

Recharge New York

1. **Question Ref:** Q_727
Question Type: Threshold

If you are applying for an allocation of Recharge New York power for your Facility, select ?Yes? below. 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.

2. **Question Ref:** Q_928
Question Type: Basic

Project Street Address: if the project does not have a definite street address, please skip to "Project without a Street Address" below.

3. **Question Ref:** Q_929
Question Type: Basic

Current State of Project Development (i.e. planning, preliminary engineering, final design, etc)

4. **Question Ref:** Q_930
Question Type: Basic

Explain what makes your project a regional economic priority - for example creates jobs, economic investment, sustainability and community revitalization, etc.

5. **Question Ref:** Q_969
Question Type: Basic

If you are a business, have you been certified as an Minority or Women-owned Business Enterprise (MWBE)?

6. **Question Ref:** Q_970
Question Type: Basic

Additional Project Contact Last Name

7. **Question Ref:** Q_971
Question Type: Basic

Project Without a Street Address: please enter a description of the project location. Include project starting/ending street addresses, cities & zip codes if applicable.

8. **Question Ref:** Q_972
Question Type: Basic

Project county or counties.

9. **Question Ref:** Q_973
Question Type: Basic

Status of State and/or Federal Environmental Review.

10. **Question Ref:** Q_975
Question Type: Basic

Estimated Project Timeline: including project start/completion dates, estimates for design, permitting and construction or other major steps.

11. **Question Ref:** Q_976
Question Type: Basic

Statement of Need

HELP SECTION

Provide a brief summary of the need for the project in the geographic area proposed, the project's financing needs, including funding gaps and, where applicable, describe the additional short and long term jobs that will be created through the development of the proposed project.

12. **Question Ref:** Q_1034
Question Type: Basic

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

13. **Question Ref:** Q_1049
Question Type: Basic

Contact Last Name

14. **Question Ref:** Q_1050
Question Type: Basic

Contact Title

15. **Question Ref:** Q_1051
Question Type: Basic

Additional Contact Title

16. **Question Ref:** Q_1052
Question Type: Basic

Additional Project Contact First Name

17. **Question Ref:** Q_184
Question Type: Basic

NYS Assembly District(s) where the project is located. (please enter a number between 1 and 150 that represents your Assembly District)

HELP SECTION

Click [HERE](#) to determine your Assembly district.

18. **Question Ref:** Q_190
Question Type: Basic

NY Senate District(s) where the project is located. (please enter a number between 1 and 62 that represents your Senate District)

HELP SECTION

Click [HERE](#) to determine your Senate district.

19. **Optional Question Header:**

Applicant Information

- Question Ref:** Q_546
Question Type: Basic

Legal Name of Applicant

20. **Question Ref:** Q_547
Question Type: Basic

Contact First Name

21. **Optional Question Header:**

Project Location

- Question Ref:** Q_548
Question Type: Basic

Select your region. If your project spans multiple regions, select all regions that apply.

HELP SECTION

For a list of NYS regions, and the counties included in each region, click here ->
<http://www.esd.ny.gov/RegionalOverviews.html>

22. **Question Ref:** Q_549
Question Type: Basic

Type of Applicant (select all that apply)

23. **Question Ref:** Q_550
Question Type: Basic

If you are a DBA, what is your DBA name?

24. **Question Ref:** Q_551
Question Type: Basic

Applicant Street Address

25. **Question Ref:** Q_552
Question Type: Basic

Applicant City

26. **Question Ref:** Q_553
Question Type: Basic

Applicant State

27. **Question Ref:** Q_554
Question Type: Basic

Applicant Zip Code. (please use Zip+4 if known)

28. **Question Ref:** Q_555
Question Type: Basic

Applicant Email Address

29. **Question Ref:** Q_565
Question Type: Basic

Project City

30. **Question Ref:** Q_572
Question Type: Basic

Project Latitude

HELP SECTION

[Click HERE to determine Latitude](#)

31. **Question Ref:** Q_573
Question Type: Basic

Project Longitude

HELP SECTION

[Click HERE to determine Longitude](#)

32. **Optional Question Header:**

Project Description

Question Ref: Q_575
Question Type: Basic

Project Description. Concisely describe the project, indicating the location, what will be planned, designed, and/or constructed, the issues/opportunities to

be addressed, and expected outcomes and deliverables. Additional details will be collected later in the application process.

