# **Program Questions: Industrial Development Bond Cap**

### Q 1993

Is the applicant: A) A qualified authorized issuer of tax-exempt private activity bonds (e.g., State public authority, local Industrial Development Agency (IDA))? OR B) A project applicant that has applied to, and been approved by resolution of, a qualified authorized issuer for the issuance of tax-exempt private activity bonds for such project? (Please see Help Section for additional information)

- Question Type: Threshold Required: Yes
- Answer Type: Yes/No
   Question Requirements:

An applicant for volume cap (IDB cap) must be a qualified authorized issuer of tax-exempt private activity bonds, or must be a project applicant that has applied to an authorized issuer for financial assistance which includes the issuance of tax-exempt private activity bonds, the approval of which has been evidenced by resolution of such authorized issuer.

NOTE: Where the CFA applicant is not an authorized issuer, the authorized issuer MUST be listed as the additional contact on this application

### 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.)

- Question Type: Location
   Required: No

- Required: No Answer Type: Single Choice Dropdown 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 Question Requirements:

To determine the US Congressional District, click HERE

### 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 (Street Number and Street Name only)

- Question Type: Location
   Required: Yes
   Answer Type: Short Answer

### Q\_565

Project City

- Question Type: Location
   Required: Yes
   Answer Type: Short Answer

#### Q 972

Project county or counties.

- Question Type: Location
   Required: Yes
   Answer Type: NYS County Multiple Choice

### Q\_568

Project State

- © Question Type: Location

  ® Required: Yes

  Answer Type: Single Choice Dropdown

  © Answer Type: Single Choice Dropdown

  © Choice Options: AA,L,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,AS,DC,FM,GU,MH,MP,PW,PR,VI

  © Default Answer AA

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

- Question Type: Location
   Required: No
   Answer Type: Decimal

# Q\_573

Q 572

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

- Question Type: Location
   Required: No
   Answer Type: Decimal

# Q 184

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

- Question Type: Location
   Required: No
   Answer Type: Integer

## Q\_190

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

- Question Type: Location
   Required: No
   Answer Type: Integer

### Q\_1034

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

- Question Type: Location
   Required: Yes
- Answer Type: Zip Code
   Question Requirements:

To locate a Zip Code, click HERE

### Q 616

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

- Question Type: Location
   Required: Yes
- Answer Type: Long Rich Text (HTML) Characters: 1 200

### Q 2655

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

- Question Type: Basic
   Required: Yes
   Answer Type: Short Answer

### 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.

- Question Type: Basic Required: Yes
- Answer Type: Long Rich Text (HTML) Characters: 1 5000

### 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.

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.

Other-applicant will be required to list their other no 3. Government entity options: Federal State County 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 Libral

Public Library
Association Library
Other- applicant will be required to list their other government designation.

• Question Type: Basic
• Required: Yes
• Required: Yes
• Answer Type: Single Choice Dropdown
• Choice Options: For-Profit, Not-for-Profit, Government
• This is a conditional question.

1. If For-Profit is selected then Q\_15478 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:

- Ouestion Type: Basic
  Required: Yes
  Answer Type: Single Choice Radio Button
  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.

  I. If Other is selected then 0\_15483 will be displayed
  This is a conditional question based on the answer to 0\_549. This question displays when selecting the answer: "For-Profit"

### Q 15483

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

- Question Type: Basic
   Required: Yes
   Answer Type: Short Answer
   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:

- Question Type: Basic
   Required: Yes
   Answer Type: Single Choice Radio Button

- 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 0 15484 will be displayed
   This is a conditional question based on the answer to 0 549. This question displays when selecting the answer: "Not-for-Profit"

### Q 15484

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

- Question Type: Basic
   Required: Yes
   Answer Type: Short Answer
   This is a conditional question based on the answer to Ω 15477. This question displays when selecting the answer: "Other"

### Q\_15478

Select the government entity of the applicant applying for funding:

- Question Type: Basic
   Required: Yes
   Answer Type: Single Choice Radio Button
   Choice Options: Federal, State, County, 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.
   I. 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.

- Question Type: Basic
   Required: Yes
   Answer Type: Short Answer
   This is a conditional question based on the answer to Ω 15478. This question displays when selecting the answer: "Other"

### Q\_12603

Is the applicant a DBA?

- Question Type: Basic
  Required: Yes
  Answer Type: Yes/No
  Inis is a conditional question.
  I. If Yes is selected then Q\_550 will be displayed

### Q\_550

What is the applicant's DBA name?

