

Environmental Investment Program - Capital

1. **Question Ref:** Q_1225
Question Type: Threshold

Do any of the statements below apply to your project? This project:

- Will bring my company/organization into compliance with environmental laws or regulations;
- Recycles, reuses or otherwise processes DEC regulated hazardous waste or hazardous substances that were not used in the company's own process (out of process);
- Shifts waste from one medium to another with no net environmental benefit (such as end of pipe pollution control technologies or scrubbers);
- Involves the substitution of one hazardous substance, product or output with another with no net environmental benefit;
- Focuses on storm water run-off;
- Is for energy recovery (includes refuse derived fuel) or incineration;
- Has a primary purpose of cleaning up or remediating contaminated site(s);
- Has a primary purpose of energy conservation or energy efficiency;
- Is a municipal waste treatment project, such as a water or sewage treatment facility;
- Is a municipal waste reduction or waste recycling project eligible for funding through DEC;
- Has recycling or pollution prevention outcomes that occur only once. (example ? incorporating recycled feedstock into a building to achieve LEED status.)

HELP SECTION

For more information contact the Environmental Investment Program (EIP) at environment@esd.ny.gov or 518-292-5340.

2. **Question Ref:** Q_1226
Question Type: Threshold

Is the project a Material Recycling Facility (MRF) that will only include basic processing of residential recyclables (aggregating, sorting, baling, etc) with no intermediate or advanced processing?

HELP SECTION

For more information contact the Environmental Investment Program (EIP) at environment@esd.ny.gov or 518/292-5340.

3. **Question Ref:** Q_1056
Question Type: Basic

If review of the project is underway pursuant to the State Environmental Quality Review Act (SEQRA), please indicate the lead agency (if applicable).

4. **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.

5. **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.

6. **Optional Question Header:**

Applicant Information

Question Ref: Q_546
Question Type: Basic

Legal Name of Applicant

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

Contact First Name

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

Type of Applicant (select all that apply)

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

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

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

Applicant Street Address

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

Applicant City

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

Applicant State

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

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

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

Applicant Email Address

15. **Question Ref:** Q_556
Question Type: Basic

Select an applicant ID type from the list below that you normally use to identify your organization on application forms.

HELP SECTION

Applicants will be required to provide the specified ID number upon request by the funding agencies.

16. **Question Ref:** Q_561
Question Type: Basic

Additional Contact Email Address

17. **Question Ref:** Q_562
Question Type: Basic

Additional Contact Phone Number. (please include area code)

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

Project City

19. **Question Ref:** Q_568
Question Type: Basic

Project State

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

Project Latitude

HELP SECTION

[Click HERE to determine Latitude](#)

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

Project Longitude

HELP SECTION

[Click HERE to determine Longitude](#)

22. **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.

23. **Question Ref:** Q_580

Question Type: Basic

Status of Permits

24. **Question Ref:** Q_582

Question Type: Basic

Estimated Service Life

HELP SECTION

List the estimated service life/useful life of capital expenditure that is the focus of this request.

25. **Question Ref:** Q_651

Question Type: Basic

Applicant Telephone Number, (please include area code)

26. **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.

27. **Question Ref:** Q_929

Question Type: Basic

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

28. **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.

29. **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)?

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

Additional Project Contact Last Name

31. **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.

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

Project county or counties.

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

Status of State and/or Federal Environmental Review.

34. **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.

35. **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.

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

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

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

Contact Last Name

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

Contact Title

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

Additional Contact Title

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

Additional Project Contact First Name

41. **Question Ref:** Q_1053
Question Type: Basic

If project review pursuant to the National Environmental Policy Act (NEPA) has been completed has a Finding of No Significant Impact or Record of Decision been issued?

42. **Question Ref:** Q_1054
Question Type: Basic

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

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

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

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

If yes, with which agency(s)?

