Program Questions:
Recharge New York

Q_11814

If you are applying for a new allocation or an extension of an existing 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.

Q_928

Project Street Address: Please input the project street address (**Street Number and Street Name only**).

If the project has multiple locations, please input the primary street address of the project. If the project does not have a definite street address, please input the approximate street address of the project (Street Number and Street Name only).

Q_565

Project City

Q_972

Project county or counties.

Q_1034

Project ZIP Code. (please use ZIP+4 if known)

Q_3527

US Congressional District where the project is located. (This question's value will be filled automatically, based on the project address, when the application is finalized.)

- 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_616

For more than one project location, please provide full address(es) for each location. If Not Applicable, indicate "NA".

Q_572

Project Latitude (This question's value will be filled automatically, based on the project address, when the application is finalized.)

Q_573

Project Longitude (This question's value will be filled automatically, based on the project address, when the application is finalized.)

Q_18182

Is this project subject to National Environmental Policy Act (NEPA)?

Q_549

Type of Applicant (select one)
Applicants will first select a single applicant type from the categories below and then a subtype based on their initial selection. Applicants should review the selections below which provides a list of subtypes by main applicant type.

1. For Profit entity options:
Limited Liability Corporation (LLC)
Limited Liability Partnership (LLP)
Sole Proprietorship
S Corporation
C Corporation
Limited Partnership (LP)
Other- applicant will be required to list their other for-profit designation.

2. Not-for profit entity options:
501(c)(1) Any corporation that is organized under an act of Congress that is exempt from federal income tax;
501(c)(2) Corporations that hold a title of property for exempt organizations;
501(c)(3) Corporations/funds/foundations that operate for religious/ charitable/ scientific/ literary/ educational purposes;
501(c)(4) Nonprofit organizations that promote social welfare;
501(c)(5) Labor, agricultural, or horticultural associations;
501(c)(6) Business leagues/chambers of commerce/etc. that are not organized for profit;
501(c)(7) Recreational organizations; and
Other- applicant will be required to list their other not-for-profit designation.

3. Government entity options:
Federal
State
County
City
Town
Village
Tribal
School District
County or Town Improvement District
District Corporation

Public Authority
Business Improvement District
Fire District
Board of Cooperative Education Services (BOCES)
Public Library
Association Library
Other- applicant will be required to list their other government designation.

- Choice Options: For-Profit, Not-for-Profit, Government
- This is a conditional question.
    1. If **For-Profit** is selected then **Q_15475** will be displayed
    2. If **Government** is selected then **Q_15478** will be displayed
    3. If **Not-for-Profit** is selected then **Q_15477** will be displayed

Q_15475

Select the for-profit entity of the applicant applying for funding:

- Choice Options: Limited Liability Corporation (LLC), Limited Liability Partnership (LLP), Sole Proprietorship, S Corporation, C Corporation, Limited Partnership (LP), Other
- This is a conditional question.
    1. If **Other** is selected then **Q_15483** will be displayed
- This is a conditional question based on the answer to **Q_549**. This question displays when selecting the answer: "**For-Profit**"

Q_15483

Enter the applicant's 'Other' for-profit entity designation.

- This is a conditional question based on the answer to **Q_15475**. This question displays when selecting the answer: "**Other**"

Q_15477

Select the not-for-profit entity of the applicant applying for funding:

- Choice Options: 501(c)(1) Any corporation that is organized under an act of Congress that is exempt from federal income tax, 501(c)(2) Corporations that hold a title of property for exempt organizations, 501(c)(3) Corporations/funds/foundations that operate for religious/charitable/scientific/literary/educational purposes, 501(c)(4) Nonprofit organizations

that promote social welfare, 501(c)(5) Labor/agricultural/horticultural associations, 501(c)(6) Business leagues/chambers of commerce/etc. that are not organized for profit, 501(c)(7) Recreational organizations, Other
- This is a conditional question.
    1. If **Other** is selected then **Q_15484** will be displayed
- This is a conditional question based on the answer to **Q_549**. This question displays when selecting the answer: "**Not-for-Profit**"

Q_15484

Enter the applicant's 'Other' not-for-profit entity designation.

- This is a conditional question based on the answer to **Q_15477**. This question displays when selecting the answer: "**Other**"

Q_15478

Select the government entity of the applicant applying for funding:

- Choice Options: Federal, State, County, City, Town, Village, Tribal, School District, County or Town Improvement District, District Corporation, Public Authority, Business Improvement District, Fire District, Board of Cooperative Education Services (BOCES), Public Library, Association Library, Other
- This is a conditional question.
    1. If **Other** is selected then **Q_15485** will be displayed
- This is a conditional question based on the answer to **Q_549**. This question displays when selecting the answer: "**Government**"

Q_15485

Enter the applicant's 'Other' government entity designation.

