

The Economic Transformation and Facility Redevelopment Program is available for firms that locate in an Economic Transformation Area (ETA). Firms in targeted industries that create at least five net new jobs may qualify for up to five fully refundable tax benefits. An ETA is a closed facility previously owned by the state, and when operated, was operated as a psychiatric facility pursuant to section 7.17 of the mental hygiene law, and located within the metropolitan commuter transportation district but outside New York City. The economic transformation area shall consist only of the acreage of the closed facility.

A firm must submit a completed application by September 1, 2016.

COMPANY INFORMATION			
1.	Legal Name of Applicant:		
2.	Applicant Address:		
3.	If a DBA, what is DBA name?		
4.	Applicant Contact Name:		
5.	Applicant Contact Address:		
6.	Contact Phone Number:	Contact Email Address:	
7.	Type of Business:		
8.	Publicly Traded:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Privately Held:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If Privately Held, please provide information both for the company and for any entity owning 50% or more or which otherwise controls the applicant.		
10.	<b>Ownership:</b> Please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 5% or more of the company. Indicate if the company is a parent, subsidiary and /or affiliate of another company.	<input type="checkbox"/> ATTACHED	
11.	<b>Primary North American Industrial Classification System (NAICS) Code of the Company.</b> Please provide at least the three digit code (six digit code is preferable)		
12.	<b>Primary North American Industrial Classification System (NAICS) Code associated with the activity of the business at the project location.</b> Please provide at least the three digit code (six digit code is preferable).		
13.	Please provide the Federal Tax ID Number:		
14.	Taxable year is based on: <input type="checkbox"/> Fiscal <input type="checkbox"/> Calendar If fiscal, indicate period:		
15.	Form of Organization (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S. Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship		
16.	What share of the company's product or service is sold within NYS: %		
17.	Is there a predecessor company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide: Name of Company:	FEIN:	



PROJECT INFORMATION			
<b>18.</b>	<b>Project Description:</b> Concisely describe the project, what will be planned, designed, and/or constructed, the issues/opportunities to be addressed, and expected outcomes and deliverables. Include the type of business operations (e.g. manufacturing, distribution, research and development, etc.) that will take place at the project location. Additional details may be collected later in the application process.		
<b>19.</b>	<b>Project Address:</b>		
<b>20.</b>	<b>Project County:</b>	<b>Is the project outside of New York City? If yes, please check here:</b> <input type="checkbox"/>	<b>Is the project located within the Metropolitan Transportation Commuter District? If yes, please check here:</b> <input type="checkbox"/>
<b>21.</b>	<b>Is the Project located at a closed facility? If yes, please check here:</b> <input type="checkbox"/>		
<b>22.</b>	<b>Name of closed facility:</b> <b>Type of Business at closed facility:</b>		
<b>23.</b>	<b>Project Location Assembly District #*:</b>		<b>Member:</b>
<b>24.</b>	<b>Project Location Senate District #*:</b>		<b>Member:</b>
<i>*ESD Staff will assist with compiling this information.</i>			
EMPLOYMENT INFORMATION			
<b>PLEASE INDICATE BELOW THE NUMBER OF NET NEW JOBS TO BE CREATED IN THE ETA</b>			
<p><b>25.</b> Indicate in the table following, the number of net new jobs to be created in the ETA. Include the type of job, by general category, and the average amount of wages for each job type for each year (<b>please exclude benefits in the wage information provided</b>). Net new jobs means jobs created in the ETA that: (a) are new to the area; (b) have not been transferred from employment in this state with the participant or with a related person in this state, and are not replacing jobs with similar titles or job responsibilities; (c) are either full-time wage-paying jobs or equivalent to a full-time wage-paying job requiring at least thirty-five hours per week; (d) are filled for more than six months in a taxable year; (e) are not filled with individuals having the familial relationship defined in section 267(c)(4) of the internal revenue code with any owner of the applicant.</p> <p>A full-time equivalent (FTE) 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.</p>			



Job Type/Category	Average Gross Wages by job type	..... Cumulative Number of Net New Jobs .....				
		Year 1	Year 2	Year 3	Year 4	Year 5
Ex: Production Line Workers	\$35,000	5	7	10	10	10
<b>Total Jobs</b>						

**26.** Indicate what the average percentage is of your total employees' gross wages paid in benefits (exclude mandated benefits such as Federal Insurance Contributions Act (FICA), Medicare tax, unemployment insurance or workers' compensation insurance). %

**TRAINING EXPENDITURES**

**27.** Will the applicant be hiring any workers displaced from a closed facility previously owned by the state, and when operated, was operated as a psychiatric facility pursuant to section 7.17 of the mental hygiene law, and located within the metropolitan commuter transportation district but outside New York City?  YES  NO

If yes, will the applicant be providing "qualified training" to such workers?  YES  NO