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

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

46. **Optional Question Header:**

Required Supporting Documentation

- Question Ref:** Q_1337
Question Type: Attachment

For privately owned companies, IDAs, not-for-profits, educational institutions, start-ups, municipalities, or any business organization other than publicly traded companies, provide: (a) Three years of historical financials; (b) If most recent financials are over 180 days old, add the most recent interim statements, certified by a company officer; (c) Organizational chart and/or description of ownership structure, including the percentage of ownership structure by each individual entity. If the company is a parent, subsidiary and/or affiliate of another company, please provide a description. (d) Additional financial information may be requested.

HELP SECTION

Financial statements should be audited or reviewed. If the statements are only compiled, they must be accompanied by copies of signed Federal tax returns (3 yrs). Source of financial statements: financial statements should be provided by the Parent company of the grantee (50% or greater ownership) unless the grantee prepares separate audited or reviewed financial statements or files separate tax returns from the parent.

For information about this requirement, contact your local ESD Regional Office.
<http://esd.ny.gov/RegionalOverviews.html>

47. **Question Ref:** Q_1338

Question Type: Attachment

For Start-up companies, in addition to the documents listed above provide: -
Financial projections (5 years) - Personal financial statements from a personal guarantor(s) of the start-up company - Principal resumes

HELP SECTION

For information about this requirement, contact your local ESD Regional Office.

<http://esd.ny.gov/RegionalOverviews.html>.

48. **Question Ref:** Q_1359

Question Type: Attachment

Complete a Project Cash Flow Worksheet. This worksheet is designed to determine the economic value the proposed project will add to your business over its useful life. Estimates of future cash flows are sufficient to complete the worksheet. If your company has already completed a similar incremental cash flow for internal purposes, it may be substituted for the EIP worksheets (using the Upload button below), provided that it illustrates the requested information.

? Click here to open the Project Cash Flow Worksheet

<http://www.esd.ny.gov/BusinessPrograms/Data/projectcashflowworksheet.pdf>

? Immediately save it to your computer

? Follow the instructions for preparing the Worksheet:

<http://www.esd.ny.gov/BusinessPrograms/Data/projectcashflowworksheetInstructions.pdf>

? Save the completed Worksheet

? Upload it using the button below

HELP SECTION

For assistance completing the project cash flow worksheet, contact Environmental Investment Program (EIP) staff at 518-292-5340 or environment@esd.ny.gov.

49. **Question Ref:** Q_1341

Question Type: Attachment

If a waste audit of the facility has been completed please provide a copy as an attachment.

HELP SECTION

For information contact the Environmental Investment Program (EIP) by e-mail at environment@esd.ny.gov or call 518-292-5340.

50. **Question Ref:** Q_1057

Question Type: Attachment

If review of the project has been completed pursuant to State Environmental Quality Review Act (SEQRA), please submit the Negative Declaration or Findings Statement.

51. **Question Ref:** Q_1055

Question Type: Attachment

Project review pursuant to the State Environmental Quality Review Act (SEQRA) must be completed prior to the award of any state funds. For projects classified as Type I or Unlisted actions, submit a short or long Environmental Assessment Form. See "View Help" for links to forms.

HELP SECTION

Information and forms can be found at <http://www.dec.ny.gov/permits/357.html> and <http://www.dec.ny.gov/permits/6191.html> . If you are a not-for-profit, please complete and attach the following form:

<http://nysparks.com/grants/documents/cfa/EMBFormNFPGrants.pdf>

52. **Question Ref:** Q_1450

Question Type: Standard Question

Will the proposed project result in the creation of construction jobs? If so, estimate the number of construction jobs to be created.

Enter zero if not applicable.

53. **Question Ref:** Q_1459

Question Type: Standard Question

Will the proposed project directly or indirectly result in the creation of permanent jobs? If so, estimate the number of permanent full-time equivalent jobs that will be created.

Enter zero if not applicable.