- This is a conditional question based on the answer to **Q_15478**. This question displays when selecting the answer: "**Other**"

Q_12603

Is the applicant a DBA?

- This is a conditional question.
    1. If **Yes** is selected then **Q_550** will be displayed

Q_550

What is the applicant's DBA name?

- This is a conditional question based on the answer to **Q_12603**. This question displays when selecting the answer: "**Yes**"

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,NYS Vendor Identification Number (SFS),Employee Identification Number (EIN),Unique Entity Identifier (UEI)

Q_2655

Based on your selection from the previous question, enter the associated ID 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

Organization Legal Name

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_5257

Contact Salutation

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

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 (please use ZIP+4 if known)

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 (please use ZIP+4 if known)

Q_5483

Contract Phone (please include area code)

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 (please use ZIP+4 if known)

Q_3697

Additional Contact Telephone Number (please include area code)

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, Historic Preservation, Hospitality, Housing, Industrial/Manufacturing, Information Technology Services/Communications, Infrastructure, Municipal/Government, Office, Recreation,Research & Development, Tourism/Travel, Transportation, Water/Wastewater/Sewer, Waterfront Revitalization, Workforce Development,Business Development,Technology Commercialization, Semiconductors/Semiconductor Supply Chain

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, Historic Preservation, 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, Semiconductors/Semiconductor Supply Chain

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: Provide a brief summary of the need for the project in the geographic area proposed and the project's financing needs, including funding gaps of the proposed project.

Q_12626

Does the project align with the Regional Economic Development Council's Strategic Plan?

- This is a conditional question.
    1. If **Yes** is selected then **Q_12627** will be displayed

Q_12627

Explain how the project aligns with the Regional Economic Development Council's Strategic Plan.

- This is a conditional question based on the answer to **Q_12626**. This question displays when selecting the answer: "**Yes**"

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: include project start/completion dates, estimates for design, permitting and construction or other major steps.

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_12606

Does this project require State and/or Federal Environmental Review?

- This is a conditional question.
    1. If **Yes** is selected then these questions will be displayed:
       - **Q_2364**
       - **Q_12607**

Q_2364

What is the status of State and/or Federal Environmental Review?

- This is a conditional question based on the answer to **Q_12606**. This question displays when selecting the answer: "**Yes**"

Q_12607

Please indicate the lead agency (if applicable).

- This is a conditional question based on the answer to **Q_12606**. This question displays when selecting the answer: "**Yes**"

Q_12604

Has a National Environmental Policy Act (NEPA) Record of Decision been issued?

- This is a conditional question.
    1. If **Yes** is selected then **Q_1054** will be displayed

Q_1054

Please explain decision and include date of Record of Decision.

- This is a conditional question based on the answer to **Q_12604**. This question displays when selecting the answer: "**Yes**"

Q_12625

Has the applicant or project been awarded funding in prior CFA rounds?

- This is a conditional question.
    1. If **Yes** is selected then **Q_2362** will be displayed

Q_2362

What were the CFA numbers for which funding was awarded? (separate multiple CFA numbers with commas)

- This is a conditional question based on the answer to **Q_12625**. This question displays when selecting the answer: "**Yes**"

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_2366

How does your project align with the Regional Economic Development Council's Strategic Plan/Upstate Revitalization Initiative Plan? (strategic plans are located at https://regionalcouncils.ny.gov/)

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_12904

Is the business a certified Minority or Woman-Owned Business Enterprise (MWBE) and/or a Service Disabled Veteran-Owned Business (SDVOB)?

- This is a conditional question.
    1. If **Yes** is selected then **Q_12905** will be displayed

Q_12905

If applicable, provide MWBE and/or SDVOB documents.

- This is a conditional question based on the answer to **Q_12904**. This question displays when selecting the answer: "**Yes**"

Q_11804

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? (existing customers applying for an allocation extension or new business applying for an allocation, do not need to attach utility bills in

this section, please answer "no")

- This is a conditional question.
    1. If **Yes** is selected then **Q_11809** will be displayed

Q_11809

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_11804**. This question displays when selecting the answer: "**Yes**"

Q_11855

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_11837** will be displayed

Q_11837

If applicant is a new business or applying for an allocation to support an expansion project please provide a schedule of anticipated electric load increases, please include the cause of the increase and the basis for the calculation of demand (kW).

