

Program Questions:

Recharge New York

- Q_5737** If you are applying for an allocation of ReCharge New York ("RNY") power for your Facility, select "Yes" below. Subject to other program requirements, RNY Power allocations may be awarded for the purpose of supporting (1) the retention of an existing organization and jobs in the State (a "retention" allocation), or (2) a new business or the expansion of an existing business in the State (an "expansion" allocation). Please note that the governing law provides that "eligible applicant" does not include retail businesses, including, without limitation, sports venues, gaming or entertainment-related establishments or places of overnight accommodation. The applicable definition of "retail business" may be found at www.nypa.gov/RechargeNY/default.htm.
- Q_3527** US Congressional District where the project is located.
- Choice Options:
1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27
- 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_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_572** Project Latitude
- Q_573** Project Longitude
- 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_1034** Project ZIP Code. (please use ZIP+4 if known)
- Q_5257** Contact Salutation
- Choice Options: Mr., Mrs., Ms., Dr.
- 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

- 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_2655** Based on your selection from the previous question, enter your applicant ID number. (Please do not provide your social security number).
- Q_969** If you are a business, have you been certified as a New York State Minority or Women-owned Business Enterprise (MWBE)?
- Choice Options: Yes, No, N/A
- Q_546** Legal Name of Applicant
- Q_5416** Applicant First Name
- Q_5417** Applicant Last Name
- 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_5490** Primary Organization
- Q_3688** Contact Street Address

Q_3689 Contact City

Q_3690 Contact State

Q_3691 Contact ZIP Code

Q_562 Primary Contact Phone Number. (please include area code)

Q_3692 Contact Email

Q_5475 Contract Salutation

- Choice Options: Mr., Mrs., Ms., Dr.

Q_5476 Contract First

Q_5477 Contract Last

Q_5478 Contract Title

Q_5491 Authorized Organization

Q_5479 Contract Street

Q_5480 Contract City

Q_5481 Contract State

Q_5482 Contract Zip

Q_5483 Contract Phone

Q_5484 Contract Email

Q_5493 Additional Salutation

- Choice Options: Mr., Mrs., Ms., Dr.

Q_1052 Additional Project Contact First Name

Q_970 Additional Project Contact Last Name

- Q_1051** Additional Contact Title
- Q_5492** Additional Organization
- Q_3693** Additional Contact Street Address
- Q_3694** Additional Contact City
- Q_3695** Additional Contact State
- Q_3696** Additional Contact ZIP Code
- Q_3697** Additional Contact Telephone Number
- Q_561** Additional Contact Email Address
- 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_3656

Is the project included in a NY Rising Community Reconstruction Program plan or a NY Rising Countywide Resiliency Plan?

Q_3744

If the project is included in a NY Rising Community Reconstruction Program plan or a NY Rising Countywide Resiliency Plan, please indicate the planning committee name, project name, and location.

Q_3762

Does your project directly address the needs of people in your region who are living in poverty and who seek resources for inclusion in the economic life of New York State?

Q_3763

How does your project seek to apply CFA funds for the purpose of eliminating barriers to skilled employment by poor people in your region, as identified by the Opportunity Agenda? Please describe any efforts to collaborate at the local or regional level (i.e. public, private, labor, philanthropic sectors).

Q_3764 How does your project build workforce development programs, improve physical infrastructure, and/or establish social services that connect people living in poverty in your region with skilled employment, in correspondence with the economic revitalization priorities, distressed community targets, and the industry growth areas identified in the Opportunity Agenda and Strategic Plan?

Q_3766 Is this a Global NY Project?

Q_3768 If this is a Global NY Project, please describe how this project relates to the identified goals of your region's Global Marketing and Export Strategies as part of the Global NY initiative?

Q_4200 Does your project provide opportunities for Veterans' to participate in the workforce, or improve services to the Veterans' and military families in New York?

Q_4201 If Yes, please explain how your project impacts the Veterans' and military families in New York.

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_930** Explain what makes your project a regional economic priority - for example creates jobs, economic investment, sustainability and community revitalization, government efficiency or consolidation etc.
- Q_2366** How does your project align with the Regional Economic Development Council's Strategic Plan/Upstate Revitalization Initiative Plan? (strategic plans are located at <http://www.nyscfaprojectdata.ny.gov/>)
- 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_975** Estimated Project Timeline: including project start/completion dates, estimates for design, permitting and construction or other major steps. (You may enter N/A for non-Project related applications)
- Q_580** Provide a list of all federal, state, and local reviews, approvals, or permits needed or completed, including the dates when they are expected to be completed or were completed. If Not Applicable, indicate "NA".