54. **Question Ref:** Q_1371

Question Type: Standard Question

Does the project involve demolition or rehabilitation of a building(s) more than 50 years old and/or demolition or rehabilitation of a building(s) or new construction on or contiguous to a site listed on or eligible for listing on the State or National Registers of Historic Places? Indicate Y/N/NA. If Y, click "Help" for more information.

HELP SECTION

If "yes", the project requires consultation with the State Historic Preservation office (SHPO) www.nysparks.state.ny.us/shpo. If the project requires SHPO consultation, please explain the status. If consultation is complete, please provide a link to SHPO's Letter of Determination of No Adverse Effect or Letter of Resolution to Mitigate Adverse Effect.

55. **Question Ref:** Q_1041

Question Type: Standard Question

Provide a list of all federal, state, and local environmental and other reviews, approvals, or permits needed, including the dates by when they are expected. If Not Applicable, indicate "NA".

56. **Question Ref:** Q_1043

Question Type: Standard Question

Is the project owner/occupant/operator or any facilities which are under the supervision of the project owner/occupant/operator in violation of any federal,

state or local environmental or other laws, or listed on the registry of Inactive Hazardous Waste Disposal Sites? Indicate Y/N/NA. If "Y", explain.

57. **Question Ref:** Q_1414

Question Type: Standard Question

Is the applicant a publicly traded company? Indicate Y/N. If "Yes", provide the link to the web page or website that lists the company's financial statements.

For applicants to Environmental Investment Program/Capital, click "View Help" for information.

HELP SECTION

For Environmental Investment Program (EIP)/Capital projects, answer questions for the company (usually called "the co-implementer") that will implement the project and benefit from the funding, if approved.

58. **Question Ref:** Q_1418

Question Type: Standard Question

Has the company/applicant ever received prior ESD funding? Y/N. If "Yes", describe each project and include the type of assistance received, amount of assistance received, status of the project, and project number (if available).

59. **Question Ref:** Q_1409

Question Type: Standard Question

What is the first project year? (e.g. the year equipment will be ordered or when first expenditures are expected to be made)

60. **Question Ref:** Q_1262

Question Type: Standard Question

Indicate how many existing full-time equivalent jobs the applicant and its related entities employ in all the PROJECT LOCATION(S).

HELP SECTION

NOTE: A full-time equivalent job equals any combination of two or more part-time jobs that, when combined together, constitute the equivalent of a job of at least 35 hours per

week. Please note if any of these positions are contract employees and if so, how many of the total are contract employees.

Related entities generally includes below.

- Two corporations that are members of the same controlled group of corporations determined by applying a 10% ownership test
- A corporation and an individual who owns directly or indirectly more than 10% of the value of the outstanding stock of the corporation
- A corporation and a partnership if the same persons own over 10% in value of the outstanding stock of the corporation and more than 10% of the capital interest or the profits interest in the partnership
- Two S corporations if the same persons own more than 10% in value of the outstanding stock of each corporation
- A partnership and a person who owns directly or indirectly more than 10% of the capital or profits of the partnership
- Two partnerships if the same persons directly or indirectly own more than 10% of the capital or profits of each

For more detailed information, go to

[http://www.esd.ny.gov/BusinessPrograms/Data/Excelsior/IRCSection465\(B\)\(3\)\(C\)-RelatedPerson.pdf](http://www.esd.ny.gov/BusinessPrograms/Data/Excelsior/IRCSection465(B)(3)(C)-RelatedPerson.pdf)

61. **Question Ref:** Q_1186

Question Type: Standard Question

Indicate the average annual wage for the employees at the Project Location as of the date this application is finalized.

62. **Question Ref:** Q_1196

Question Type: Standard Question

How many of the existing jobs at the project location(s) are at risk if the project does not go forward.

HELP SECTION

"At Risk" shall mean a permanent Full-time employee position currently located in New York State that is found by ESD to be at risk of being lost or moved out of state based on compelling information provided by the applicant.

63. **Question Ref:** Q_1189
Question Type: Standard Question

Net New Jobs Created Year 1: Indicate the total number of net new jobs at the project location for Year 1.