- © Question Type: Basic
   Required: Yes
   Answer Type: Short Answer
   This is a conditional question based on the answer to Ω\_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.

- Question Type: Basic
   Required: Yes
   Answer Type: Single Choice Radio Button
   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)
   Question Requirements:

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

### Q 969

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

- Question Type: Basic
   Required: Yes
   Answer Type: Single Choice Radio Button
   Choice Options: Yes, No, N/A

### Q 546

Organization Legal Name

- Question Header: Applicant Information
   Question Type: Basic
   Required: Yes

- Answer Type: Short Answer
   Question Requirements:

If applying in the name of a business please type in the name as it appears on your business papers. If applying as an individual insert your name here.

### O 551

Applicant Street Address

- Question Type: Basic
   Required: Yes
   Answer Type: Short Answer

# Q 552

Applicant City

- Question Type: Basic
   Required: Yes
   Answer Type: Short Answer

# Q\_553

Applicant State

- Question Type: Basic
   Required: Yes
   Answer Type: State Dropdown

# Q\_554

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

Question Type: Basic
 Required: Yes
 Answer Type: Zip Code
 Question Requirements:
 To look up a zip code, click HERE

# Q\_651

Applicant Telephone Number (please include area code)

- Question Type: Basic
   Required: Yes
   Answer Type: Phone

## Q\_555

Applicant Email Address

- Question Type: Basic
   Required: Yes
   Answer Type: Email

# Q\_547

Contact First Name

- Question Type: Basic
   Required: Yes
   Answer Type: Short Answer

## Q\_1049

Contact Last Name

- Question Type: Basic Required: Yes Answer Type: Short Answer

# Q\_1050

Contact Title

- Question Type: Basic
   Required: No
   Answer Type: Short Answer

Q\_3688 Contact Street Address

- Question Type: Basic
   Required: Yes
   Answer Type: Short Answer

# Q\_3689

Contact City

- Question Type: Basic
   Required: Yes
   Answer Type: Short Answer

### Q\_3690

Contact State

- Question Type: Basic
   Required: Yes
   Answer Type: State Dropdown

# Q\_3691

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

- Question Type: Basic
   Required: Yes
   Answer Type: Zip Code

# Q\_562

Primary Contact Phone Number. (please include area code)

- Question Type: Basic
   Required: Yes
   Answer Type: Phone

# Q\_3692

Contact Email

- Question Type: Basic
   Required: Yes
   Answer Type: Email

### Q\_1052

Additional Project Contact First Name

- Question Type: Basic
   Required: No
   Answer Type: Short Answer

# Q\_970

Additional Project Contact Last Name

- Question Type: Basic
   Required: No
   Answer Type: Short Answer

### Q 1051

Additional Contact Title

- Question Type: Basic
   Required: No
   Answer Type: Short Answer

# Q\_3693

Additional Contact Street Address

- Question Type: Basic
   Required: No
   Answer Type: Short Answer

# Q\_3694

Additional Contact City

- Question Type: Basic
   Required: No
   Answer Type: Short Answer

# Q\_3695

Additional Contact State

- Question Type: Basic
   Required: No
   Answer Type: State Dropdown

### Q 3696

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

- Question Type: Basic
   Required: No
   Answer Type: Zip Code

## Q\_3697

Additional Contact Telephone Number (please include area code)

- Question Type: Basic Required: No Answer Type: Phone

### Q 561

Additional Contact Email Address

- Question Type: Basic Required: No Answer Type: Email

# Q\_4199

Please select the primary sector or characterization that best defines this project.

- Question Type: Basic
   Required: Yes
   Answer Type: Single Choice Dropdown
   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

# Q\_4198

Please select the secondary sector or characterization that best defines this project.

- Outsiton Type: Basic
   Outsiton Type: Basic
   Required: Yes
   Answer Type: Single Choice Dropdown
   Ohoice 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, Technology Commercialization

### 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.

- Question Header: Project Description
   Question Type: Basic
   Required: Yes
- Answer Type: Long Rich Text (HTML)
   Characters: 1 1200
   Question Requirements:

Please include details relevant to all programs on this application. Programs on this application are: {{program list}}

### 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.

- Question Type: Basic
   Required: Yes
   Answer Type: Long Rich Text (HTML)
   Characters: 1 850
   Question Requirements:

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

#### Q 12626

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

- Question Type: Basic
   Required: Yes
   Answer Type: Yes/No
   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.