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_1054 If National Environmental Policy Act (NEPA) Record of Decision has been issued, please explain (include date of Record of Decision).

Q_2362 If funding was awarded in prior CFA rounds, what were the CFA numbers for which funding was awarded? (separate multiple CFA numbers with commas)

Q_4160 For each program to which you are applying under the CFA, explain your strategy for proceeding if the full amount of requested funding, required matching funds, and temporary financing are not secured as expected, or committed sources become unavailable. This explanation must address any proposed project phases, and both CFA and non-CFA sources of funds.

Q_5730 Is the facility applying for an allocation to support the retention of an existing business or not-for-profit organization and jobs in New York State?

- Choice Options: Yes, No
- This is a conditional question.
 1. If **Yes** is selected then **Q_5729** will be displayed

Q_5729 Applicant is required to provide the FACILITY's most recent 12 months of electricity bills for each electric account at the facility. The bills should be uploaded here.

- This is a conditional question based on the answer to **Q_5730**. This question displays when selecting the answer: "Yes"

Q_5732 Is the applicant requesting an allocation to support either an expansion to an existing FACILITY or a new FACILITY?

- Choice Options: Yes,No
- This is a conditional question.
 1. If **Yes** is selected then **Q_5731** will be displayed

Q_5731 If applicant is a new business or applying for an allocation to support an expansion project please provide a schedule of anticipated electric loads and the basis for the calculation of demand (kW).

- This is a conditional question based on the answer to **Q_5732**. This question displays when selecting the answer: "Yes"

Q_5733 Is the applicant exempt from paying sales tax on its electricity purchases?

- Choice Options: Yes,No
- This is a conditional question.
 1. If **Yes** is selected then **Q_5734** will be displayed

Q_5734 If the applicant is exempt from paying sales tax on its electricity purchases, it must attach a copy of its New York State sales tax exemption form and any other relevant documentation.

- This is a conditional question based on the answer to **Q_5733**. This question displays when selecting the answer: "Yes"

Q_5735 Is the applicant a Not-for-Profit Corporation?

- Choice Options: Yes,No
- This is a conditional question.
 1. If **Yes** is selected then **Q_5736** will be displayed

- Q_5736** Please attach a complete copy of the applicant's certificate of incorporation and all amendments to the certificate (see the Not-for-Profit section for more details). Not-for-profit corporations must provide this documentation in order to be considered for a RNY Power allocation.
- This is a conditional question based on the answer to **Q_5735**. This question displays when selecting the answer: "Yes"
- Q_5658** Provide a brief description and/or history of applicant's business both generally and at the FACILITY*:
- 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_735** Describe the product(s) produced and/or service(s) provided at the FACILITY:
- Q_740** What is the applicant's Federal Tax ID#?
- Q_736** Using the North American Industry Classification System, please provide the six digit NAICS code that applies to the FACILITY:
- Q_5435** Is the applicant a Not-for-Profit Corporation within the meaning of New York Not-for-Profit Corporation Law ("N-PCL") § 102(a)(5)?

- Choice Options: Yes,No
- This is a conditional question.
 1. If **Yes** is selected then these questions will be displayed:
 - **Q_5439**
 - **Q_5444**
 - **Q_5446**
 - **Q_5449**

Q_5439 Identify the type of corporation (e.g., Type A, B, C, or D as provided for in Not-for-Profit Corporation Law § 201), if known.

- This is a conditional question based on the answer to **Q_5435**. This question displays when selecting the answer: "**Yes**"

Q_5444 Identify the specific section of New York State law under which the applicant is incorporated and exists, if known.

- This is a conditional question based on the answer to **Q_5435**. This question displays when selecting the answer: "**Yes**"

Q_5446 Identify the date on which the applicant incorporated.

- This is a conditional question based on the answer to **Q_5435**. This question displays when selecting the answer: "**Yes**"

Q_5449 Does your Not-for-Profit FACILITY provide critical services or substantial benefits to the local community?

- Choice Options: Yes,No
- This is a conditional question.
 1. If **Yes** is selected then **Q_5451** will be displayed
- This is a conditional question based on the answer to **Q_5435**. This question displays when selecting the answer: "**Yes**"

Q_5451 Please describe the critical services or substantial benefits that your Not-for-Profit FACILITY provides to the local community.

- This is a conditional question based on the answer to **Q_5449**. This question displays when selecting the answer: "**Yes**"

Q_741 How many years has the FACILITY been in operation?

Q_2551 Is the FACILITY owned, or leased in whole or in part, by the Applicant?

- Choice Options: Owned by the Applicant, Leased in whole, Leased in part

Q_2552 If FACILITY is leased in whole or in part by the Applicant, is the electric utility account in the name of the Applicant?