- This is a conditional question based on the answer to **Q_11855**. This question displays when selecting the answer: "**Yes**"

Q_11839

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_11838** will be displayed

Q_11838

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_11839**. This question displays when selecting the answer: "**Yes**"

Q_18532

Please attach a complete copy of the applicant’s certificate of incorporation or formation as an LLC in New York or another jurisdiction in the United States.

Q_18533

Please attach proof of registration of the corporation or LLC with the New York State Department of State Division of Corporations.

Q_18535

Please attach the applicant's Form W-9 (Request for Taxpayer Identification Number and Certification).

Q_18844

Is the applicant a publicly traded corporation?

- This is a conditional question.

1. If **Yes** is selected then **Q_18534** will be displayed

Q_18534

Please attach the applicant's 10-K filing with the Securities and Exchange Commission.

- This is a conditional question based on the answer to **Q_18844**. 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_15412

Is the Applicant, or any affiliate who would receive the benefit of an award from NYPA, currently the subject of an investigation or litigation by the United States or New York State or any agency thereof?

- This is a conditional question.
    1. If **Yes** is selected then **Q_15454** will be displayed

Q_15454

Please provide a description of each such matter, and the relevant docket number, if any.

- This is a conditional question based on the answer to **Q_15412**. This question displays when selecting the answer: "**Yes**"

Q_15497

Has the Applicant, or any affiliate who would receive the benefit of an award from NYPA, been determined to be in breach of any contractual obligation to the United States or New York State or any agency thereof within the last 5 years?

- This is a conditional question.
    1. If **Yes** is selected then **Q_15499** will be displayed

Q_15499

Please provide a description of each such matter.

- This is a conditional question based on the answer to **Q_15497**. This question displays when selecting the answer: "**Yes**"

Q_15500

Has the Applicant, or any affiliate who would receive the benefit of an award from NYPA, been determined to be delinquent on any federal, New York State, or New York State local government tax obligations within the last 5 years?

- This is a conditional question.
    1. If **Yes** is selected then **Q_15501** will be displayed

Q_15501

Please provide a description of each such matter.

- This is a conditional question based on the answer to **Q_15500**. This question displays when selecting the answer: "**Yes**"

Q_15504

Has the Applicant, or any affiliate who would receive the benefit of an award from NYPA, filed for bankruptcy protection within the last 5 years?

- This is a conditional question.

1. If **Yes** is selected then **Q_15505** will be displayed

Q_15505

Please provide a description of each such matter, and the relevant docket number, if any.

- This is a conditional question based on the answer to **Q_15504**. This question displays when selecting the answer: "**Yes**"

Q_15506

Are there any outstanding judgments or liens pending against the Applicant, or any affiliate who would receive the benefit of an award from NYPA, other than liens in the normal course of business?

- This is a conditional question.
    1. If **Yes** is selected then **Q_15508** will be displayed

Q_15508

Please provide a description of each such matter.

- This is a conditional question based on the answer to **Q_15506**. This question displays when selecting the answer: "**Yes**"

Q_11878

Billing Contact Salutation

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

Q_11879

Billing Contact First Name

Q_11880

Billing Contact Last Name

Q_11881

Billing Contact Title

Q_11882

Billing Contact Organization

Q_11883

Billing Contact Street Address

Q_11884

Billing Contact City

Q_11886

Billing Contact State

Q_11887

Billing Contact ZIP (please use ZIP+4 if known)

Q_11888

Billing Contact Telephone Number (include area code)

Q_11889

Billing Contact Email Address

Q_12993

If you are a business, have you been certified as a New York State Service Disabled Veteran-owned Business (SDVOB)?

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_11859

Using the North American Industry Classification System, please provide the six digit NAICS code that applies to the FACILITY:

Q_11960

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_11961**
       - **Q_11962**
       - **Q_11963**
       - **Q_11968**

Q_11961

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_11960**. This question displays when selecting the answer: "**Yes**"

Q_11962

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_11960**. This question displays when selecting the answer: "**Yes**"

Q_11963

Identify the date on which the applicant incorporated.

- This is a conditional question based on the answer to **Q_11960**. This question displays when selecting the answer: "**Yes**"

Q_11968

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_11969** will be displayed
- This is a conditional question based on the answer to **Q_11960**. This question displays when selecting the answer: "**Yes**"

Q_11969

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_11968**. 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 FACILTY 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_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_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_13797

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

Q_6234

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_6233**
       - **Q_6236**
       - **Q_6237**

Q_6236

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

- This is a conditional question based on the answer to **Q_6234**. This question displays when selecting the answer: "**Yes**"

Q_6237

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_6234**. This question displays when selecting the answer: "**Yes**"

Q_6233

If the applicant is applying for an extension of an existing allocation, has the audit been accepted by NYPA?