33. **Question Ref:** Q_580
Question Type: Basic

Status of Permits

34. **Question Ref:** Q_651
Question Type: Basic

Applicant Telephone Number, (please include area code)

35. **Question Ref:** Q_1603
Question Type: Basic

Was this project or a phase of this project awarded funding in CFA Round I ?

36. **Question Ref:** Q_1604
Question Type: Basic

If yes, with which agency(s)?

37. **Question Ref:** Q_1605
Question Type: Basic

If funding was received in a prior round of the CFA, indicate the amount of funding received.

38. **Question Ref:** Q_1108
Question Type: Attachment

As you complete the portion of Consolidated Funding Application that is specific to the Recharge New York Power Program, you will notice that some questions are designated as "Restricted Questions." The dissemination of information provided in response to Restricted Questions is intended to be limited to the Economic Development Power Allocation Board, NYPA's Board of Trustees, and NYPA staff. If you need to disclose information you believe should be treated as confidential, please do so only in response to Restricted Questions. Also, please identify in the "Other Information" section of the CFA all responses to Restricted Questions that you believe contain confidential information. Once in NYPA's possession, this information will be accorded the protections to which it is entitled under New York law, including Public Officers Law Article 6 (Freedom of Information Law).

39. **Question Ref:** Q_1102
Question Type: Attachment

Applicant is required to provide the FACILITY's most recent 12 months of electricity bills for each electric account at the facility. The utility bills can either be uploaded here, emailed to CFA.RNY@nypa.gov, or mailed to: ReCharge New York/ CFA, New York Power Authority, 123 Main Street - 10th floor, White Plains, NY 10601

HELP SECTION

When emailing the electricity invoices to CFA.RNY@nypa.gov, please limit the attachment size to 10 MB. If necessary, break up larger files into smaller ones to ensure the emails do not get trapped in email filters.

40. **Question Ref:** Q_1772
Question Type: Attachment

Not-for-Profit Corporations only: 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).

41. **Optional Question Header:**

ReCharge New York Power Program: General Information and Background

- Question Ref:** Q_734
Question Type: Standard Question

Provide a brief description and/or history of applicant's business both generally and at the FACILITY*:

HELP SECTION

* Facility ("FACILITY") for which a Recharge New York power allocation is requested.

42. **Question Ref:** Q_1075
Question Type: Standard Question

Describe the ownership of the applicant's business including, if applicable, the names of principal owners:

43. **Question Ref:** Q_1076
Question Type: Standard Question

Identify the applicant's parent and subsidiary companies (if none, please respond with N/A):

44. **Question Ref:** Q_735
Question Type: Standard Question

Describe the product(s) produced and/or service(s) provided at the FACILITY:

45. **Question Ref:** Q_736
Question Type: Standard Question

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

HELP SECTION

www.census.gov/eos/www/naics/

46. **Question Ref:** Q_740
Question Type: Standard Question

What is the applicant's Federal Tax ID#?

HELP SECTION

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47. **Question Ref:** Q_739
Question Type: Standard Question

Is the applicant exempt from sales tax?

48. **Optional Question Header:**

Not-for-Profit (if your company is For-Profit select "No" or respond ?N/A?)

Question Ref: Q_1768

Question Type: Standard Question

Is the applicant a Not-for-Profit Corporation within the meaning of New York Not-for-Profit Corporation Law (?N-PCL?) § 102(a)(5)?

49. **Question Ref:** Q_1769

Question Type: Standard Question

If the answer to the question above is yes, 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.

