

## Program Questions: Employee Training Incentive Program

- Q\_4445** Has the training program or internship program already begun?
- Q\_4446** Does the business entity's proposed program, for which tax credits are being sought, meet one of the following?  
(1) Skills training for ten net new job hires or (2) Skills training for current employees in connection with a significant capital investment  
OR  
(1) An internship program in advanced technologies AND (2) The business entity has less than 100 employees statewide  
For more information about the program, please visit the following link: <http://esd.ny.gov/BusinessPrograms/ETIP.html>  
(See "View Help" for definitions of "Net New Jobs"; "Significant Capital Investment"; "Advanced Technologies")
- Q\_1856** Are you a not-for-profit, municipality or public benefit corporation?
- Q\_184** NYS Assembly District where the project is located. (please enter a number between 1 and 150 that represents your Assembly District)
- Q\_190** NY Senate District where the project is located. (please enter a number between 1 and 63 that represents your Senate District)
- Q\_928** Project Street Address: if the project does not have a definite street address, please skip to "Project without a Street Address" below.
- Q\_565** Project City
- Q\_972** Project county or counties.
- Q\_568** Project State  
•Choice Options:  
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,AS,DC,FM,GU,MH,MP,PW,PR,VI
- Q\_1034** Project ZIP Code. (please use ZIP+4 if known)
- Q\_971** Project Without a Street Address: please enter a description of the project location. Include project starting/ending street addresses, cities & zip codes if applicable.
- Q\_3688** Contact Street Address
- Q\_3689** Contact City
- Q\_3690** Contact State
- Q\_3691** Contact ZIP Code
- Q\_3692** Contact Email
- Q\_2364** What is the status of State and/or Federal Environmental Review? If review of the project is underway or completed pursuant to the State Environmental Quality Review Act (SEQRA) or National Environmental Policy Act (NEPA), please indicate the lead agency (if applicable).
- Q\_550** If you are a DBA, what is your DBA name?
- Q\_549** Type of Applicant (select all that apply)  
•Choice Options: Federal, State, County, City, Town, Village, Tribal, School District, County or Town Improvement District, District Corporation, For-Profit, Not-For-Profit, Individual, S Corporation, C Corporation, IDA, LDC,LLC,LLP, Public Authority, Public Benefit Corp, Sole-Proprietorship, HDFC,BID, LP,Boards Of Cooperative Educational Services (BOCES), Fire District, Regional Planning and Development Board, Public Library, Association Library,College/University/Community College
- Q\_556** Select an applicant ID type from the list below that you normally use to identify your organization on application forms.  
•Choice Options: Charity Reg #, Duns Number, Federal Tax ID Number, NYS Unemployment Insurance Tax Number, Social Security Number, NYS Vendor Identification Number (SFS)
- Q\_546** Legal Name of Applicant
- Q\_551** Applicant Street Address

