

Applicant Name	
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APPLICATION

Southern Tier Region Community Revitalization Program

Parts A. ESD and Part B. Multi-Modal #4

2012

**SOUTHERN TIER REGION
COMMUNITY REVITALIZATION PROGRAM**

**APPLICATION FORM
PART A. ESD AND Part B. Multi-Modal #4**

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Part A: Application Checklist and Certification
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Applicant Name		
Item	Yes	N/A
Certification signed by Municipal/Applicant official		
\$250 Application fee payable to Southern Tier Region Economic Development Corporation. Place fee in an envelope and insert inside front pocket of the application binder labeled "Original."		
Application Documents		
Completed Parts B-L		
Project Development Plan, including a market feasibility analysis, financing strategy and 5-year operating pro forma (include as Attachment 1. Project Development Plan)		
Non-applicant Project Development Proposal (include as Attachment 2. Non-applicant Project Development Proposal)		
Credentials of individuals of non-municipal entities involved in project (include as Attachment 3. Credentials)		
Letter from the Local Planning/Zoning official stating the project is compatible to local ordinances (include as Attachment 4. Letter from Local Planning/Zoning Official)		
Project Site Map (include as Attachment 5. Site Map)		
Third party estimates for project costs (include as Attachment 6. Third Party Estimates)		
Property Data Sheet, Property Budget Sheet, Façade Photos and a signed Site Control Affidavit for each property involved (label photos with corresponding address/name of property (Include all documents as Attachment 7A. Property Data/Equipment Sheets)		
Property Appraisal(s) (include as Attachment 7B. Property Appraisal)		
Documentation of property ownership; and/or signed options or purchase agreements (include as Attachment 7C. Property Control)		
Written commitment(s) for all project financing sources (include as Attachment 8A. Financing Commitments)		
Documentation of all equity commitments (include as Attachment 8B. Equity Commitments)		
SEQRA Assessment Form (EAF) and EIS Findings Statement (include as Attachment 9. Environmental Assessment)		
SEQRA Negative Declaration (include as Attachment 10. SEQRA Negative Declaration)		
Additional environmental reviews or other approvals (include as Attachment 11. Additional Environmental and Regulatory Approvals)		
SHPO Review Materials (include as Attachment 12. SHPO Review)		
True and complete copy of the applicant's Governing Body Resolution (include as Attachment 13. Resolution)		
Permits and special approvals such as Ag District (include as Attachment 14. Permits and Special Approvals)		
Non Discrimination and Affirmative Action form		

Certification: The undersigned solemnly affirms that to the best of my knowledge, information and belief, the application is complete and that all statements, including all schedules, attachments and additional information submitted in connection herewith, are true and accurate. I hereby authorize the Southern Tier Region Economic Development Corporation and Empire State Development Corporation to order credit reports or other financial background information on the applicant, and any individual or entity proposed as a guarantor, as may be necessary to provide the assistance requested. For Aviation Projects, the undersigned affirms that it has provided any information necessary to maintain, if applicable, the Federal tax exempt status of bonds, notes or other obligations issued by the New York State Thruway Authority for such purposes.

Official Signature		
Typed Name		
Title		Date

Part B – General Information

Page 2

Applicant Name	
Project Name	

Did the applicant receive funding under the CFA process in 2011-12 for this or any portion of the proposed project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, explain why funding through the Southern Tier Region Community Revitalization Program is being requested.	

Has the applicant ever been or is it currently delinquent under the terms of any agreements with Empire State Development Corporation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, explain circumstances.	

Does the municipality where the proposed project is located have a local revitalization or urban development plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, enter date of last update.	
Is the proposed project in the plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part C – Project Information

Page 1 – Project Summary

Applicant Name	
Project Name	

Describe the overall “project” and the affect it will have on the municipality where the project is located, and how the project supports NYS and local smart growth principles. Include a general description of the intended reuse for the properties included in this project. Note: **Part G.1. – Individual Property Data Sheet** requires a full description of the reuse for each individual property involved in the Definable Project. Note that for Aviation Projects, the application must provide, or clearly state it will provide, upon request, any information necessary to maintain, if applicable, the Federal tax exempt status of bonds, notes or other obligations issued by the New York State Thruway Authority for such purposes.

