



# APPLICATION FOR ASSISTANCE

COUNTY OF MONROE INDUSTRIAL DEVELOPMENT AGENCY

Each applicant seeking assistance must complete the accompanying application material which includes the Application for Assistance, Appendix A, Appendix B, Appendix C, Appendix D and Environmental Assessment form. A non-refundable application fee of \$350.00 must be included with this application. Make check payable to COMIDA.

In the absence of a waiver permitting otherwise, every project seeking COMIDA assistance must use all local labor for the construction of new, expanded or renovated facilities. "Local" is defined as residing in Monroe, Genesee, Livingston, Ontario, Orleans, Seneca, Wayne, Wyoming or Yates Counties. See Appendix B.

Please answer all questions. Use "None" or "Not Applicable" where necessary. Information in this application may be subject to public review under New York State Law, except for information that is considered deniable by the Freedom of Information Law. This form is available online at [www.growmonroe.org](http://www.growmonroe.org).

## I. APPLICANT DATA

A. Applicant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

B Applicant's Officer Responsible for Completing this Application  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Applicant's Tax ID No. \_\_\_\_\_

C. Business Type

Sole Proprietorship  
 Partnership  
 Privately-held Corporation  
 Public Corporation  
 Not-for-Profit Corporation  
 LLC  
 Other

D. State of Incorporation \_\_\_\_\_

E. Principal Stockholders (Owners of 20% or more of Stock Outstanding)

Name	%	Corporate Title
_____	_____	_____
_____	_____	_____

F. Has the Applicant (or any related entity) received previous COMIDA assistance?  
 Yes  No  
 If yes, please give year(s) and project location \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

G. Applicant's Legal Counsel  
 Firm Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Attorney's Name \_\_\_\_\_  
 E-Mail \_\_\_\_\_

## PROJECT & OCCUPANCY DATA

II. Location of proposed project facility (address if available)

A. \_\_\_\_\_  
 \_\_\_\_\_  
 Tax Map Parcel Number \_\_\_\_\_

B. Indicate municipal jurisdiction

C. Town \_\_\_\_\_  
 Village \_\_\_\_\_  
 City of Rochester \_\_\_\_\_  
 School District \_\_\_\_\_  
 Current Legal Owner of property \_\_\_\_\_

D. \_\_\_\_\_  
 Who are the principal user(s) of the facility(the "company")? If there are multiple users, please indicate on attached sheet. If same as applicant indicate "same" below.

E. Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 SIC/NAICS Code \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Tax ID No. \_\_\_\_\_  
 % of facility to be occupied by company \_\_\_\_\_

F. Are other facilities or related companies located within New York State?

- Yes  No

Location \_\_\_\_\_

If there are other company facilities within the State, will any of these close or be subject to reduced activity?

- Yes  No

G. Has the company actively sought sites and/or facilities in another county or state?

- Yes  No

If yes, please describe on separate sheet.

H. Description of project (check one or more)

- New construction
 Addition to existing facility
 Renovation and modernization of existing facility
 Acquisition and modernization of existing facility
 New machinery and equipment
 Other (specify) \_\_\_\_\_

I. Attach a general narrative description of the project and background on user(s) of the facility. Provide Confidential Information Form (Appendix A) for user(s) of the facility.

III. COMPANY EMPLOYMENT INFORMATION

A. Total current employment within Monroe County is

\_\_\_\_\_ Full-Time / \_\_\_\_\_ Part-Time

B. Projected Employment:

Applicant or principal user(s) must complete Appendix A.

IV. ALL-LOCAL LABOR REQUIREMENT

In the absence of a waiver permitting otherwise, every project seeking COMIDA assistance must use all local labor for the construction of new, expanded or renovated facilities. (Read and Sign Appendix B.)

V. PROJECT COMPLIANCE

Projects will be subject to on-site compliance monitoring regarding the local labor/supplier commitment, employment requirements and incentive verification. The cost of this monitoring will be paid for by COMIDA.

VI. PROPERTY TAX ABATEMENT/PAYMENT IN LIEU OF TAX AGREEMENT (PILOT)

Check the appropriate box:

JOBSPLUS

Requirements:

Company must commit to a 10% increase in full-time equivalent employment, measured on the existing impacted employee base, over a 3-year period. The required number of jobs is:\_\_\_\_\_.