Q_4385 Is the FACILITY, or will the FACILITY be, LEED or Energy Star Certified?

Q_4386 What is the size of the FACILITY in square feet?

Q_5743 Does (or will) the FACILITY that would receive the power contain a retail business component?

- This is a conditional question.
 1. If **Yes** is selected then these questions will be displayed:
 - **Q_5744**
 - **Q_5745**
 - **Q_5746**

Q_5744 If the FACILITY that would receive the power contains a retail business component, what percentage of the square footage of the FACILITY is attributed to retail sales?

- This is a conditional question based on the answer to **Q_5743**. This question displays when selecting the answer: "**Yes**"

Q_5745 If the FACILITY applying for power contains a retail component, what percentage of the Facility's annual sales is attributed to retail sales?

- This is a conditional question based on the answer to **Q_5743**. This question displays when selecting the answer: "Yes"

Q_5746 If the FACILITY that would receive the power contains a retail business component, how many of the FACILITY'S employees participate in or support the FACILITY's retail sales operations?

- This is a conditional question based on the answer to **Q_5743**. This question displays when selecting the answer: "Yes"

Q_2557 Please provide the FACILITY's electric service account number. If the FACILITY has more than one account provide all account numbers below separated by commas.

Q_3462 Select the utility providing current delivery service at the FACILITY:

- Choice Options: Central Hudson Gas and Electric Corporation, Con Edison Company of New York, PSEG Long Island, National Grid, New York State Electric and Gas, Orange and Rockland Utilities Inc., Rochester Gas and Electric, Municipal Electric District/Rural Electric Cooperative, Other

Q_5739 Does this FACILITY use an Energy Service Company (ESCO) for its electricity supply?

- This is a conditional question.
 1. If **Yes** is selected then **Q_5740** will be displayed

Q_5740 When does the FACILITY's agreement with the Energy Service Company (ESCO) end?

- This is a conditional question based on the answer to **Q_5739**. This question displays when selecting the answer: "Yes"

Q_2556 Does the FACILITY currently receive NYPA hydropower (e.g., ReCharge New York Power, Expansion Power, Replacement Power, Preservation Power, NYPA hydropower allocated through a Municipal Electric District/Rural Electric Cooperative), or any benefits that derive from the sale of NYPA hydropower (e.g., Industrial Incentive Awards, power proceeds grants)?

Q_5508 Is the FACILITY currently at risk of closing or curtailing operations, relocating out of state, or losing a significant number of jobs, due to the current cost of electricity to the applicant? (For new businesses, answer "No.")

- This is a conditional question.
 1. If **Yes** is selected then these questions will be displayed:
 - **Q_5509**
 - **Q_5510**

Q_5509 Please describe why the operations or employment levels are at risk.

- This is a conditional question based on the answer to **Q_5508**. This question displays when selecting the answer: "**Yes**"

Q_5510 Will a ReCharge New York power allocation mitigate any of the risks identified in the previous question?

- This is a conditional question.
 1. If **Yes** is selected then **Q_5511** will be displayed
- This is a conditional question based on the answer to **Q_5508**. This question displays when selecting the answer: "**Yes**"

Q_5511 Please describe how any such risk will be mitigated.

- This is a conditional question based on the answer to **Q_5510**. This question displays when selecting the answer: "**Yes**"

Q_5512 Identify any other facilities of your organization located in New York

State. Give location, products manufactured and/or services offered, and number of permanent employees.

Q_5513

Please describe how the facilities listed above interact with the FACILITY you are requesting power for and how the operations and employment may be affected as a result of receiving a ReCharge New York power allocation.

Q_5500

How many major competitors in the line of business conducted at this FACILITY are located in New York State?

- Choice Options: None, 1 to 3, 4 to 6, 7 or more

Q_5501

List the name and city of the FACILITY's major NYS competitor(s), if noted above:

Q_5507

What is the cost of electricity as a percentage of the cost of production at the FACILITY?

Q_6004

Has the FACILITY undergone an energy audit and/or a detailed feasibility study within the past 5 years?

- This is a conditional question.
 1. If **Yes** is selected then these questions will be displayed:
 - **Q_6005**
 - **Q_6006**

Q_6005

Please indicate type and year in which the audit/ feasibility study was performed.

- This is a conditional question based on the answer to **Q_6004**. This question displays when selecting the answer: "**Yes**"

Q_6006 Will the applicant agree to provide NYPA with copies of any such audit/ feasibility study if requested?