Part C – Project Information

Page 2 – STCR Goals

Applicant Name	
Project Name	

1. Describe how this project will fulfill one or more of the Southern Tier Community Revitalization goals to (1) revitalize urban centers, rural population centers and neighborhood commercial centers; (2) attract and sustain both short-term and long-term private capital; (3) create quality commercial space for commercial development and entrepreneurial enterprises and mixed use options, while building on existing infrastructure in keeping with the character of the downtown or neighborhood commercial center; (4) promote transportation capital improvements (Multi-Modal #4 only).

2. Describe how the project supports the Southern Tier Regional Economic Development Council’s strategies. (see Southern Tier Regional Economic Development Council Final Strategic Plan, November 14, 2011 at <http://nyworks.ny.gov/content/southern-tier>)

Add pages if necessary.

Part C – Project Information

Page 3 – Project Conformity to Local Plans

Applicant Name	
Project Name	

Describe how this project conforms to a local revitalization or urban development plan, or is otherwise architecturally consistent with nearby and adjacent properties.

Part C – Project Information	Page 5 – Project Funding
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Applicant Name	
Project Name	

A. Project Funding Sources

Funding Source	Amount of Funds
ST Community Revitalization Loan (Part A. ESD)	\$
ST Community Revitalization Grant (Part A. ESD)	\$
ST Community Revitalization Grant (Part B. Multi-Modal #4)	\$
Applicant Equity	\$
Federal and New York State Funding (Sum of B. below)	\$
Local public and not-for-profit funding (Sum of C. below)	\$
Developer Equity and Financing (Sum of D. below)	\$
Other:	\$
TOTAL (must be equal to the sum of Sources of Funding identified on all Budget Sheets, Part G. 3)	\$

B. Federal and New York Funding

Identify all federal and state funding applied for or received for this project.					
NYS or Federal Agency and Program Name	Amount of Funds	Status of Application	Status of Funds		
			Received	Committed	Requested
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	\$				

C. Local public, and not-for-profit funding

Identify all local public funding and not-for-profit funding, applied for or received, for this project.					
Source	Amount of Funds	Status of Application	Status of Funds		
			Received	Committed	Requested
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	\$				

D. Developer Equity and Financing Sources

Identify all developer equity in the project, and financing sources other than ST Community Revitalization funding.					
Source	Amount of Funds	Status of Application	Status of Funds		
			Received	Committed	Requested
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	\$				

Part C – Project Information

Page 6 – Project Funding

Describe how Southern Tier Region Community Revitalization funds will be used in this project. Funding awards will be made in the form of low-interest loan/grant packages for Part A. ESD funds, and reimbursement grants for Part B. MM #4 funds. If seeking grant funding, explain why it is essential for all or a portion of the project to be funded with grant dollars.

If the project is not fully funded, explain what other sources will be sought, or measures will be taken, to fully fund, implement and complete this project.

Part C – Project Information

Page 7 – Project Results

Applicant Name	
Project Name	

Describe the measurable and quantifiable results and economic impact of the proposed project. Include numbers of new or refurbished commercial spaces, upper story housing units, square footage and commercial space, number of new businesses expected to occupy the commercial space, number of new employees, enhanced tax base, etc.

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Describe, and quantify where possible, how the project will facilitate effective and efficient use of existing and future public resources to promote both economic development and the preservation of community resources.

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Include a site map clearly identifying all targeted properties in this project.

Map should be no larger than 24 x 36".

Include as Attachment 5. Site Map

Part D – Project Readiness and Feasibility

Applicant Name	
Project Name	

Respond to the questions below. Attach documentation as indicated.

Project Feasibility	
A Project Development Plan, including a market feasibility analysis, financing strategy and five years of operating pro forma, must be attached to the application.	Attachment 1. <input type="checkbox"/>
Has the Project Development Plan been analyzed by the financial institutions participating in the project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has an appraisal of the property(s) been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: A current appraisal of the property(s) will be required if any portion of the funding award is in the form of a loan.	Attachment 7B. <input type="checkbox"/>
Letters of commitment from all financing sources such as banks and financial institutions, federal and state agencies, and private and not-for-profit entities. Note: If the cash match includes bank financing, then original signature written commitments from all financing institutions must be included in the application packet. A letter of interest does not constitute a firm commitment for financing or property acquisition. The written commitment may be contingent upon an applicant receiving a Community Revitalization award.	Attachment 8A. <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Documentation for all cash equity commitments, both applicant and developer entity.	Attachment 8B. <input type="checkbox"/> Not Applicable <input type="checkbox"/>