HELP SECTION

"Net new jobs" means jobs created in this state that: (i) are new to the state; (ii) have not been transferred from employment with another business located in this state including from a Related Person in this state; (iii) are either full-time wage-paying jobs or equivalent to a full-time wage-paying job requiring at least thirty-five hours per week; and (iv) are filled for more than six months during the year for which credits are being granted.

64. **Question Ref:** Q_1392
Question Type: Standard Question

Describe the type of job, by general category, and list the gross annual wages for each job type at the project location for Year 1. Please note if any of these positions are contract employees and list separately.

HELP SECTION

"Net new jobs" means jobs created in this state that: (i) are new to the state; (ii) have not been transferred from employment with another business located in this state including from a Related Person in this state; (iii) are either full-time wage-paying jobs or equivalent to a full-time wage-paying job requiring at least thirty-five hours per week; and (iv) are filled for more than six months during the year for which credits are being granted.

A **Full-time Contract Employee** is a full-time private sector employee (or self-employed person) who is not on the applicant's payroll but who works for the applicant for a minimum of 35 hours per week providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee is a year round position.

65. **Question Ref:** Q_1190
Question Type: Standard Question

Net New Jobs Created Year 2: Indicate the total number of net new jobs at the project location for Year 2.

HELP SECTION

"**Net new jobs**" means jobs created in this state that: (i) are new to the state; (ii) have not been transferred from employment with another business located in this state including from a Related Person in this state; (iii) are either full-time wage-paying jobs or equivalent to a full-time wage-paying job requiring at least thirty-five hours per week; and (iv) are filled for more than six months during the year for which credits are being granted.

66. **Question Ref:** Q_1391
Question Type: Standard Question

Describe the type of job, by general category, and list the gross annual wages for each job type at the project location for Year 2. Please note if any of these positions are contract employees and list separately.

HELP SECTION

"**Net new jobs**" means jobs created in this state that: (i) are new to the state; (ii) have not been transferred from employment with another business located in this state including from a Related Person in this state; (iii) are either full-time wage-paying jobs or equivalent to a full-time wage-paying job requiring at least thirty-five hours per week; and (iv) are filled for more than six months during the year for which credits are being granted.

A **Full-time Contract Employee** is a full-time private sector employee (or self-employed person) who is not on the applicant's payroll but who works for the applicant for a minimum of 35 hours per week providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee is a year round position.

67. **Question Ref:** Q_1375
Question Type: Standard Question

What percentage of the project's employees are residents of NYS?

68. **Question Ref:** Q_1142
Question Type: Standard Question

Indicate the Primary North American Industrial Classification System (NAICS) Code at the PROJECT LOCATION.

HELP SECTION

<http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2007>

69. Optional Question Header:

Environmental Investment Program - Capital (for Technical Assistance and RD&D indicate N/A for the following questions)

Question Ref: Q_1234

Question Type: Standard Question

Eligible applicants are municipal or non profit organizations who apply and contract on behalf of NYS businesses. Identify the municipal or non profit organization that will be the applicant for this project. If you have not yet partnered with a municipal or non profit organization click help for more information.

HELP SECTION

For assistance and information regarding this requirement, contact Environmental Investment Program staff at (518) 292-5340 or environment@esd.ny.gov.
<http://esd.ny.gov/businessprograms/EIP.html>

70. Question Ref: Q_1242

Question Type: Standard Question

Describe how the capital investment for which you are seeking funding will make it possible to reach your business goals. For example recycling, pollution prevention or waste reduction goals, changes to your businesses profitability, sales, market share, productivity and sales per employee, cycle time reduction, quality, cost saving, etc.

71. Question Ref: Q_1236

Question Type: Standard Question

All EIP projects are required to identify at least one environmental outcome and one economic outcome to be achieved by the end of the project. In this question and the four that follow identify the environmental and economic

outcomes for this project. All approved projects will be expected to provide documentation to verify that outcomes have been achieved. See ?View Help? for more information.