LEASEPLUS for University and/or medical related facilities in which a 501(c)3 entity leases from a for-profit entity.

Requirements:

Company must commit to a 10% increase in full-time equivalent employment, measured on the existing impacted employee base, over a 3-year period. The required number of jobs is:\_\_\_\_\_.

ENHANCED JOBSPLUS

Requirements:

- A minimum \$15 million investment in new plant, machinery and equipment or renovation of existing building(s), AND
• A minimum of 100 new jobs from new companies locating in Monroe County, or existing companies expanding operations here, AND
• In the absence of a waiver permitting otherwise, projects must use all local suppliers in the construction of new, expanded or renovated facilities.

GREEN JOBSPLUS

Requirements:

- LEED® Certification - Project must be rated as Certified, Gold, Silver or Platinum by the United States Green Building Council's Leadership in Energy and Environmental Design (LEED®) Green Building Rating System.
• Company must commit to a 10% increase in full-time equivalent employment, measured on the existing impacted employee base, over a 3-year period. The required number of jobs is:\_\_\_\_\_.

SHELTER RENTS for low income or student housing.

CHOICE - Core Housing Owner Incentive Exemption

NO PROPERTY TAX ABATEMENT IS SOUGHT FOR THIS PROJECT

**VII. APPLICANT PROJECT COSTS AND FINANCING**

A. Estimate the costs necessary for the construction, acquisition, rehabilitation, improvement and/or equipping of the project by the applicant.

**Estimated Costs Eligible for Sales Tax Exemption Benefit**

- a. Building Construction or Renovation Costs a. \$ \_\_\_\_\_
- b. Sitework b. \$ \_\_\_\_\_
- c. Non-manufacturing Equipment c. \$ \_\_\_\_\_
- d. Furniture, Fixtures d. \$ \_\_\_\_\_
- e. Other (specify) e. \$ \_\_\_\_\_
- f. **Subtotal** f. \$ \_\_\_\_\_

**Estimated Costs Not Subject to Sales Tax**

- g. Land and/or Building Purchase g. \$ \_\_\_\_\_
- h. Manufacturing Equipment h. \$ \_\_\_\_\_
- i. Soft Costs (Legal, Architect, Engineering) i. \$ \_\_\_\_\_
- j. Other (specify) \_\_\_\_\_ j. \$ \_\_\_\_\_
- k. **Subtotal** k. \$ \_\_\_\_\_

**Total Project Costs** f. + k. \$ \_\_\_\_\_

B. Indicated how the project will be financed

- a. Tax-Exempt IRB a. \$ \_\_\_\_\_
- b. Tax-Exempt Civic Facility Bond b. \$ \_\_\_\_\_
- c. Taxable Industrial Revenue Bond c. \$ \_\_\_\_\_
- d. Bank Financing d. \$ \_\_\_\_\_
- e. Public Financing e. \$ \_\_\_\_\_
- f. Equity f. \$ \_\_\_\_\_

**TOTAL SOURCES** \$ \_\_\_\_\_

**Estimated Amount of Mortgage** \$ \_\_\_\_\_

C. If applicant expects the Tax-Exempt IRB to exceed \$1,000,000, what is the dollar value of "capital expenditures" that the applicant and company, or any related company or person, has expended within the last three years in the municipality in which the proposed project is to be located and expects to expend in that municipality three years after the bond issue?  
\_\_\_\_\_

D. Has the applicant made any arrangements for the financing of the project?

- Yes
- No

If so, please specify bank, underwriter, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. **PRINCIPAL USER(S) PROJECT COSTS**

Estimate any additional costs necessary for construction, renovation, improvement and/or equipping of the project by the principal user(s) for which the Principal User is seeking Sales Tax Exemption Benefit.