Project Readiness		
Letter from the Local Planning/Zoning official stating that the project is compatible to zoning and other applicable local ordinances.	Attachment 4. <input type="checkbox"/>	
Copies of third party estimates for project costs.	Attachment 6. <input type="checkbox"/>	
List all State, Federal and local permits/approvals that are required and their status. For example, Army Corp of Engineers, Ag District, etc. Include evidence of any permits or approvals received as Attachment 14.		
Agency Name	Permit Name	Status

Part D – Project Readiness and Feasibility	Page 2
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Applicant Name	
Project Name	

Environmental Readiness	
Is the project located on or adjacent to a Brownfield?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a Phase 1 Environmental Site Assessment been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is its environmental status and impact on the project? Include any related documentation as Attachment 9. Environmental Assessment	
Are there any other known environmentally sensitive issues affecting the project (e.g. endangered species, wetlands, etc.)? If yes, name them and their status.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Issue	Status
Has the SEQRA review process been initiated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the status? Include SEQRA Negative Declaration as Attachment 10.	
Has the SHPO consultation process been initiated or completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the status? Include any documentation of completion or other communications as Attachment 12. SHPO Review.	
Has an energy conservation analysis been performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are Green Construction techniques being employed? Describe.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part E – Overall Project Funding Request

Applicant Name	
Project Name	

PART A. ESD FUNDING REQUEST

Part A. ESD Funding For Commercial Properties				
	Total # of Properties	Total Project Costs	Total STCR Request	
			Part A. Loan	Part A. Grant
Demolition *		\$	\$	\$
Infill/New Construction		\$	\$	\$
Rehabilitation/Renovation		\$	\$	\$
Total Commercial		(1)	(1)	(1)

* Demolition is an allowable cost only if it is necessary for renovation, rehabilitation or new construction.

Part A. ESD Funding Mixed Use Properties				
	Total # of Properties	Total Project Costs	Total STCR Request	
			Part A. Loan	Part A. Grant
Demolition *		\$	\$	\$
Infill/New Construction		\$	\$	\$
Rehabilitation/Renovation		\$	\$	\$
Total Mixed Use		(2)	(2)	(2)

Total Part A. ESD Project Funding Request			
	Total Project Cost	Total Part A. ESD Funding Request	
		Part A. Loan	Part A. Grant
(1) Total Commercial	\$	\$	\$
(2) Total Mixed Use	\$	\$	\$
GRAND TOTAL	\$	\$	\$

PART B. MULTI-MODAL #4 FUNDING REQUEST

Total Part B. Multi-Modal #4 Project Funding Request		
	Total Project Cost	Total Part B. Multi-Modal #4 Grant Request
Rail	\$	\$
Port	\$	\$
Fixed Ferry	\$	\$
Aviation	\$	\$
Highway/Road/Street	\$	\$
GRAND TOTAL	\$	\$

Part G.1. – Individual Property Data Sheet

Applicant Name	
Project Name	

Complete a separate Individual Property Data Sheet for each building included in the Definable Project for this application. Limit description to the space provided on this form. Include a Property Data Sheet, Budget Sheet, Property and/or Façade Photos and a signed Site Control Affidavit for each property involved (label photos with corresponding address/name of property) and include all documents as Attachment 7A. Property/Equipment Data Sheets.

Site Name/Address	
Size (in square feet or length in feet):	
Is the applicant the owner of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, Name of Property Owner:	
Is the property owner also the project developer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the development entity own the property/building? Evidence of property ownership must be provided as Attachment 7C. Property Control	<input type="checkbox"/> Yes <input type="checkbox"/> No Attachment 7C.
Does the development entity have a signed option or purchase agreement on the property? Note: A copy of the signed option or purchase agreement must be included with the application as Attachment 7C. Property Control	<input type="checkbox"/> Yes <input type="checkbox"/> No Attachment 7C.
Is the property owner an official of the applicant organization, or spouse, son or daughter of a municipal/LDC/IDA applicant official?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check One in Each Category

Property Development Type						Property Category		
Part A. ESD	Commercial <input type="checkbox"/>	Mixed-Use <input type="checkbox"/>				Vacant <input type="checkbox"/>	Surplus <input type="checkbox"/>	Condemned <input type="checkbox"/>
Part B. MM#4	Fix Ferry <input type="checkbox"/>	Aviation <input type="checkbox"/>	Port <input type="checkbox"/>	Highway/Road/Bridge <input type="checkbox"/>	Rail <input type="checkbox"/>			