- Question Type: Basic
   Required: Yes
   Answer Type: Long Rich Text (HTML)
   Characters: any
- Characters: any
  This is a conditional question based on the answer to <u>0\_12626</u>. This question displays when selecting the answer: "Yes"

Describe how the proposed project advances the REDC/URI plan for the region, specifically linking the project to the region's goals, strategies, and targeted industry clusters. A response to this question should directly and specifically link the project to a section or sections of REDC/URI plan for the region.

# 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)

- Question Type: Basic
   Required: Yes
   Answer Type: Short Answer
- Q 975

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

- Question Type: Basic
  Required: Yes
  Answer Type: Long Rich Text (HTML)
  Characters: 1 850

# 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".

- Question Type: Basic
   Required: Yes
- Answer Type: Long Answer
   Characters: 1 400

# Q 2364

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

- Question Type: Basic
   Required: No
- Required: No
   Answer Type: Short Answer
   This is a conditional question based on the answer to Ω\_12606. This question displays when selecting the answer: "Yes'

## Q\_12604

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

- Question Type: Basic
  Required: Yes
  Answer Type: Yes/No
  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

- Question Type: Basic
  Required: No
  Answer Type: Long Rich Text (HTML)
  Characters: 0 850
  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?

- · Question Header: Prior CFA Funding

- Question Type: Basic
  Question Type: Basic
  Required: Yes
  Answer Type: Yes/No
  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)

- Question Type: Basic
   Required: No

- Answer Type: Short Answer
   This is a conditional question based on the answer to <u>O\_12625</u>. This question displays when selecting the answer: "Yes'

#### Q 1994

Please attach a copy of project applicant's application for financial assistance to the authorized issuer and a copy of the inducement resolution/resolution of intent approved by such issuer for this project.

- Question Type: Attachment
   Required: Yes
   Answer Type: Attachment

# Q\_15217

Attach interim financials for 2024

For privately owned companies, IDAs, not-for-profits, educational institutions, start-ups, municipalities, or any business or organization other than publicly traded companies, please provide interim financials for 2024, certified by a company officer. For publicly traded companies, please provide the most recent Form 10-Q.

- Question Type: Attachment
   Required: Yes
   Answer Type: Attachment
   Question Requirements:

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). Financial statements should be provided by the parent company or any individual owning 50% or greater of the Applicant) unless the Applicant 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. https://esd.ny.g

### Q 15218

Attach 2023 financial documents

For privately owned companies, IDAs, not-for-profits, educational institutions, start-ups, municipalities, or any business or organization other than publicly traded companies, please provide audited or reviewed financials, or compiled financials with signed tax returns, for 2023. For-publicly traded companies, please provide audited or reviewed financials, or compiled financials with signed tax returns, for 2023. For-publicly traded companies, please provide audited or reviewed financials, or compiled financials with signed tax

- Question Type: Attachment
   Required: Yes
   Answer Type: Attachment
   Question Requirements:

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). Financial statements should be provided by the parent company or any individual owning 50% or greater of the Applicant) unless the Applicant 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. https://

# Q 1998

When does the applicant anticipate closing on the tax-exempt private activity bonds for the project?

- Question Type: Standard Question
   Required: Yes
   Answer Type: Short Answer

# Q 1988

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.)

- Question Type: Standard Question
   Required: Yes
   Answer Type: Integer

### Q\_1787

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)

- Question Type: Standard Question
   Required: Yes
   Answer Type: Integer

### Q 1996

Which type of tax exempt private activity bond will the project qualify for under the federal Internal Revenue Code (IRC sections 142, 144 or other relevant section, e.g., multi-family resident rental housing, small issue manufacturine)?

- Question Type: Standard Question
   Required: Yes
   Answer Type: Short Answer

# Q\_1999

What amount of tax-exempt private activity bond volume cap is being requested?

- Question Type: Standard Question
   Required: Yes
   Answer Type: Integer

# Q\_1782

Total Project Cost

- Question Header: Funding Sources (Enter dollar amounts below)
   Question Type: Standard Question
   Required: Yest
   Required: Yest
   Pofault Answer: 0.00

## Q\_1038

By entering your name in the box below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the Istate 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, 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, 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, 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, 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, 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, and the subdivision of the State or any political subdivision.

- Question Type: Certification
   Required: Yes
   Answer Type: Short Answer

### Q 1037

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 Minority-owned Business Enterprise (MBE)/Woman-owned Business Enterprise (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.

- Question Header: General Certifications
   Question Type: Certification
   Required: Yes
   Answer Type: Short Answer