50. **Question Ref:** Q_1770

Question Type: Standard Question

If the answer to this question is no, identify the specific section of New York State law under which the applicant is incorporated and exists, if known.

51. **Question Ref:** Q_1771

Question Type: Standard Question

Identify the date on which the applicant incorporated.

52. **Question Ref:** Q_737

Question Type: Standard Question

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

HELP SECTION

A "Not-for-Profit Corporation" shall mean a corporation defined in Subdivision 5 of Section 102 of the Not-for-Profit Corporation Law.

53. **Question Ref:** Q_738

Question Type: Standard Question

If you selected yes from the question above, please describe:

54. **Optional Question Header:**

Existing Electric Service

Question Ref: Q_741

Question Type: Standard Question

How many years has the FACILITY been in operation?

55. **Question Ref:** Q_742

Question Type: Standard Question

Is the FACILITY:

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

56. **Question Ref:** Q_743

Question Type: Standard Question

Which choice best describes the FACILITY's operational pattern?

HELP SECTION

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57. **Question Ref:** Q_744

Question Type: Standard Question

Which choice best describes the FACILITY's electricity usage pattern?

58. **Question Ref:** Q_745

Question Type: Standard Question

What is the typical metered demand (kW) at the FACILITY? (Please view the help link for information on how to respond for a facility with multiple electric accounts, enter the values only, no commas or units)

HELP SECTION

Typical metered demand is the average of monthly peak usage in kW that can be found on your electricity bills. If you have multiple accounts please aggregate the kW values.

Click the link below for the location of a file to download that can assist the applicant in aggregating multiple accounts' data.

www.nypa.gov/RechargeNY/default.htm

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59. **Question Ref:** Q_746

Question Type: Standard Question

What is the typical monthly energy consumption (kWh) at the FACILITY? (Please view the help link for information on how to respond for a facility with multiple electric accounts, enter the values only, no commas or units)

HELP SECTION

Typical energy consumption is the average of the FACILITY's monthly energy usage in kWh that can be found on your electricity bills. If you have multiple accounts please aggregate the kWh values.

Click the link below for the location of a file to download that can assist the applicant in aggregating multiple accounts' data.

www.nypa.gov/RechargeNY/default.htm

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60. **Question Ref:** Q_747
Question Type: Standard Question

Select the utility providing current delivery service at the FACILITY:

61. **Question Ref:** Q_753
Question Type: Standard Question

Does the applicant own the transformer at the FACILITY?

62. **Question Ref:** Q_756
Question Type: Standard Question

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

63. **Question Ref:** Q_758
Question Type: Standard Question

Does the FACILITY currently receive NYPA Expansion Power, Replacement Power, or Preservation Power?

64. **Question Ref:** Q_808
Question Type: Standard Question

Describe any non-NYPA electricity-related utility discounts, rebates or incentives the applicant receives for the FACILITY:

65. **Optional Question Header:**

Electricity Delivery Information

- Question Ref:** Q_754
Question Type: Standard Question

If the FACILITY is located in Con Edison Company of New York service territory, provide the FACILITY's current delivery voltage level:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

66. **Question Ref:** Q_755

Question Type: Standard Question

If the FACILITY is located in Con Edison Company of New York service territory, provide the FACILITY's billing service class:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

67. **Question Ref:** Q_1089

Question Type: Standard Question

If the FACILITY is located in Orange and Rockland service territory, provide the FACILITY's current delivery voltage level:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

68. **Question Ref:** Q_1090

Question Type: Standard Question

If the FACILITY is located in Orange and Rockland service territory, provide the FACILITY's billing service class:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

69. **Question Ref:** Q_1091

Question Type: Standard Question

If the FACILITY is located in National Grid service territory, provide the FACILITY's current delivery voltage level:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

70. **Question Ref:** Q_1092

Question Type: Standard Question

If the FACILITY is located in National Grid service territory, provide the FACILITY's billing service class:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