- Q\_552** Applicant City
- Q\_553** Applicant State
- Q\_554** Applicant ZIP Code. (please use ZIP+4 if known)
- Q\_651** Applicant Telephone Number. (please include area code)
- Q\_555** Applicant Email Address
- Q\_547** Contact First Name
- Q\_1049** Contact Last Name
- Q\_1050** Contact Title
- Q\_562** Primary Contact Phone Number. (please include area code)
- Q\_4199** Please select the primary sector or characterization that best defines this project.  
• Choice Options: Agriculture, Arts/Culture/Cultural Institutions, Biomedical/Medical, Community Development, Education/College/University, Energy, Environment, Financial Services, Food/Beverage, Healthcare, Hospitality, Housing, Industrial/Manufacturing, Information Technology Services/Communications, Infrastructure, Municipal/Government, Office, Research & Development, Tourism/Travel, Transportation, Water/Wastewater/Sewer, Waterfront Revitalization, Workforce Development, Business Development, Technology Commercialization
- Q\_4198** Please select the secondary sector or characterization that best defines this project.  
• Choice Options: Agriculture, Arts/Culture/Cultural Institutions, Biomedical/Medical, Community Development, Education/College/University, Energy, Environment, Financial Services, Food/Beverage, Healthcare, Hospitality, Housing, Industrial/Manufacturing, Information Technology Services/Communications, Infrastructure, Municipal/Government, Office, Research & Development, Tourism/Travel, Transportation, Water/Wastewater/Sewer, Waterfront Revitalization, Workforce Development, Business Development, Technology Commercialization
- Q\_6048** Does your project advance downtown revitalization?
- Q\_6047** If Yes, please detail how it will attract and retain residents, visitors and businesses and transform neighborhoods.
- Q\_575** Project Description. Concisely describe the project, indicating the location, what will be planned, designed, acquired, and/or constructed, the issues/opportunities to be addressed, and expected outcomes and deliverables. Additional details will be collected later in the application process.
- Q\_976** Statement of Need
- Q\_929** Current State of Project Development (i.e. planning, preliminary engineering, final design, etc. You may enter N/A for non-project related applications)
- Q\_4429** If applying for the employee skills training program, attach the training curriculum provided by the training provider. If applying for the internship program, attach the training curriculum developed by the applicant or provided by the training provider. The curriculum must identify employees of 3rd party providers, or employees of the applicant who will be responsible for managing and training interns.
- Q\_4430** If you are applying for the skills training component, please attach three bids from potential training providers for employee skills training, or attestation detailing why three bids could not be secured along with any bids that were secured. If you are applying for the internship component only, this information is not required, you may attach a blank page.
- Q\_4506** For applicants applying to the program in connection with providing an eligible internship program, please attach copies of the NYS-45-ATT (Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return - Attachment) for the two quarters prior to the date of this application.
- Q\_3121** Attach 2013 financial documents  
For privately owned companies, IDAs, not-for-profits, educational institutions, start-ups, municipalities, or any business or organization other than publicly traded companies, please provide audited or reviewed financials, or compiled financials with signed tax returns, for 2013. For-publicly traded companies, please provide Form 10-K for 2013.
- Q\_4163** Attach 2014 financial documents  
For privately owned companies, IDAs, not-for-profits, educational institutions, start-ups, municipalities, or any business or organization other than publicly traded companies, please provide audited or reviewed financials, or compiled financials with signed tax returns, for 2014. For-publicly traded companies, please provide Form 10-K for 2014.
- Q\_4165** Attach interim financials for 2015  
For privately owned companies, IDAs, not-for-profits, educational institutions, start-ups, municipalities, or any business or organization other than publicly traded companies, please provide interim financials for 2015, certified by a company officer. For publicly traded companies, please provide the most recent Form 10-Q.

- Q\_2331** Attach an organizational chart and/or description of ownership structure including the percentage of ownership for each individual entity.
- Q\_2333** If review of the project has been completed pursuant to State Environmental Quality Review Act (SEQRA) or National Environmental Policy Act (NEPA), please submit the Negative Declaration or Findings Statement, or Finding of No Significant Impact or Record of Decision.
- Q\_2332** Attach a short or long Environmental Assessment Form  
Project review pursuant to the State Environmental Quality Review Act (SEQRA) must be completed prior to the award of any state funds. For projects classified as Type I or Unlisted actions, submit a short or long Environmental Assessment Form. See "View Help" for links to forms.
- Q\_4428** Does the business entity operate predominately in one of the following industries: retail and wholesale, restaurant, real estate, law firm or legal services, medical or dental practice, hospitality, financial services, personal services, business administration support services, accounting firms, provides utilities or businesses engaged in generation or distribution of electricity, natural gas or steam production associated with the generation of electricity?
- Q\_6205** Which component of the Employee Training Incentive Program are you applying for?  
•Choice Options: Employee Skills Training, Internship, Both
- Q\_4491** Please explain how the training program will satisfy a business need on the part of the applicant business?
- Q\_4492** Please explain how the training program will upgrade, retrain, or improve the productivity of employees.
- Q\_3134** Is a third party being used to complete this application such as consultant, accountant or attorney?
- Q\_3136** If you are a third party completing this application you must disclose your name, company and contact information.
- Q\_740** What is the applicant's Federal Tax ID#?
- Q\_1142** Indicate the Primary North American Industrial Classification System (NAICS) Code at the PROJECT LOCATION.
- Q\_1075** Describe the ownership of the applicant's business including, if applicable, the names of principal owners:
- Q\_1076** Identify the applicant's parent and subsidiary companies (if none, please respond with N/A):
- Q\_4410** What is the first project year? (the year in which the training program, capital investment or internship program begins)
- Q\_1339** Applicant website
- Q\_4409** Does the applicant attest that the training program:  
  