Qualified training shall include a course or course taken and satisfactorily completed by an employee of the applicant at an accredited, degree granting, post-secondary college or university in New York State that: (A) directly relates to the duties that the employee performs for the applicant within the ETA; and (B) is intended to upgrade, retrain or improve the productivity or theoretical awareness of the employee. Qualified training expenditures include expenses paid by the applicant (taxpayer) for tuition and mandatory fees, software required by the institution, fees for textbooks and other literature required by the institution offering the course(s), less any scholarships and tuition or fee waivers. These expenditures shall only be eligible for the credit if the employee for whom the expenditures are disbursed is continuously employed in a full time, full year position primarily located at the ETA location during the period of such coursework and lasting through at least 180 days after the satisfactory completion. *Expenditures for "In house" training or shared training outside of a New York state higher education institution or the use of consultants outside of credit granting courses are not eligible for the tax credit.*



<b>28.</b>	Indicate training expenditures by year below:	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
		\$	\$	\$	\$	\$

**PROJECTED INVESTMENTS**

Indicate in the table below the projected qualified investments that will be made in this ETA over the next five years starting with the current year. Qualified Investment means an investment in tangible property (including a building or a structural component of a building) owned by a business entity which: (a) is depreciable pursuant to section 167 of the IRS code; (b) has a useful life of four years or more; (c) is acquired by purchase as defined in section 179 (d) of the IRS code; (d) is located in an ETA in this state and is certified in this location; (e) is placed in service in an ETA on or after the date the certificate of eligibility is issued to the business entity. For purposes of this credit only, a taxpayer that is the owner of a closed facility previously owned by the state, and when operated, was operated as a psychiatric facility pursuant to section 7.17 of the mental hygiene law, and located within the metropolitan commuter transportation district but outside New York City, shall be allowed to include in its cost or other basis of the qualified investment at the closed facility, any demolition costs incurred at such closed facility. Those demolition costs shall be limited to the following costs: (i) asbestos removal costs, (ii) rental of demolition equipment, (iii) personnel costs to operate the demolition equipment, (iv) costs to remove and dispose of demolition debris, (v) the costs of any permits, licenses and insurance necessary for the demolition.

<b>29.</b>	<b>Type of Investment</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
	Property Acquisition	\$	\$	\$	\$	\$
	Construction/Renovation					
	Machinery & Equipment					
	Furniture, fixtures & equipment					
	Utilities					
	Design & Planning					
	Other ( <i>specify</i> )					
	<b>Total Projected Investments</b>					

**REAL PROPERTY**

<b>30.</b>	Indicate the current annual real property taxes or payment in lieu of taxes (PILOT) payments.	\$
<b>31.</b>	Estimate the future real property taxes or PILOT based on the investments in the property.	\$
<b>32.</b>	Project qualified annual purchases that are subject to State tax for this ETA location ( <i>Qualified purchases are defined as tangible personal property sold to the participant for use in constructing, expanding or rehabilitating industrial or commercial property within the ETA.</i> )	\$

**ATTESTATION**

As the responsible officer of \_\_\_\_\_, (applicant name), I,  
\_\_\_\_\_ (print or type name) hereby

1. Agree to consider for employment persons displaced by a closed facility previously owned by the state, and when operated, was operated as a psychiatric facility pursuant to section 7.17 of the mental hygiene law, and located within the metropolitan commuter transportation district but outside New York City.
2. Agree not to participate in the Excelsior Jobs Program, the New York State Empire Zones Program, or claim any tax credits under the Brownfield Cleanup program if admitted into the Economic Transformation and Facility Redevelopment program with regard to the facility (or facilities) located in the Economic Transformation and Facility redevelopment area;
3. Agree to allow the Department of Labor to share tax and employer information with the Department of Economic Development. However, any information shared as a result of this agreement shall not be available for disclosure or inspection under the State Freedom of Information Law;
4. Agree to allow the Department of Taxation and Finance to share its tax information with the Department of Economic Development. However, any information shared as a result of this agreement shall not be available for the disclosure or inspection under the state Freedom of information Law.
5. Agree to provide to the Department of Economic Development, upon its request, the following information: (a) the prior three years of federal and state income or franchise tax returns, unemployment insurance quarterly returns, real property tax bills and audited financial statements; and (b) the employer identification or social security numbers for all related persons to the applicant, including those of any members of a limited liability company or partners in a partnership (c) provide a clear and detailed presentation of all related persons to the applicant to assure the Department that jobs are not being shifted within the state; and
6. Certify, under penalty of perjury, that the applicant is in substantial compliance with all environmental, worker protection, and local, state and federal tax laws.

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

**Title** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

State of New York )  
 ) ss:

County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ (month) 20 \_\_\_\_\_ (year), before me personally appeared

(name) \_\_\_\_\_ to me known, who being by me duly sworn, did depose and say that

he/she resides at address) \_\_\_\_\_ that he/she is the

(title) \_\_\_\_\_ of (business entity) \_\_\_\_\_, the

business entity described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by the authority granted by such business entity.

**Notary Signature**

\_\_\_\_\_

**NOTARY PUBLIC (Please affix stamp here)**