Assessed Value of Property	\$	Date of Assessment	
Appraised Value of Property (required if making application for a loan)	\$	Date of Appraisal	

Project Activity Type: (Check all that apply)	Renovation <input type="checkbox"/>	Reconstruction <input type="checkbox"/>	New Construction <input type="checkbox"/>	ROW <input type="checkbox"/>	Replacement <input type="checkbox"/>	Reconditioning <input type="checkbox"/>	Enhancement <input type="checkbox"/>
Describe the reuse/development strategy for this property.							
Estimated start date:				Estimated completion date:			
Describe status of permits, zoning or other regulatory requirements. Include documentation in Attachment 11. Additional Environmental and Regulatory Approvals.							

Part G.2. – Individual Equipment Data Sheet

Applicant Name	
Project Name	

Complete a separate Equipment Data Sheet for category of equipment in this application. Limit description to the space provided on this form. Include an Equipment Data Sheet, Budget Sheet, and include all documents as Attachment 7A. Property /Equipment Data Sheets.

Project Development Category (Part B. Multi-Modal #4 only)									
Fix Ferry	<input type="checkbox"/>	Aviation	<input type="checkbox"/>	Port	<input type="checkbox"/>	Highway/Road/Bridge	<input type="checkbox"/>	Rail	<input type="checkbox"/>

Describe the equipment to be purchased and its proposed use. Examples.

- Highway/Road/Bridge: New road signs, traffic signals and other traffic control devices, replacement of guiderail, shoulder improvements, new drainage systems, storm sewers, highway lighting, curbs
- Aviation: Aircraft rescue and fire fighting, snow removal, ramp, fueling and emergency power generation

Part G.3. – Budget Sheet

Applicant Name	
Project Name	

Complete a Budget Sheet for each property and/or equipment acquisition included in the project. Include in Attachment 7A.

Cash Sources of Project Financing as itemized on the Sources and Uses Statement (see next page Part G.3.)			
Name of Entity		Funding Amount	Documentation Attached *
Applicant Cash		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Developer Cash		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Federal		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
New York State		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Grant	ST Community Revitalization Part A. ESD	\$	
Grant	ST Community Revitalization Part B. MM#4	\$	
Loan	ST Community Revitalization Part A. ESD	\$	
Financing Institution		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Financing Institution		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other 1		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other 2		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe Other #1: _____

Describe Other #2: _____

*** RELATED ATTACHMENTS:**

- (1) Letters of commitment for all financing sources. Include as Attachment 8A. Financing Commitments
- (2) Documentation for all equity commitments. Include as Attachment 8B. Equity Commitments

Indirect/Soft Costs											
▪ Prof Service/Consultants											
▪ Engineering											
▪ Fees and Inspections											
▪ Insurance											
▪ Enviro. Assessment											
▪ Legal Costs											
▪ Closing Costs											
▪ Pre-financing											
▪ Contingencies											
Subtotal											
TOTAL											

- Provide a set of Significant Assumptions as necessary to support the Sources and Uses Statement

Part G.5. – Site Control Affidavits for Non-Municipal-Owned Properties

Applicant Name	
Project Name	

Include a signed Site Control Affidavit for each Non-Municipal-Owned Property and include in *Attachment 7A. Property Sheets*. For long term leased properties where the lessee is in control of the property (e.g., a ground lessee), the lessee must also submit a signed Site Control Affidavit.

PROPERTY OWNER AFFIDAVIT OF RIGHTFUL OWNERSHIP

It is my/our understanding that _____ will submit a Southern Tier Region Community
(APPLICANT NAME)

Revitalization proposal to Southern Tier Region Economic Development Corporation requesting funds to revitalize urban and neighborhood commercial centers, and induce commercial investment.

I/we further understand that the Southern Tier Region Community Revitalization program provides low-interest loans and grants for costs to demolish, rehabilitate, reconstruct and construct commercial properties, subject to applicable program funding limits.

I/we further understand that the _____ is proposing to use these funds to demolish, rehabilitate and/or
(APPLICANT NAME)

reconstruct my property at _____
STREET, CITY, STATE, ZIP (COUNTY)

I/we certify that I/we are the rightful owners of such property and that I/we consent to have my/our property included in the Southern Tier Region Community Revitalization application and will allow the applicant control of the above mentioned property for the purposes outlined in this application.

