

SOUTHOLD LOCAL DEVELOPMENT CORPORATION

Application for Financial Assistance

Applications may be submitted as follows:

Southold LDC
Southold Town Hall
53095 Route 25 (Main Road)
PO Box 1179
Southold, New York 11971

To submit an application or for more information, please email Lisa Mulligan at lisamgiannusa@hotmail.com

SOUTHOLD LOCAL DEVELOPMENT CORPORATION

APPLICATION FOR FINANCIAL ASSISTANCE

(To be filled out by all Applicants)

A. APPLICANT INFORMATION

Note: Eligible Applicants must be established not-for-profit organizations.

| | | | |
|--|--|--|--|
| Applicant's Name: | | | |
| Address: | | | |
| Phone/Fax Numbers: | | | |
| IRS Employer ID Number: | | | |
| NY State Dept. of Labor # (if applicable): | | | |
| Date of Application Submission: | | | |

Officer of Applicant completing this application (contact person):

Name: _____ Title: _____
Phone: _____ Fax: _____
E-mail: _____ Company website: _____

Brief description of organization:

Brief description of the not-for-profit purpose of the organization:

To describe what kind of entity Applicant is, please check one of the following:

501(c)(3) Other (specify) _____

Applicant's State of Incorporation or Registration and applicable statutory provision under which applicant is organized:

State(s) in which Applicant is qualified to operate:

Applicant's Attorney – Name:

Phone: _____ Fax: _____

Name of Firm and Address:

Applicant's Accountant – Name:

Phone:

Fax:

Name of Firm and Address:

B. PROJECT INFORMATION

1. Please briefly describe the proposed project:

2. Address of proposed project:

3. Please briefly describe the not-for-profit **purpose** of the proposed project:

4. Please give best estimates for all anticipated costs and proposed sources of financing involved in the project:

Uses of Funds

| | |
|-----------------------------------|-----------------|
| Land & building (acquisition) | \$ _____ |
| New construction | \$ _____ |
| Renovations/Building improvements | \$ _____ |
| Machinery/Equipment | \$ _____ |
| Fees/ Other Soft Costs | \$ _____ |
| Other (explain) | \$ _____ |
| Total Project Costs | \$ _____ |

Sources of Funds

| | |
|--------------------------------------|-----------------|
| Southold LDC Bonds (Loan) | \$ _____ |
| Bank Loans (Please identify sources) | \$ _____ |
| Organization funds | \$ _____ |
| Pledges | \$ _____ |
| Other sources (Please identify) | \$ _____ |
| Total Project Sources | \$ _____ |

NOTE: Please explain costs, loans and other sources of funding on a separate sheet.

5. Is there a relationship, by virtue of common control or through related persons, directly or indirectly, between the Applicant and the present owner of the project site?
 Yes No If Yes, please provide all details on attached sheet.

6. Has the borrower entered into any agreements with management companies which provide for such companies to operate any part of the borrower facilities?
 Yes No If Yes, please submit copies of such agreements.

7. Does the borrower use, or anticipate using, any of the project facilities in any "unrelated trade or business" activity, i.e., activities that are not substantially related to the exercise or performance of the charitable purpose for which the borrower was granted its tax-exempt status?
 Yes No If Yes, please explain:

8. Does the borrower lease, or propose to lease, any portion of the proposed facility to another entity?
 Yes No If Yes, please explain:

C. EMPLOYMENT INFORMATION

Complete the following information for the project location only. Do not include any subcontractors or sub-consultants; include only employees and owners/principals on your payroll and on the payroll of your tenants at the project location. (Note: If the project is to be leased, provide responses to the following questions for the tenant on a separate attachment.)

1. Number of permanent jobs to be created by the Applicant: _____

2. How many employees does Applicant employ in the Town of Southold as of the date of this Application?
 Full Time _____ Part Time _____

3. Does Applicant intend to employ new employees at the proposed site, and/or will Applicant transfer current employees from premises presently being used? Please provide details.