71. **Question Ref:** Q_1093

Question Type: Standard Question

If the FACILITY is located in New York State Electric and Gas service territory, provide the FACILITY's current delivery voltage level:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

72. **Question Ref:** Q_1094
Question Type: Standard Question

If the FACILITY is located in New York State Electric and Gas service territory, provide the FACILITY's billing service class:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

73. **Question Ref:** Q_1095
Question Type: Standard Question

If the FACILITY is located in Rochester Gas and Electric service territory, provide the FACILITY's current delivery voltage level:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

74. **Question Ref:** Q_1096
Question Type: Standard Question

If the FACILITY is located in Rochester Gas and Electric service territory, provide the FACILITY's billing service class:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

75. **Question Ref:** Q_1097
Question Type: Standard Question

If the FACILITY is located in Central Hudson service territory, provide the FACILITY's current delivery voltage level:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

76. **Question Ref:** Q_1098

Question Type: Standard Question

If the FACILITY is located in Central Hudson service territory, provide the FACILITY's billing service class:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

77. **Question Ref:** Q_1099

Question Type: Standard Question

If the FACILITY is located in Long Island Power Authority service territory, provide the FACILITY's current delivery voltage level:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

78. **Question Ref:** Q_1100

Question Type: Standard Question

If the FACILITY is located in Long Island Power Authority service territory, provide the FACILITY's billing service class:

HELP SECTION

The FACILITY's delivery voltage level and billing service class are needed for the evaluation of the application. This information might be found on the FACILITY's electric bill or contact the utility account representative for assistance.

79. Optional Question Header:

Historic Electric Billing Information (if the FACILITY has multiple accounts please provide kW and kWh data in aggregate)

Question Ref: Q_748

Question Type: Standard Question

Please provide the FACILITY's electric service account number. If the FACILITY has more than one account provide all accounts below (separated by commas):

HELP SECTION

Click the link below for the location of a file named "Utility Account Worksheet" to download that can assist the applicant in aggregating multiple accounts' data.

<http://www.nypa.gov/RechargeNY/default.htm>

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80. Question Ref: Q_785

Question Type: Standard Question

Please enter the FACILITY's most recent January Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

Click the link below for the location of a file named "Utility Account Worksheet" to download that can assist the applicant in aggregating multiple accounts' data.

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81. **Question Ref:** Q_787

Question Type: Standard Question

Please enter the FACILITY's most recent January Energy in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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82. **Question Ref:** Q_788

Question Type: Standard Question

Please enter the FACILITY's most recent February Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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83. **Question Ref:** Q_789
Question Type: Standard Question

Please enter the FACILITY's most recent February Energy in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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84. **Question Ref:** Q_790
Question Type: Standard Question

Please enter the FACILITY's most recent March Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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85. **Question Ref:** Q_791

Question Type: Standard Question

Please enter the FACILITY's most recent March Energy in kWh:

HELP SECTION

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86. **Question Ref:** Q_792

Question Type: Standard Question

Please enter the FACILITY's most recent April Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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87. **Question Ref:** Q_793

Question Type: Standard Question

Please enter the FACILITY's most recent April Energy in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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88. **Question Ref:** Q_794

Question Type: Standard Question

Please enter the FACILITY's most recent May Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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89. **Question Ref:** Q_795

Question Type: Standard Question

Please enter the FACILITY's most recent May Energy in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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90. **Question Ref:** Q_796

Question Type: Standard Question

Please enter the FACILITY's most recent June Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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91. **Question Ref:** Q_797
Question Type: Standard Question

Please enter the FACILITY's most recent June Energy in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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92. **Question Ref:** Q_798
Question Type: Standard Question

Please enter the FACILITY's most recent July Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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protections to which it is entitled under New York law, including Public Officers Law Article 6 (Freedom of Information Law).