Identify the type of environmental outcomes your project will achieve by checking the boxes that apply, below.

HELP SECTION

EIP capital projects will be required to provide documentation verifying that outcomes have been achieved when the project is complete as a prerequisite for reimbursement. Contact the EIP program staff for more information. environment@esd.ny.gov; 518-292-5340

72. **Question Ref:** Q_1239

Question Type: Standard Question

At the end of the project (up to 2 yrs) , how much new waste recycling, waste reduction or pollution prevention will occur (over and above the baseline) and what is the material or waste? In this question and the two questions following, choose one or more boxes to enter the information.

For recycling projects indicate new tons/year waste recycled, and identify the material(s) or waste(s) that will be recycled.

HELP SECTION

Each EIP capital project must commit to achieving measurable economic and environmental outcomes. Only include outcomes that will be measured and verified. For assistance with developing them, contact the Environmental Investment Program staff at (518) 292-5340 or environment@esd.ny.gov. For more information on Environmental Investment Program, visit <http://esd.ny.gov/businessprograms/EIP.html>

73. **Question Ref:** Q_1266

Question Type: Standard Question

For pollution prevention projects, indicate new tons/year waste prevented or hazardous materials no longer purchased (in conjunction with hazardous waste prevented); identify the waste(s) that will be prevented.

74. **Question Ref:** Q_1205
Question Type: Standard Question

For water recycling or prevention projects, indicate new million gallons/year water recycled or prevented.

75. **Question Ref:** Q_1260
Question Type: Standard Question

Identify at least one economic outcome that will result (by the end of the project) from the waste reduction or recycling described above. Express this in terms of new revenues or savings (\$/year new revenues, \$/year saved due to lower costs, etc).

HELP SECTION

These statements are key to Environmental Investment Program projects. For assistance with developing them, contact the Environmental Investment Program staff at (518) 292-5340 or environment@esd.ny.gov.

76. **Question Ref:** Q_1304
Question Type: Standard Question

Explain how you derived each environmental outcome and each associated economic outcome stated above. For example, explain how the tons of material to be recycled was calculated and state the assumptions that were used.

HELP SECTION

An example of a derivation for a recycling outcome is: 7,000 cartridges recycled @ 4 lb/cartiridge = 28,000 lbs., / 2,000 lbs per ton = 14 tons

77. **Question Ref:** Q_1309
Question Type: Standard Question

For each project outcome describe what you will provide to verify it has been achieved (when the project is over).

78. **Question Ref:** Q_1284
Question Type: Standard Question

Identify other environmental benefits specific to the project.

79. **Question Ref:** Q_1255
Question Type: Standard Question

For projects that involve reuse, recycling, remanufacturing, or use of recycled material, identify the source of supply for this material. If project does not involve reuse, recycling remanufacturing or use of recycled material, indicate NA.

80. **Question Ref:** Q_1243
Question Type: Standard Question

Identify the project's key staff, including their titles. Briefly describe each person's expertise and experience.

81. **Question Ref:** Q_1233
Question Type: Standard Question

What tasks and steps need to be completed before the project can begin (e.g. obtaining permits, licenses, hiring staff, etc.)

82. **Question Ref:** Q_1705
Question Type: Standard Question

I understand that costs incurred prior to the date of application approval that is referenced in the written EIP award commitment letter are not eligible and cannot be included in the project budget for the Environmental Investment Program (EIP).

HELP SECTION

Costs incurred prior to the date of application approval that is referenced in the written EIP award commitment letter are not eligible and cannot be included in the project budget for the Environmental Investment Program (EIP). For more information on this requirement contact EIP staff at 518-292-5340 or environment@esd.ny.gov.

83. **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.

84. **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.

85. **Question Ref:** Q_1045

Question Type: Certification

Has the company or any of its affiliates, been cited for a violation of State, Federal, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or other operating practices? Indicate "Yes" or "No". If yes, provide an explanation.