- a. Building Construction or Renovation Costs a. \$ \_\_\_\_\_
- b. Non-manufacturing Equipment b. \$ \_\_\_\_\_
- c. Furniture, Fixtures c. \$ \_\_\_\_\_
- d. Other (specify) d. \$ \_\_\_\_\_
- e. **Total** e. \$ \_\_\_\_\_

Principal User Signature \_\_\_\_\_

**VIII. PROJECT CONSTRUCTION INFORMATION**

A. What is the proposed commencement date of construction or acquisition of the project?  
\_\_\_\_\_

B. Outline the timetable for the project, indicating when project will be in full use.  
\_\_\_\_\_  
\_\_\_\_\_

C. Contractor(s)  
\_\_\_\_\_  
\_\_\_\_\_

**IX. ENVIRONMENTAL ASSESSMENT**

New York State law requires that an Environmental Assessment Form (EAF) must be completed and submitted along with this application. Attach the EAF which was submitted to the municipality.

Name of Applicant's Officer Responsible for Completing Application:

(Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

For Office Use Only: Total Assessed Value: _____	
Land _____	Building _____
Applicant 2602 - _____ - _____ - _____	
Principal User 2602 - _____ - _____ - _____	
RM _____	

# CERTIFICATION

\_\_\_\_\_  
name of chief executive of the company submitting application

deposes and says that he/she is the \_\_\_\_\_

of \_\_\_\_\_, the corporation

named in the attached application; that he/she has read the foregoing application and knows the contents thereof; that the same is true to his/her knowledge.

Deponent further says the reason this verification is made by the deponent and not by

\_\_\_\_\_, (company name)

is because the said company is a corporation. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his/her own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his/her duties as an officer of and from the books and papers of said corporation.

As officer of said corporation (hereinafter referred to as the "applicant") deponent acknowledges and agrees that applicant shall be and is responsible for all costs incurred by the nonprofit County of Monroe Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of the attached application whether or not the application, the project it describes, the attendant negotiations and ultimately the necessary issue of bonds and/or completion of the lease/leaseback transaction are ever carried to successful conclusion. If, for any reason whatsoever, the applicant fails to act within a reasonable or specified period of time to take reasonable, proper, or requested action or withdraws, abandons, cancels, or neglects the application or if the Agency or applicant are unable to identify buyers willing to purchase the total bond issue required or facilitate the lease/leaseback transaction, then upon presentation of invoice, applicant shall pay to the Agency, its agents, or assigns all actual costs involved in conduct of the application, up to that date and time, including but not necessarily limited to fees of bond counsel for the Agency and fees of general counsel for the Agency. Upon successful conclusion and sale of the required bond issue or completion of the lease/leaseback transaction, the applicant shall pay to the Agency an administrative fee set by the Agency. The cost incurred by the Agency and paid by the applicant, including bond counsel and the Agency's general counsel's fees and the administrative fee, may be considered as a cost of the project and included as part of the resultant bond issue or lease/leaseback transaction.

\_\_\_\_\_  
Print Name of Chief Executive

\_\_\_\_\_  
Signature



# APPENDIX A

COUNTY OF MONROE INDUSTRIAL DEVELOPMENT AGENCY

## PROJECTED EMPLOYMENT\*

	Full-Time	Part-Time	Total
Total number of employees within Monroe County at the date of application:	_____	+ _____	= _____
Estimated average annual salary:	_____		
Total number of employees to be directly <u>IMPACTED</u> by the project:	_____	+ _____	= _____
ADD: Number of new jobs to be created during the first year after completion:	_____	+ _____	= _____
Total end of first year:	_____	+ _____	= _____
ADD: Number of new jobs to be created during the second year after completion:	_____	+ _____	= _____
Total end of second year:	_____	+ _____	= _____
ADD: Number of new jobs to be created during the third year after completion:	_____	+ _____	= _____
Total end of third year:	_____	+ _____	= _____
Estimated average annual salary of <u>new</u> jobs to be created:	_____		
Expected high salary of <u>new</u> jobs to be created:	_____		
Expected low salary of <u>new</u> jobs to be created:	_____		

\*Applicant or principal user(s) as noted in Section II.E of application.

Print Name	Signature	Date
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# APPENDIX B

COUNTY OF MONROE INDUSTRIAL DEVELOPMENT AGENCY

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## REQUIREMENTS FOR CONSTRUCTION PROJECTS

1. Requirement for use of All-Local Labor for all projects involving the construction of new, expanded or renovated facilities:

All project employees of the general contractor, subcontractor, or sub to a subcontractor (contractors) working on the project must reside within the following counties in the State of New York: Monroe, Genesee, Livingston, Ontario, Orleans, Seneca, Wayne, Wyoming or Yates. The All-Local Labor criterion will be verified based on employment, payroll and related records.