93. **Question Ref:** Q_799

Question Type: Standard Question

Please enter the FACILITY's most recent July Energy in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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94. **Question Ref:** Q_775

Question Type: Standard Question

Please enter the FACILITY's most recent August metered demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

Click the link below for the location of a file to download that can assist the applicant in aggregating multiple accounts' data.

www.nypa.gov/RechargeNY/default.htm

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95. **Question Ref:** Q_776

Question Type: Standard Question

Please enter the FACILITY's most recent August total energy consumption in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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96. **Question Ref:** Q_777

Question Type: Standard Question

Please enter the FACILITY's most recent September Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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97. **Question Ref:** Q_778

Question Type: Standard Question

Please enter the FACILITY's most recent September Energy in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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98. **Question Ref:** Q_779

Question Type: Standard Question

Please enter the FACILITY's most recent October Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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protections to which it is entitled under New York law, including Public Officers Law Article 6 (Freedom of Information Law).

99. **Question Ref:** Q_780

Question Type: Standard Question

Please enter the FACILITY's most recent October Energy in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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100. **Question Ref:** Q_781

Question Type: Standard Question

Please enter the FACILITY's most recent November Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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101. **Question Ref:** Q_782
Question Type: Standard Question

Please enter the FACILITY's most recent November Energy in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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102. **Question Ref:** Q_783
Question Type: Standard Question

Please enter the FACILITY's most recent December Demand in kW:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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103. **Question Ref:** Q_784
Question Type: Standard Question

Please enter the FACILITY's most recent December Energy in kWh:

HELP SECTION

If the FACILITY has multiple accounts please provide kW and kWh data in aggregate. Please do not include units, commas, dashes, or special characters.

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104. **Optional Question Header:**

Energy Efficiency Measures

- Question Ref:** Q_809
Question Type: Standard Question

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

105. **Question Ref:** Q_810
Question Type: Standard Question

If yes, please indicate type and year in which the audit/ feasibility study was performed.

106. **Question Ref:** Q_1082
Question Type: Standard Question

If yes to previous question, will the applicant agree to provide NYPA with copies of any such audit/ feasibility study if requested?

107. **Question Ref:** Q_811
Question Type: Standard Question

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

108. **Question Ref:** Q_812
Question Type: Standard Question

If yes, select the measures that were implemented:

109. **Question Ref:** Q_815
Question Type: Standard Question

If Other, please describe:

110. **Question Ref:** Q_1083
Question Type: Standard Question

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

111. **Question Ref:** Q_813
Question Type: Standard Question

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

112. **Question Ref:** Q_814
Question Type: Standard Question

If yes, select the measures the FACILITY plans to implement:

113. **Question Ref:** Q_816
Question Type: Standard Question

If Other, please describe:

114. **Question Ref:** Q_1084
Question Type: Standard Question

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

115. **Question Ref:** Q_818
Question Type: Standard Question

If the FACILITY were to receive a ReCharge New York power allocation, will the applicant agree to undertake an ASHRAE Level II energy audit at the FACILITY in which the allocation is consumed, at least once during the term of the allocation, at the Applicant's own expense?

HELP SECTION

An ASHRAE Level II audit includes a detailed building/facility survey, energy and financial analysis. The analysis provides a breakdown of the historic utility use and energy cost, development of the Energy Utilization Index (EUI) for each site and identification of changes to the operation and maintenance procedures that will provide an energy reduction benefit. It may also provide a listing of potential capital-intensive improvements that require more thorough data collection and engineering analysis, and a judgment of potential costs and savings.

116. **Question Ref:** Q_819
 Question Type: Standard Question

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?

117. **Question Ref:** Q_1085
 Question Type: Standard Question

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?

118. **Question Ref:** Q_820
 Question Type: Standard Question

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?

119. **Question Ref:** Q_821
 Question Type: Standard Question

Is the applicant familiar with Demand Response?

120. **Question Ref:** Q_822
 Question Type: Standard Question

If the FACILITY were to receive a ReCharge New York power allocation, would the applicant be interested in learning more about NYPA's demand response programs?