- This is a conditional question based on the answer to **Q_6234**. 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_12900

If the FACILITY were to receive a ReCharge New York power allocation or an extension of 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_6267

If the FACILITY were to receive a ReCharge New York power allocation or an extension of 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_6268

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

Q_6269

If the FACILITY were to receive a ReCharge New York power allocation or an extension of 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_12901

Which of the following types of allocations 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 (Retention), an allocation to support either an expansion to an existing FACILITY or a new FACILITY (Expansion), or an extension to an existing allocation (Extension)? (Please note, the facility must be applying for at least one of the aforementioned options for this application to be considered.)

- Choice Options: Retention, Expansion, Extension

Q_13801

Please provide the total capitalization of the FACILITY in dollars. This would represent the total value of the applicant's assets at the FACILITY. (For new businesses, please provide the FACILITY's projected capitalization.)

Q_7476

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? (Please respond "No" to this question if you are a current ReCharge New York customer applying for an extension)

- This is a conditional question.
    1. If **Yes** is selected then these questions will be displayed:
       - **Q_7477**
       - **Q_7478**
       - **Q_7479**

- Q_7481
- Q_7482
- Q_7483
- Q_7484
- Q_7485
- Q_7486
- Q_7487
- Q_7488
- Q_7489

Q_7477

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_7476. This question displays when selecting the answer: "**Yes**"

Q_7478

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_7476. This question displays when selecting the answer: "**Yes**"

Q_7479

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_7476. This question displays when selecting the answer: "**Yes**"

Q_7481

What is the FACILITY's current existing employment in Full Time Equivalents (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. Employees should be located at the facility applying for the allocation. There should only be one facility per application. The project address listed within the application should correspond with the utility account numbers provided.

- This is a conditional question based on the answer to **Q_7476**. This question displays when selecting the answer: "**Yes**"

Q_7482

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_7476**. This question displays when selecting the answer: "**Yes**"

Q_7483

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_7476**. This question displays when selecting the answer: "**Yes**"

Q_7484

What is the average annual wage for the employees listed above?

- This is a conditional question based on the answer to **Q_7476**. This question displays when selecting the answer: "**Yes**"

Q_7486

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_7476**. This question displays when

selecting the answer: "**Yes**"

Q_7487

Please describe the capital investments included in the amount above:

- This is a conditional question based on the answer to **Q_7476**. This question displays when selecting the answer: "**Yes**"

Q_7488

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_7476**. This question displays when selecting the answer: "**Yes**"

Q_7489

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_7476**. This question displays when selecting the answer: "**Yes**"

Q_6297

Is the FACILITY applying for an extension of an existing ReCharge NY allocation (existing customers only)?

- This is a conditional question.
    1. If **Yes** is selected then these questions will be displayed:
    - **Q_6298**
    - **Q_6299**
    - **Q_6300**
    - **Q_6302**

- Q_6303
- Q_6304
- Q_6305
- Q_6306
- Q_6308
- Q_6309
- Q_6310
- Q_6311
- Q_6313

Q_6298

How much of the FACILITY'S existing ReCharge New York power allocation (in kW) is the applicant requesting to extend (not to exceed the current allocation)?

- This is a conditional question based on the answer to Q_6297. This question displays when selecting the answer: "**Yes**"

Q_6299

How would an extension of 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_6297. This question displays when selecting the answer: "**Yes**"

Q_6300

For existing businesses describe the anticipated impact an extension of 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_6297. This question displays when selecting the answer: "**Yes**"

Q_6302

What is the FACILITY's current existing employment in Full Time Equivalents (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. Employees should be located at the facility applying for the allocation. There should only be one facility per application. The project address listed within the application should correspond with the utility account numbers provided.

- This is a conditional question based on the answer to **Q_6297**. This question displays when selecting the answer: "**Yes**"

Q_6303

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_6297**. This question displays when selecting the answer: "**Yes**"

Q_6304

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

- This is a conditional question based on the answer to **Q_6297**. This question displays when selecting the answer: "**Yes**"

Q_6305

What is the average annual wage for the employees listed above?

- This is a conditional question based on the answer to **Q_6297**. This question displays when selecting the answer: "**Yes**"

Q_6308

Has the customer fulfilled the contractual capital investment commitment for the existing term?