COMIDA understands that at certain times local labor may not be available within the local area. Under this condition, applicants are required to contact COMIDA in writing to request waiver of the All-Local Labor requirement. Contractors do not have to be local companies as defined herein, but must employ local people to qualify under the All-Local Labor criterion.

2. Additional Requirement for use of All-Local Suppliers as applicable, per the Uniform Tax Exemption policy:

All material suppliers and providers to projects must be companies located within the following counties in the State of New York: Monroe, Genesee, Livingston, Ontario, Orleans, Seneca, Wayne, Wyoming or Yates. All non-labor costs will be included in this calculation for All-Local Supplier compliance.

COMIDA understands that in some cases suppliers of specialty items are not available within the local area. Under this condition, applicants are required to contact COMIDA in writing to request waiver of the All-Local Supplier requirement.

The foregoing terms have been read, reviewed and understood by the Applicant, to wit:

\_\_\_\_\_  
(Applicant)

and all appropriate personnel. Furthermore, the undersigned agrees and understands that the information contained herein must be transmitted and conveyed in a timely fashion to all applicable subcontractors, suppliers and materialman. Furthermore, the undersigned agrees to post and maintain a sign, provided by COMIDA, in a prominent, easily accessible location, identifying the project as a recipient of COMIDA assistance and the local labor requirements associated with this assistance. Furthermore, the undersigned realizes that failure to abide by the terms herein could result in COMIDA revoking all or any portion of benefits it deems reasonable in its sole discretion for any violation hereof.

\_\_\_\_\_  
(APPLICANT)

\_\_\_\_\_  
, title



# APPENDIX C

COUNTY OF MONROE INDUSTRIAL DEVELOPMENT AGENCY

## CONFIDENTIAL INFORMATION

### ANNUAL COMPANY REVENUE AND EXPENSE ESTIMATES ASSOCIATED WITH THIS PROJECT (Approximated)

	Present	1st Year	2nd Year	3rd Year
Sales (\$000)				
% Sales Generated by local workforce from clients outside of Monroe County				
Work Contracted out to local vendors (\$000)				
Local Employee Payroll (\$000)				
All other local expenditures (\$000)				

### OCCUPATIONAL CATEGORIES/PAY RANGES ASSOCIATED WITH PROJECT

Current and Planned Categorized of Occupations

Salary/Pay Range

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_



## APPENDIX D

COUNTY OF MONROE INDUSTRIAL DEVELOPMENT AGENCY

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### 1. **Application Fee - Send with Completed Application**

A non-refundable application fee of Three Hundred Fifty Dollars (\$350.00) shall be charged each applicant.

### 2. **Administrative Fee - Paid at Closing**

a. For tax-exempt IRB bond issues, the fee shall be one percent (1%) of the project amount. For projects that utilize a Payment In Lieu of Taxes (PILOT) agreement, an additional one-quarter percent (1/4%) will be added.

b. For tax-exempt Civic Facility bond issues or refunding of non-COMIDA bond issues, the fee shall be one percent (1%) of the project amount.

c. For lease/leaseback transactions and taxable bond issues, the fee shall be one-half percent (1/2%) of the project amount. For projects that utilize a Payment In Lieu of Taxes (PILOT) agreement, an additional one-quarter percent (1/4%) will be added.

d. For refunding outstanding COMIDA bond issues, the fee shall be one-quarter percent (1/4%) of the new issuance amount.

e. For assumptions of existing COMIDA bonds or projects, the fee shall be one-quarter percent (1/4%) of the project amount.

f. For modifications, the fee shall be determined on a case-by-case basis.

3. If a sales tax letter is required prior to closing, a non-refundable twenty-five percent (25%) of the Administrative Fee and Agency Counsel fee is payable at that time. This amount will be applied towards the Administrative fee and Agency Counsel Fee.

4. Agency Counsel fee is one-third (1/3) of the Agency's Administrative fee, with a minimum fee for a lease/leaseback transaction of \$4,000.00

5. Designated Bond Counsel fee is based on the complexity and amount of the transaction.

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Print Name of Chief Executive

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Signature

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Date