4. Number of construction and engineering jobs (may include contractors and subcontractors) on a projected monthly basis during the project construction period.

5. The Southold LDC strongly encourages project applicants to support the local economy by, to the greatest extent possible, procuring goods and services from providers, businesses and vendors that are located within the Towns of Southold and Riverhead, and to the extent possible offering employment opportunities to residents of the Towns of Southold and Riverhead first.

Identify key contractors and major subcontractors that will be doing construction management or construction work on the project, if known. Use an attached sheet of paper if needed.

Identify any plans to create opportunities for and use contractors, workers and suppliers located within the Towns of Southold and Riverhead on project construction. Use an attached sheet of paper if needed.

D. FINANCIAL ASSISTANCE REQUESTED

| | | |
|-------|----------------------------------|-------------------------------------|
| _____ | Tax-exempt bond financing | <u>Amount Requested</u> \$ _____ |
| _____ | Taxable Bond financing | \$ _____ |
| _____ | Mortgage recording tax exemption | \$ _____ |

E. DUE DILIGENCE

1. Identify entities related to or under common control with the Applicant.

| Entity Name | Address | Phone/Fax Number | Percent Interest |
|-------------|---------|------------------|------------------|
| | | | |
| | | | |
| | | | |

2. Has Applicant, or any officer or director of Applicant, or any entity with which any of the foregoing have been associated, ever been adjudicated bankrupt or placed in receivership, or otherwise been the subject of a bankruptcy or similar proceedings (prior or current)?
 Yes No If Yes, please provide all details on attached sheet.
3. Have any of the Applicant's officers or directors ever been convicted of any criminal proceedings?
 Yes No If Yes, please provide all details on attached sheet.
4. Is Applicant, or any officer or director of Applicant, a plaintiff or defendant in any civil or criminal proceedings?
 Yes No If Yes, please provide all details on attached sheet.
5. If you responded Yes to either of the previous two questions, in what litigation is Applicant, or any of the individuals and entities currently involved, either as plaintiffs or as named defendants? Provide all details on an attached sheet.
6. Does Applicant have any material contingent liabilities? (*e.g., pending claims; federal, state or local tax liens and liability.*)
 Yes No If Yes, please provide all details on attached sheet.
7. Is the Applicant currently a qualified 501(c)(3) organization?
 Yes No
8. Are there any investigations or audits that have not been closed questioning the continuing eligibility of the Applicant for 501(c)(3) status?
 Yes No If Yes, please provide all details on attached sheet.

Please provide the following information:

9. Applicant Board Members

| Name | Title | Profession |
|------|-------|------------|
| | | |
| | | |
| | | |

10. Banking Relationships

| Bank Name | Contact Person | Phone/Fax | Type of Account |
|-----------|----------------|-----------|-----------------|
| | | | |
| | | | |
| | | | |

F. ADDITIONAL DOCUMENTATION TO BE INCLUDED WITH APPLICATION; SUBMISSION INSTRUCTIONS

1. Please include as an attachment to the Application:
 - a. **Financial statements** for the last three (3) years.
 - b. **Certificate of Incorporation.** Please provide a copy of the Applicant's Certificate of Incorporation.
 - c. **IRS 501(c)(3) Letter.** Please provide a copy of the Applicant's most recent 501(c)(3) Letter.
 - d. If the Applicant's 501(c)(3) status has been the subject of an IRS inquiry within the past five (5) years, please provide a copy of any applicable closing letter issued by the IRS.
 - e. Please provide a job description of key management personnel.
2. **Application Fee: \$7,500.00 (non-refundable), payable to Southold Local Development Corporation. The Application Fee will be credited towards the Agency transaction fee payable by the Applicant at financial closing.**
3. Applicant certification, I-6
4. APPENDIX A: SHORT ENVIRONMENTAL ASSESSMENT FORM
5. Status of/Evidence of SEQRA Compliance.
6. **Please provide one (1) original and eight (8) hard copies of the completed Application and its additional documentation to the address set forth on the cover of this application. Please submit a separate electronic copy of the application to the e-mail address set forth on the cover of this Application.**