- This is a conditional question based on the answer to **Q_6004**. This question displays when selecting the answer: "Yes"

Q_6007 Has the FACILITY had any measures implemented to reduce energy consumption (electricity, gas, oil, etc.) within the last 3 years?

- This is a conditional question.
 1. If **Yes** is selected then these questions will be displayed:
 - **Q_6008**
 - **Q_6009**
 - **Q_6010**

Q_6008 Select the measures that were implemented:

- Choice Options: Building Envelope, Lighting, Motors, Boilers and Fired Systems, Steam and Condensate Systems, Cooling Systems, HVAC Systems, Energy Management Control Systems, Other
- This is a conditional question based on the answer to **Q_6007**. This question displays when selecting the answer: "Yes"

Q_6009 If Other, please describe:

- This is a conditional question based on the answer to **Q_6007**. This question displays when selecting the answer: "Yes"

Q_6010 If any measures above have been implemented at the FACILITY, please provide a brief description.

- This is a conditional question based on the answer to **Q_6007**. This question displays when selecting the answer: "Yes"

Q_6011 Does the applicant plan to implement any measures to reduce energy consumption (electricity, gas, oil, etc.) within the next 3 years at the FACILITY?

- This is a conditional question.
 1. If **Yes** is selected then these questions will be displayed:
 - **Q_6012**
 - **Q_6013**
 - **Q_6014**

Q_6012 Select the measures the FACILITY plans to implement:

- Choice Options: Building Envelope, Lighting, Motors, Boilers and Fired Systems, Steam and Condensate Systems, Cooling Systems, HVAC Systems, Energy Management Control Systems, Other
- This is a conditional question based on the answer to **Q_6011**. This question displays when selecting the answer: "**Yes**"

Q_6013 If Other, please describe:

- This is a conditional question based on the answer to **Q_6011**. This question displays when selecting the answer: "**Yes**"

Q_6014 If the applicant plans to implement any measures above at the FACILITY within the next 3 years, please provide a brief description.

- This is a conditional question based on the answer to **Q_6011**. This question displays when selecting the answer: "**Yes**"

Q_4390 If the FACILITY were to receive a ReCharge New York power allocation, will the applicant agree to undertake an energy efficiency audit (as defined in the help section below), at the FACILITY in which the allocation is consumed, at least once during the term of the allocation, at the Applicant's own expense?

Q_819 If the FACILITY were to receive a ReCharge New York power allocation, will the applicant agree to make the FACILITY available at reasonable times for energy audits and assessments if required by NYPA?

Q_1085

If the FACILITY were to receive a ReCharge New York power allocation, is the applicant willing to implement audit-identified energy efficiency measures during the term of the allocation?

Q_820

If the FACILITY were to receive a ReCharge New York power allocation, will the applicant agree to provide information requested by NYPA or its designee in surveys, questionnaires and other information requests relating to energy efficiency and energy-related projects, programs and services?

Q_5568

Is the facility applying for an allocation to support the retention of an existing business or not-for-profit organization and jobs in New York State?

- This is a conditional question.
 1. If **Yes** is selected then these questions will be displayed:
 - Q_5498
 - Q_5499
 - Q_5502
 - Q_5503
 - Q_5504
 - Q_5505
 - Q_5506
 - Q_5569
 - Q_5618
 - Q_5628
 - Q_5629
 - Q_5631
 - Q_5632
 - Q_5633
 - Q_5636
 - Q_5637
 - Q_5638
 - Q_5639
 - Q_5640

Q_5569

How much ReCharge New York power (in kW) is the applicant requesting for the FACILITY to help maintain operations and/or retain existing employment?

- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: "**Yes**"

Q_5498 How would a ReCharge New York allocation affect (1) the applicant's competitive position generally and (2) the applicant's operations at the FACILITY?

- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: "Yes"

Q_5499 For existing businesses describe the anticipated impact a ReCharge New York Power allocation would have on current employment at the FACILITY:

- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: "Yes"

Q_5628 What is the FACILITY's current existing employment in Full Time Equivalent (FTE)? Employment should be entered on a Full Time Equivalent (FTE) basis. An Employee working a minimum of 35 hours per week equals 1 FTE. Two part time employees each working a minimum of 20 hours per week should be counted as 1 FTE.

- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: "Yes"

Q_5629 How many of the Full Time Equivalents listed above are comprised of part time employees?

- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: "Yes"

Q_5636 How many jobs would the applicant be willing to contractually commit to retain at the FACILITY as a condition to receiving a ReCharge New York power allocation?

- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: "Yes"

- Q_5632** What is the average annual wage for the employees listed above?
- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: **"Yes"**
- Q_5618** Please provide the total capitalization of the existing FACILITY in dollars:
- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: **"Yes"**
- Q_5637** What is the capital investment amount planned at the FACILITY over the next 5 years?
- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: **"Yes"**
- Q_5638** Please describe the capital investments included in the amount above:
- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: **"Yes"**
- Q_5639** What amount of the total 5 year capital investment pertains to “bricks and mortar” investment?
- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: **"Yes"**
- Q_5640** Of the total 5 year capital investment dollars listed above, how much would the applicant be willing to contractually commit to invest at the FACILITY as a condition to receiving a ReCharge New York power allocation?
- This is a conditional question based on the answer to **Q_5568**. This question displays when selecting the answer: **"Yes"**
- Q 5570** Is the applicant requesting an allocation to support either an

expansion to an existing FACILITY or a new FACILITY?

- This is a conditional question.
 1. If **Yes** is selected then these questions will be displayed:
 - Q_5571
 - Q_5572
 - Q_5573
 - Q_5574
 - Q_5575
 - Q_5576
 - Q_5577
 - Q_5578
 - Q_5579
 - Q_5580
 - Q_5581
 - Q_5582
 - Q_5583
 - Q_5584
 - Q_5585
 - Q_5586
 - Q_5587
 - Q_5588
 - Q_5625
 - Q_5626
 - Q_5627

Q_5571

Please describe the FACILITY expansion project or new FACILITY:

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "**Yes**"

Q_5572

Please describe the business reason(s) for expansion or new FACILITY:

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "**Yes**"

Q_5574

How much ReCharge New York power (in kW) is the applicant requesting for the expansion project or new FACILITY? Determine your request by assessing the new additional electric peak demand (kW) expected to register on the meter as a result of the specific expansion project or new FACILITY. (Do not include electric demand (kW) already registering on the meter at the FACILITY.)

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "**Yes**"

Q_5575

What is the additional monthly energy usage (kWh) expected as a result of this expansion project or new FACILITY?

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5576

What is the anticipated project start date (Month, Year)?

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5577

What is the anticipated project completion date (Month, Year)?

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5578

Please describe the phases of the expansion project or new FACILITY, if any:

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5579

Please describe any major machinery & equipment, systems or components that will be part of the expansion project or new FACILITY:

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5627

Please provide the total capitalization of the FACILITY in dollars (for new businesses: provide the FACILITY's projected capitalization):

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5580 What is the total project cost estimate for this facility expansion or new FACILITY?

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5581 For existing FACILITIES only, of this Total Project Cost Estimate, how much, if any, is included in the response to question Q_5637 in the Capital Investment Section above?

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5582 How much of the Total Project Cost Estimate is related to "bricks and mortar" investment?

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5583 Please provide the total number of NEW jobs that will be created as a result of the expansion project or new FACILITY, if any. (For an expansion of an existing facility, any new jobs must be above current employment level of the existing facility):

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5584 Of the total jobs for the expansion project or NEW FACILITY, how many jobs would your company be willing to contractually commit to in return for a ReCharge New York allocation? (This can include NEW jobs created as a result of the expansion project in addition to existing jobs if applicable.)

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5585 What will the average annual wages be for the NEW employees listed above?

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_5588 Please provide the anticipated time frame (month and year) that the NEW employees listed above will be hired (If none respond with N/A).

- This is a conditional question based on the answer to **Q_5570**. This question displays when selecting the answer: "Yes"

Q_875 Please identify all financial or other support the applicant receives, will receive, or has requested, if any, from the State of New York or State agency or entity regarding the FACILITY.

Q_876 Any additional information you may wish to include (suggestions include, but are not limited to, long term investment plans, capital investment history and company's growth potential):

Q_877 List any questions contained in this application for which the applicant considers its responses to be confidential (list question number(s) separated by commas):

Q_1088 Describe the basis for confidential treatment of the information identified in response to the previous question:

Q_1077 I certify that (a) I am authorized to act on behalf of the applicant for a Recharge New York power allocation, and (b) all information provided in this application, including any attachments, is true, accurate and correct to the best of my knowledge and the knowledge of the applicant. On behalf of the applicant, I further understand and acknowledge that: (a) the applicant may be required to provide additional information upon request by the Economic Development Power Allocation Board and NYPA before any decision is made on

this application; (b) Recharge New York power program allocations are subject to review and approval by the Economic Development Power Allocation Board and the New York Power Authority Board of Trustees; and (c) and notwithstanding an award of an allocation of Recharge New York power, such allocation will be subject to the terms and conditions agreeable to NYPA and set forth in a separate written contract between the applicant and NYPA governing the provision and sale of the power that is the subject of the allocation.

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.