- This is a conditional question based on the answer to **Q_6297**. This question displays when

selecting the answer: "**Yes**"

Q_6309

What is the capital investment amount planned at the FACILITY for the first 5 years of the extension agreement?

- This is a conditional question based on the answer to **Q_6297**. This question displays when selecting the answer: "**Yes**"

Q_6310

Please describe the capital investments included in the amount above:

- This is a conditional question based on the answer to **Q_6297**. This question displays when selecting the answer: "**Yes**"

Q_6311

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_6297**. This question displays when selecting the answer: "**Yes**"

Q_6313

Of the total 5 year capital investment dollars listed above (Q 6309), how much would the applicant be willing to contractually commit to invest at the FACILITY as a condition to receiving an extension of a ReCharge New York power allocation?

- This is a conditional question based on the answer to **Q_6297**. This question displays when selecting the answer: "**Yes**"

Q_7447

Is the applicant requesting an allocation to support either an expansion to an existing FACILITY or a new FACILITY? (Please respond “No” to this question if you are a current ReCharge New York customer applying for an extension)

- This is a conditional question.
    1. If **Yes** is selected then these questions will be displayed:
    - Q_7448
    - Q_7449
    - Q_7450
    - Q_7451
    - Q_7452
    - Q_7453
    - Q_7454
    - Q_7455
    - Q_7456
    - Q_7457
    - Q_7458
    - Q_7459
    - Q_7460
    - Q_7461
    - Q_7469
    - Q_7470
    - Q_7472

Q_7448

Please describe the FACILITY expansion project or new FACILITY:

- This is a conditional question based on the answer to Q_7447. This question displays when selecting the answer: "**Yes**"

Q_7449

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

- This is a conditional question based on the answer to Q_7447. This question displays when selecting the answer: "**Yes**"

Q_7451

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_7447**. This question displays when selecting the answer: "**Yes**"

Q_7452

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_7447**. This question displays when selecting the answer: "**Yes**"

Q_7453

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

- This is a conditional question based on the answer to **Q_7447**. This question displays when selecting the answer: "**Yes**"

Q_7454

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

- This is a conditional question based on the answer to **Q_7447**. This question displays when selecting the answer: "**Yes**"

Q_7455

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

- This is a conditional question based on the answer to **Q_7447**. This question displays when selecting the answer: "**Yes**"

Q_7456

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_7447**. This question displays when selecting the answer: "**Yes**"

Q_7457

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_7447**. This question displays when selecting the answer: "**Yes**"

Q_7459

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_7447**. This question displays when selecting the answer: "**Yes**"

Q_7460

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_7447**. This question displays when selecting the answer: "**Yes**"

Q_7461

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_7447**. This question displays when selecting the answer: "**Yes**"

Q_7470

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

- This is a conditional question based on the answer to **Q_7447**. This question displays when selecting the answer: "**Yes**"

Q_7472

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_7447**. This question displays when selecting the answer: "**Yes**"

Q_13880

Does the applicant engage in business operations that will support the retention and/or creation of green jobs in New York State?

- This is a conditional question.
    1. If **Yes** is selected then these questions will be displayed:
    - **Q_13882**
    - **Q_13883**
    - **Q_13884**
    - **Q_13885**
    - **Q_13886**

- Q_13887

Q_13882

Does the applicant engage in business operations that will support activities related to renewable energy sources?

- This is a conditional question based on the answer to Q_13880. This question displays when selecting the answer: "**Yes**"

Q_13883

Does the applicant engage in business operations that will support activities related to energy efficiency?

- This is a conditional question based on the answer to Q_13880. This question displays when selecting the answer: "**Yes**"

Q_13884

Does the applicant engage in business operations that will support activities related to pollution reduction and removal, greenhouse gas reduction, and/or recycling and reuse?

- This is a conditional question based on the answer to Q_13880. This question displays when selecting the answer: "**Yes**"

Q_13885

Does the applicant engage in business operations that will support activities related to natural resources conservation?

- This is a conditional question based on the answer to Q_13880. This question displays when selecting the answer: "**Yes**"

Q_13886

Does the applicant engage in business operations that will support activities related to environmental compliance, education, training, and/or public awareness?

- This is a conditional question based on the answer to **Q_13880**. This question displays when selecting the answer: "**Yes**"

Q_13887

If yes was selected for one or more of the previous Green Jobs questions, please provide additional information to support the response.

- This is a conditional question based on the answer to **Q_13880**. 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_6467

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_18536

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, and understand that certain information contained in this application, including the applicant's federal tax ID number, may be shared with other New York State entities, and used to conduct research through third-party risk monitoring tools, as part of the applicant vetting process. 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.