86. **Question Ref:** Q_1044

Question Type: Certification

Is the company delinquent on any of its state, federal or local tax obligations? Indicate "Yes" or "No". If your answer is "Yes" provide an explanation.

87. **Question Ref:** Q_1069

Question Type: Certification

Litigation: Is the company presently a party to any litigation or is any litigation pending or anticipated that could have an adverse material effect on the company's financial condition? Indicate "Yes" or "No". If your answer is "Yes", please provide explanation in space provided.

88. **Question Ref:** Q_1070
Question Type: Certification

Does the company have any contingent liabilities that could have a material effect on its solvency? Indicate "Yes" or "No". If your answer is "Yes", please explain in space provided.

89. **Question Ref:** Q_1071
Question Type: Certification

Has the company, its affiliates or any member of its management or any other concern with which such members of management have been officers or directors, ever been involved in bankruptcy, creditor's rights, or receivership proceedings or sought protection from creditors or has any senior manager or principal of the company ever been charged with or convicted of any felony, or misdemeanor other than minor traffic offenses, or been a member of the management, an owner or majority stockholder of any firm or corporation convicted of any felony? Indicate "Yes" or "No". If your answer is "Yes", please provide an explanation.

90. **Question Ref:** Q_1072
Question Type: Certification

Are there any outstanding judgments or liens pending against the company other than liens in the normal course of business? Indicate "Yes" or "No". If your answer is "Yes", please provided explanation in space provided.

91. **Optional Question Header:**

Funding Sources (Enter dollar amounts below)

Question Ref: Q_657
Question Type: Budget

Total Project Cost

92. **Question Ref:** Q_659
Question Type: Budget

Amount provided directly by applicant toward project

93. **Question Ref:** Q_660
Question Type: Budget

State sources committed to project

HELP SECTION

For each source, list: program name, type of assistance (loan, grant, interest rate subsidy, etc), and amount of assistance. For loans, list interest rate and term.

94. **Question Ref:** Q_662
Question Type: Budget

Federal sources committed to project

95. **Question Ref:** Q_664
Question Type: Budget

Local (municipal) sources committed to project, if different than applicant.

96. **Question Ref:** Q_665
Question Type: Budget

Private sources committed to project

HELP SECTION

For each source, list: program name, type of assistance (loan, grant, interest rate subsidy, bond financing, sales tax exemption on construction materials and/or non-manufacturing machinery or equipment, mortgage recording tax waiver, etc), and amount of assistance. For loan and bond financing, list interest rate and term.

97. **Question Ref:** Q_668
Question Type: Budget

Not-for-Profit/foundation funding committed to project

98. **Question Ref:** Q_676
Question Type: Budget

Property Acquisition

99. **Question Ref:** Q_674
Question Type: Budget

Construction/Renovation

100. **Question Ref:** Q_684
Question Type: Budget

Equipment and Machinery

HELP SECTION

This category is for the purchase of equipment and machinery directly by the applicant. List each piece of equipment/machinery to be purchased outlining the purpose of its use with an estimated cost. Note that equipment/machinery rental and the value of the use or donation of equipment/machinery should be listed in Other.

101. **Question Ref:** Q_677
Question Type: Budget

Training

102. **Question Ref:** Q_686
Question Type: Budget

Contractual Services

HELP SECTION

State the cost and describe briefly the extent and purpose of contractual services to be procured directly by the applicant. Each activity should be listed separately, unless procured together under one subcontract.

103. **Question Ref:** Q_688
Question Type: Budget

Other

HELP SECTION

State the cost and describe briefly budget items that do not fit in the categories above. For actual costs to be incurred list the type of cost, purpose and total cost.

For Volunteer Services – provide a generalized description and the total value.

For Donated Professional Services - indicate the service being provided and the total value.

For Donated Supplies and Materials – indicate the supplies and materials being provided and the total value

For Equipment Usage or Donated Equipment - indicate the purpose of its use and the total value.

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