- Is NOT designed to train or upgrade skills as required by a federal or state entity;  
- Will NOT result in the awarding of a license or certificate required by law in order to perform a job function;  
- Is NOT culturally focused?
- Q\_4427** Please explain how the applicant meets one or more of the criteria for being considered a strategic industry. If you are applying for the internship component only, you may answer "N/A." (View Help for description of strategic industries)
- Q\_4425** If training will be for current employees in connection with a significant capital investment, briefly describe the type of capital investment(s) being made and the amount being invested. (View Help for more information)
- Q\_4490** If training will be for employees who will be filling net new jobs, please indicate the total number of net new jobs at the project location. View HELP for definition of net new job.
- Q\_4940** If training will be for employees who will be filling net new jobs, describe the type of job, by general category, and list the number of net new jobs and the gross annual wages for each job type at the project location.
- Q\_4431** Estimate the total costs associated with the training program.
- Q\_4418** Where will the employee skills training take place?  
•Choice Options: Employees Workplace, Training Providers Facility, Other
- Q\_4420** Please identify the "advanced technology" field in which the internship training will take place. If you are applying for the skills training component only, you may answer "N/A".

- Q\_4412** Does the internship program exist solely within New York State and provide training in advanced technology to current students, recent graduates and/or recent members of the armed forces? (View Help for definition of advanced technology)
- Q\_4413** Does the business applying for internship program tax credits employ less than 100 people in New York State?
- Q\_4421** Which entity will conduct the internship program training?  
 • Choice Options: 3rd Party Training Provider, Employees from Applicants Business
- Q\_4414** Will the internship program last longer than twelve months per intern or displace current employees of the business?
- Q\_4507** Will the internship training be provided to interns who have not previously participated in an eligible internship program?
- Q\_4508** Will the internship training be provided to interns who are not current or former employees of the applicant business?
- Q\_4509** Will the interns participating in the internship program comprise less than 50% of the workforce of the applicant business?
- Q\_4422** How many interns will be included in the eligible internship program?
- Q\_4423** Please indicate the monthly stipend amount paid per intern. (Please provide monthly amount only)
- Q\_2195** Indicate how many existing full-time equivalent jobs the applicant employs in all NYS LOCATIONS.
- Q\_2199** Indicate the average annual wage for existing full-time equivalent employees the applicant employs in all NYS Locations as of the date this application is finalized.
- Q\_1365** Indicate how many of the total existing full-time equivalent employees in New York State are contract employees.
- Q\_2196** Indicate how many existing full-time equivalent jobs the applicant employs at all PROJECT LOCATION(S).
- Q\_1186** Indicate the average annual wage for the employees at the Project Location as of the date this application is finalized.
- Q\_1366** Indicate how many of the total existing full-time equivalent employees at the Project Location are contract employees.
- Q\_1196** How many of the existing jobs at the project location(s) are at risk if the project does not go forward.
- Q\_1038** By entering your name in the box below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.
- Q\_4452** Pursuant to section 443(2) of the New York State Economic Development Law: As the preparer of this application, I attest to being an authorized representative of the applicant and, by placing my name in the box below, I hereby: 1. Agree to allow the Department of Taxation and Finance to share tax information with the Department of Economic Development. However, any information shared as a result of this agreement shall not be available for disclosure or inspection under the State Freedom of Information Law; 2. Agree to allow the Department of Labor to share tax and employer information with the Department of Economic Development. However, any information shared as a result of this agreement shall not be available for disclosure or inspection under the State Freedom of Information Law; 3. Allow the Department and its agents access to any and all books and records the Department of Economic Development may require to monitor compliance; 4. Provide a clear and detailed presentation of all related persons as defined in subparagraph (c) of paragraph 3 of subsection (b) of section 465 of the Internal Revenue Code to the applicant to assure the Department of Economic Development that any jobs indicated in this application are not being shifted within the State; 5. Certify, under penalty of perjury, that no employees of the applicant shall be displaced as a result of the provision of an internship program pursuant to section 442(2) of the Economic Development Law; 6. Certify, under penalty of perjury, that the applicant is in substantial compliance with all environmental, worker protection, and local, state and federal tax laws.