121. **Optional Question Header:**

ReCharge New York Allocation Request

Question Ref: Q_823

Question Type: Standard Question

How much ReCharge New York power (in kW) is the applicant requesting for the FACILITY to help maintain operations and/or retain existing employment (do not include electric demand (kW) associated with expansion of your business or organization)?

122. **Question Ref:** Q_824

Question Type: Standard Question

How would a ReCharge New York allocation affect the applicant's competitive position generally and regarding the applicant's operations at the FACILITY?

HELP SECTION

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123. **Question Ref:** Q_825

Question Type: Standard Question

Describe the impact a ReCharge New York power allocation could have on existing employment at the FACILITY:

124. **Question Ref:** Q_826

Question Type: Standard Question

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

125. **Question Ref:** Q_827
Question Type: Standard Question

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

HELP SECTION

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126. **Question Ref:** Q_828
Question Type: Standard Question

List any other major domestic or foreign competitors (not in New York State):

HELP SECTION

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127. **Question Ref:** Q_829
Question Type: Standard Question

List names and locations of major suppliers to the FACILITY:

HELP SECTION

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128. **Question Ref:** Q_830
Question Type: Standard Question

List names and locations of major customers of the FACILITY:

HELP SECTION

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129. **Question Ref:** Q_831
Question Type: Standard Question

What percentage of the FACILITY's purchases of goods and services are made within New York State?

HELP SECTION

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130. **Question Ref:** Q_832
 Question Type: Standard Question

What percentage of the FACILITY’s output is sold to customers within New York State?

HELP SECTION

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131. **Question Ref:** Q_833
 Question Type: Standard Question

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

HELP SECTION

The value should be indicated as the total cost of electricity divided by the cost of goods sold. The cost of goods sold is the costs of material and production of goods a business sells.

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132. **Question Ref:** Q_834
Question Type: Standard Question

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?

133. **Question Ref:** Q_835
Question Type: Standard Question

If yes, please describe why the operations or employment levels are at risk.

HELP SECTION

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134. **Question Ref:** Q_1086
Question Type: Standard Question

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

135. **Question Ref:** Q_1087
Question Type: Standard Question

If yes, please describe how any such risk will be mitigated.

HELP SECTION

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136. **Question Ref:** Q_1103
 Question Type: Standard Question

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.

137. **Question Ref:** Q_1104
 Question Type: Standard Question

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.

HELP SECTION

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138. **Optional Question Header:**

Employment and Payroll

- Question Ref:** Q_836
Question Type: Standard Question

What is the FACILITY's current employment in Full Time Equivalents(FTE)?

HELP SECTION

Employment should be entered on a Full Time Equivalent (FTE) basis. Employees working a minimum of 35 hours per week equal 1 FTE. Two part time employees working at least 20 hours per week equal 1 FTE.

139. **Question Ref:** Q_1105
Question Type: Standard Question

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

HELP SECTION

Employment should be entered on a Full Time Equivalent (FTE) basis. Employees working a minimum of 35 hours per week equal 1 FTE. Two part time employees working at least 20 hours per week equal 1 FTE.

140. **Question Ref:** Q_837
Question Type: Standard Question

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

HELP SECTION

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141. **Question Ref:** Q_838
Question Type: Standard Question

What are the average annual employee benefits in dollars?

HELP SECTION

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142. **Question Ref:** Q_839
Question Type: Standard Question

What is the total payroll including benefits (in dollars) at the facility?

HELP SECTION

This response should be calculated by multiplying the total number of jobs times the average wage and benefits per employee.

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143. **Question Ref:** Q_840
Question Type: Standard Question

List benefits other than social security, unemployment insurance and workers compensation, taxes included in benefits calculation above:

HELP SECTION

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144. **Question Ref:** Q_841
Question Type: Standard Question

Of the total current employment listed above, how many jobs would the applicant be willing to commit to retain at the FACILITY as a condition to receiving a ReCharge New York power allocation?