APPLICANT CERTIFICATION

_____ (“Applicant”) requests that this Application, including financial data submitted herewith, be submitted for review by the members of the Southold Local Development Corporation (the “Agency”). Applicant hereby certifies that the information contained herein and in the attachments hereto, are, to the best of Applicant’s knowledge and belief, accurate, true and correct. Applicant understands that any intentional misstatements or misleading information contained herein, or the omission of relevant information, could be cause for rescission of Agency approval and Agency benefits. Further, Applicant fully understands and accepts the fees associated with the Agency program, including but not limited to the Agency Administrative Fee; and Applicant acknowledges receipt from the Agency of the Agency’s “General Information” and review of the information set forth therein.

Applicant hereby acknowledges and agrees that it shall be, and is responsible for, and shall promptly pay all costs incurred by the Agency, including the fees and expenses of its counsel, in connection with document negotiations, closing and, where applicable, bond issuance and sale, whether or not closing occurs and whether or not bond issuance and sale occur in applicable instances. Applicant’s obligations hereunder are absolute and shall in no event be contingent upon closing.

Applicant understands that the Agency may be requested to disclose the information contained in this Application and the attachments hereto, under applicable disclosure laws, or at the request of investigative law enforcement or other governmental bodies. Applicant authorizes, on behalf of itself and all other persons providing information for this Application, the Agency to disclose any such information, under such law or where so requested. Applicant also authorizes the Agency at its discretion to transmit this Application, including any financial data submitted herewith, to the Agency’s counsel.

Applicant acknowledges and agrees that the Agency reserves the right to require Applicant to submit, at Applicant’s sole expense, such other documentation as the Agency may require in addition to the documentation required hereunder, and that all such documentation, whether requested hereunder or hereafter, shall be provided at Applicant’s sole cost and expenses, and shall be in form and substance satisfactory to the Agency. By submitting this Application, Applicant agrees that if the Agency provides financial assistance for the project, Applicant will comply with all applicable laws relating to projects for which the Agency provides financial assistance.

Enclosed with this Application is the Application Fee in the amount of \$7,500.00. The Application Fee is non-refundable, but will be credited towards the Agency transaction fee payable by the Applicant at financial closing.

Date: _____ Signature of Authorized
Officer of Applicant:

Name: _____ Title: _____

**APPENDIX A
SHORT ENVIRONMENTAL ASSESSMENT FORM**

Instructions: All applicants to the Southold Local Development Corporation must complete Project Information, Part I.

PART I – PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

| | |
|--|-----------------|
| 1. APPLICANT / SPONSOR | 2. PROJECT NAME |
| 3.PROJECT LOCATION: Municipality | County |
| 4.PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) | |
| 5.IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration | |
| 6.DESCRIBE PROJECT BRIEFLY: | |
| 7.AMOUNT OF LAND AFFECTED: Initially____acres Ultimately____acres | |
| 8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly: | |
| 9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other (describe) | |
| 10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency name and permit/approval: | |
| 11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency name and permit/approval: | |
| 12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | |
| Applicant/Sponsor Name _____ | Date _____ |
| Signature _____ | |
| Note: If the action is a Coastal Area and you are a State agency, complete the Coastal Assessment Form first. | |

APPENDIX A

PART II – IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE 1 THRESHOLD IN 6 NYCRR, PART 617.4? If Yes, coordinate the review process and use the FULL EAF.

Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.

Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?

Yes No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

Yes No If Yes, explain briefly:

PART III – DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each event should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked Yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide on attachments, as necessary, the reasons supporting this determination.

Name of Lead Agency

Date

Print or type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)