)

Number of general partners, _____

Number of limited partners _____.

3. _____ Sole proprietorship.

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

D. Management of Company:

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

NAME (First, Middle, Last) HOME ADDRESS	OFFICE HELD	OTHER PRINCIPAL BUSINESS

E. Principal owners of Company: Is Company publicly held?
 _____ yes _____ no.
 If yes, list exchanges where stock traded:

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

NAME	ADDRESS	PERCENTAGE OF HOLDING

II. Data regarding Proposed Project

A. Summary: (Please provide a brief narrative description of the work to be completed.)

B. Location of proposed Project:

1. Street Address: _____

2. Town or Village of: _____

3. GREENE COUNTY, NY

C. Project Size:

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

2. Indicate number and approximate size (in square feet) of each existing building: (Attach a photograph of present buildings.)

3. Present Legal Owner of Project Site:

4. If Company is not owner, is there an option signed with owner to purchase the project site? ___ yes ___ no.

If yes, indicate date option signed with owner:

Date option expires:

5. If the Company does not own the project site, is there a relationship legally or by common control between the Company and the present owners of the project site?
_____ yes _____ no.

6. If the Company leases the building, is there a lease condition that requires the Company to make any necessary repairs ___ yes, _____ No

D. Project Use:

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

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

III. Employment Impact

No. of employees unemployed due to flood damage _____

No. of employees that will be rehired _____

No. of new Employees to be hired after reconstruction _____

IV. Project Cost

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

<u>Description of Cost</u>	<u>Amount</u>
Land	\$
Buildings	\$
Machinery and Equipment Costs	\$
Utilities, Roads and Appurtenant Costs	\$
Architects and Engineering Fees	\$
Construction Loan Fees and Interest (if applicable)	\$
Other (specify)	\$
_____	\$
_____	\$
_____	\$
TOTAL PROJECT COST	\$

B. If the applicant has or expects to receive additional public or private assistance, including low interest loans, to complete reconstruction please list all sources and amounts below.

Source	Amount
_____	_____
_____	_____
_____	_____

V. Benefits expected from the Agency

The applicant will be an appointed agent of the Agency for purposes of avoiding payment of N.Y.S. Sales Tax or Compensating Use Tax. What is the approximate amount of purchases which the applicant expects to be exempt from the N.Y.S. Sales and Compensating Use Taxes?
\$ _____.

ALL BUSINESSES RECEIVING A TAX EXEMPTION FROM THE IDA WILL BE REQUIRED TO KEEP FULL AND ACCURATE ACCOUNTING OF ALL PURCHASES MADE THAT WERE EXEMPT FROM SALES TAX. COPIES OF ALL INVOICES, SALES RECEIPTS OR OTHER RECORDS MAY BE SUBJECT TO REQUEST BY THE IDA.

VI. Agreements by Applicant

- A. Applicant will be responsible for documenting damage with pictures and repair estimates which would be subject to the approval of the GCIDA. Applicant would have to provide a plan for reconstruction.
- B. Applicant will sign ST-60 for estimate of Sales Tax Exemption from the reconstruction project.
- C. Applicant will sign a one (1) year lease for the completion of the reconstruction of the business. There would be no negotiation of the lease. Lease will provide that the Applicant will provide and maintain all necessary insurances and cause the contractors to provide such insurance as required by the GCIDA in which the GCIDA is named as an additional named insured.
- D. The applicant agrees to file, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance (ST-340), describing the value of all sales tax exemptions claimed by the applicant and all consultants or subcontractors retained by the applicant with a copy provided to the Greene County IDA.

VII. Certification

I certify by my signature below that all information provided on this application is true and accurate to the best of my knowledge and further that I agree to the terms and conditions of the Greene County IDA 2011 Disaster Reconstruction Program

Signed: _____ Date: _____

Name: _____

NOTE: APPLICANT MUST COMPLETE THE APPROPRIATE VERIFICATION APPEARING BELOW BEFORE A NOTARY PUBLIC AND MUST SIGN AND ACKNOWLEDGE THE HOLD HARMLESS AGREEMENT APPEARING HEREOF

VERIFICATION
(If Applicant is a Corporation)

STATE OF)
) SS.:
COUNTY OF)

_____ deposes and says that he/she is the
_____ of _____, the corporation
named in the attached Application; that he/she has read the foregoing
Application and knows the contents thereof; that the same is true and
complete and accurate to the best of his/her knowledge. Deponent
further says that the reason this verification is made by the deponent
and not by said company is because the said company is a corporation.
The grounds of deponent's belief relative to all matters in the said
Application which are not stated upon his/her own personal knowledge
are investigations which deponent has caused to be made concerning the
subject matter of this Application as well as information acquired by
deponent in the course of his/her duties as an officer of, and from
the books and papers of, said corporation.

— (Officer of Company Submitting Application)

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

Notary Public

VERIFICATION
(If Applicant is a Sole Proprietorship)

STATE OF)
) SS.:
COUNTY OF)

_____ deposes and says that he/she has read the foregoing Application and knows the contents thereof; and that the same is true and complete and accurate to the best of his/her knowledge. The grounds of deponent's belief relative to all matters in the said Application which are not stated upon his/her own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this Application.

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

Notary Public

VERIFICATION
(If Applicant is a Partnership)

STATE OF)
) SS.:
COUNTY OF)

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

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

Notary Public

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS THE FOLLOWING HOLD HARMLESS AGREEMENT IS SIGNED BY THE APPLICANT.

HOLD HARMLESS AGREEMENT

Applicant hereby releases the Greene County Industrial Development Agency and the members, officers, servants, agents and employees thereof (hereinafter collectively referred to as the "Agency") from, agrees that the Agency shall not be liable for, and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by the Agency with respect to (1) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the Project described therein or the issue of bonds requested therein are favorably acted upon by the Agency, and (2) the issue of bonds requested therein or the Project described therein, including, without limiting the generality of the foregoing, all causes of action and attorney's fees and any other expense incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, 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 Agency or the Applicant are unable to find buyers willing to purchase the total bond issue requested, then, and in that event, upon presentation of an invoice itemizing the same, Applicant shall pay to the Agency, its agents and assigns, all actual costs incurred by the Agency in the processing of the Application, including attorney's fees, if any.

APPLICANT:

By:

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

Notary Public