145. **Question Ref:** Q_842
Question Type: Standard Question

Describe the number of NEW permanent full time (at least 35 hours per week) jobs the applicant would be willing to commit to create at the FACILITY as a condition to receiving a ReCharge New York power allocation, if any:

HELP SECTION

Employment is a Full Time Equivalency. Perform a headcount only for FT workers. Then perform a headcount for PT. Then use hours to convert PT workers into a FTE. No overtime is included. *FTE = 2x 20 hour PT workers (or 4x 10 hour PTs etc.) is 1 FT worker. Contract workers are includible.

146. **Question Ref:** Q_843
Question Type: Standard Question

What would the average annual wage be for the NEW employees listed above?

HELP SECTION

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147. **Question Ref:** Q_845
Question Type: Standard Question

What would the average annual benefits in dollars be for the NEW employees listed above?

HELP SECTION

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148. **Question Ref:** Q_847
Question Type: Standard Question

What would the total payroll including benefits (in dollars) be for the NEW employees listed above?

HELP SECTION

This response should be calculated by multiplying the number of new jobs times the average wage and benefits for those new jobs.

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149. **Question Ref:** Q_1106
Question Type: Standard Question

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

150. **Optional Question Header:**

Capital Investment

- Question Ref:** Q_849
Question Type: Standard Question

Please provide the total capitalization of the FACILITY in dollars:

HELP SECTION

Total capitalization: the total long-term debt and all types of equity of a company that constitutes its capital structure.

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151. **Question Ref:** Q_850
Question Type: Standard Question

What is the total 2012 capital budget amount in dollars?

HELP SECTION

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152. **Question Ref:** Q_851
Question Type: Standard Question

Please describe the capital investments included in the amount above:

HELP SECTION

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153. **Question Ref:** Q_852
Question Type: Standard Question

What amount of the total 2012 capital budget pertains to ?bricks and mortar? investment?

HELP SECTION

i.e. capital investment construction costs, including building construction, renovation, site preparation/ infrastructure costs, telecom and information infrastructure, and soft costs but excluding purchase price of existing buildings, land, machinery and equipment, furniture, fixtures, and equipment

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154. **Question Ref:** Q_853
 Question Type: Standard Question

What is the total 5 year capital investment amount in dollars?

HELP SECTION

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155. **Question Ref:** Q_854
 Question Type: Standard Question

Please describe the capital investments included in the amount above:

HELP SECTION

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156. **Question Ref:** Q_855
Question Type: Standard Question

What amount of the total 5 year capital investment pertains to ?bricks and mortar? investment?

HELP SECTION

i.e. construction costs, including building construction, renovation, site preparation/ infrastructure costs, telecom and information infrastructure, and soft costs but excluding purchase price of existing buildings, land, machinery and equipment, furniture, fixtures, and equipment.

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157. **Question Ref:** Q_1773
Question Type: Standard Question

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

158. **Optional Question Header:**

Future Facility Expansion

- Question Ref:** Q_856
Question Type: Standard Question

Does the applicant have an expansion project planned for the FACILITY (if yes complete the following questions)?

159. **Question Ref:** Q_857
Question Type: Standard Question

Please describe the FACILITY expansion project:

HELP SECTION

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160. **Question Ref:** Q_858
Question Type: Standard Question

Please describe the business reason(s) for expansion:

HELP SECTION

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161. **Question Ref:** Q_859
Question Type: Standard Question

What is the new additional electric demand (kW) expected to register on the meter as a result of this specific expansion project , if any (do not include electric demand (kW) already registering on the meter at the FACILITY in the response to this question)?

HELP SECTION

Please respond with values only.

162. **Question Ref:** Q_860
Question Type: Standard Question

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

HELP SECTION

Please respond with values only.

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163. **Question Ref:** Q_1774
Question Type: Standard Question

How much ReCharge New York power (in kW) is the applicant requesting for this expansion project at the FACILITY, if any?

164. **Question Ref:** Q_861
Question Type: Standard Question

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

165. **Question Ref:** Q_862
Question Type: Standard Question

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

166. **Question Ref:** Q_863
Question Type: Standard Question

Please describe the phases of the expansion project, if any:

HELP SECTION

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167. **Question Ref:** Q_864
Question Type: Standard Question

Please describe any major machinery & equipment, systems or components of the expansion project:

HELP SECTION

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168. **Question Ref:** Q_865
Question Type: Standard Question

What is the total project cost estimate for this facility expansion?

HELP SECTION

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protections to which it is entitled under New York law, including Public Officers Law Article 6 (Freedom of Information Law).

169. **Question Ref:** Q_866
Question Type: Standard Question

Of this Total Project Cost Estimate, how much, if any, was included in the responses to the Capital Investment Section?

HELP SECTION

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170. **Question Ref:** Q_867
Question Type: Standard Question

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

HELP SECTION

i.e. Construction Costs including building construction, renovation, site preparation/ infrastructure costs, telecom and information infrastructure, and soft costs but excluding purchase price of existing buildings, land, machinery and equipment, furniture, fixtures, and equipment.

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protections to which it is entitled under New York law, including Public Officers Law Article 6 (Freedom of Information Law).

171. **Question Ref:** Q_868
Question Type: Standard Question

Is there any net reduction in total load (kW) expected due to the removal of machinery or equipment as part of this expansion project?

172. **Question Ref:** Q_869
Question Type: Standard Question

If you answered yes to the question above, please explain:

HELP SECTION

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173. **Question Ref:** Q_870
Question Type: Standard Question

In addition to the NEW employment jobs listed in the Employment Section, please provide the total number of EXPANSION jobs created as a result of this expansion project, if any:

174. **Question Ref:** Q_871
Question Type: Standard Question

What would the average annual wage be for the EXPANSION employees listed above?

HELP SECTION

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175. **Question Ref:** Q_872
Question Type: Standard Question

What would the average annual benefits in dollars be for the EXPANSION employees listed above?

HELP SECTION

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176. **Question Ref:** Q_873
Question Type: Standard Question

What would the total payroll including benefits (in dollars) be for EXPANSION employees listed above?

HELP SECTION

The response to this question should be calculated by multiplying the total number of expansion jobs times the average wage and benefits associated with the expansion jobs.

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177. **Question Ref:** Q_874
Question Type: Standard Question

Of the total EXPANSION jobs created as a result of the project listed above, how many jobs would your company be willing to commit to creating at the FACILITY in return for a ReCharge New York allocation?

178. **Question Ref:** Q_1107
Question Type: Standard Question

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

179. **Optional Question Header:**

Other Information

- Question Ref:** Q_875
Question Type: Standard Question

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.

180. **Question Ref:** Q_876
Question Type: Standard Question

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):

HELP SECTION

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181. **Question Ref:** Q_877
Question Type: Standard Question

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

182. **Question Ref:** Q_1088
Question Type: Standard Question

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

HELP SECTION

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183. **Optional Question Header:**

Recharge New York Power Program Certifications (for applicants requesting a ReCharge New York power allocation only, the following certification is the last question to be answered. The "Funding Sources", "Expenditure Activities", and "Budget Categories" sections below are not applicable)

- Question Ref:** Q_1077
Question Type: Certification

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.

184. **Optional Question Header:**

General Certifications

Question Ref: Q_1037

Question Type: Certification

By entering your name in the box below, you certify and agree that you are authorized on behalf of the applicant and its governing body to commit the applicant to comply with the requirements of Article 15-A of the New York State Executive Law: Participation By Minority Group Members and Women With Respect To State Contracts by providing opportunities for MBE/WBE participation. You further certify that the applicant will maintain such records and take such actions necessary to demonstrate such compliance throughout the completion of the project.

185. **Question Ref:** Q_1038

Question Type: Certification

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.