/s/ _____
Type/Print Name _____ Phone: _____

/s/ _____
Type/Print Name _____ Phone: _____

CITY CLERK/TREASURER AFFIDAVIT OF PROPERTY OWNERSHIP

This is to certify that I have reviewed the tax roles for the _____
(MUNICIPAL NAME)

and determined that _____ is/are the owner(s) of record of
(NAME(S) OF PROPERTY OWNER)

STREET, CITY, STATE, ZIP (COUNTY)

TAX MAP #

as of the most recent assessment period and that no transfer of ownership information has been transmitted to the
_____ since that date.

(APPLICANT NAME)

/s/ _____
(CITY CLERK / TREASURER)

Type/Print Name _____

Part H. Project Implementation

Page 1

Applicant Name	
Project Name	

Will the project be conducted by the applicant?

Yes No

If NO, respond to the questions on the following pages.

Limit response to one page.

Add the Applicant Name and the Project Name on each page.

Part H. Project Implementation

Page 2

Applicant Name	
Project Name	

Describe the entity's qualification and prior results achieved. Include credentials and of individual participant in the project as Attachment 3. Credentials. Attach resumes if available.

Part H. Project Implementation

Page 3

Applicant Name	
Project Name	

Identify all other entities (local, state or federal agency or private investor) that will be involved in implementation of the project and describe their involvement.

Part I. State Environmental Quality Review Act (SEQRA)

Applicant Name	
Project Name	

For information about the State Environmental Quality Review Act (SEQRA), visit the New York State Department of Environmental Conservation's web site at <http://www.dec.ny.gov/>.

NOTE: All SEQRA reviews must be completed prior to STREDC closing on the loan/grant award. Physical work on a project must not be started prior to completion of appropriate SEQRA review.

SEQRA Information

1. Does your project involve any physical alteration to a site (including demolition) or to the exterior of a facility, change in the nature of the activity conducted at the project site or facility, or result in significant changes to the project site area's activity patterns? Yes No

If YES, answer question 2 below. If NO, skip question 2 as your project probably does not require environmental review. Your application will be reviewed to confirm this.

2. Does your project involve:

- Acquisition of real estate? Yes No
- Infrastructure improvements, other than extensions of existing distribution systems in approved subdivisions or site plans? Yes No
- Renovation or new construction that will add more than 4,000 square feet or requiring a zoning or land use change with no other discretionary action? Yes No
- Procurement of environmental regulatory permits? If YES, name the permit(s) required: Yes No

- Demolition of a building(s)? Yes No
- If YES, is there currently a specific project plan or proposal for redevelopment or change in the type or intensity of use of the site? (Note: SEQRA review is required for all known or reasonably foreseeable phases of the project, including any future redevelopment plans or plans to change the use of the site.) Yes No
- Alterations to (other than for preservation) or demolition of a building(s) listed on or eligible for listing on the State or National Register of Historic Places? Yes No

If you answered YES to any of the above, your project must be reviewed under SEQRA by a lead agency. (A "lead agency" is a public entity principally responsible for undertaking, funding or approving a project. Examples of lead agencies are: county industrial development agencies; municipal planning agencies/boards/councils; health departments; and zoning boards.)

SEQRA Review

<p>Has a SEQRA review been completed for this property?</p> <ul style="list-style-type: none"> • If YES, provide a copy of the environmental assessment form (EAF), including Short EAF Parts 1, 2 and 3 or Full EAF cover page and Parts 1 and 2 (and Part 3, if completed), and the Negative Declaration. • If NO, on a separate page explain the status of the project's SEQRA review, provide the identity of the lead agency, and date when the SEQRA review is anticipated to be completed. • If an Environmental Impact Statement (EIS) was required for the project, provide a copy of the Draft and Final EIS (digital copy is acceptable) and the lead agency's Statement of Findings. 	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
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Part J. State Historic Preservation Office (SHPO)

Page 1

Applicant Name	
Project Name	

For issues relating to consultation with the State Historic Preservation Office (SHPO), visit the New York State Office of Parks, Recreation and Historic Preservation's web site at <http://nysparks.state.ny.us/shpo/>.

Does the project involve:
▪ Demolition or rehabilitation of a building(s) more than 50 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
▪ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to either of the above, the project requires consultation with SHPO in accordance with Section 14.09 of the New York State Historic Preservation Act. **Follow the instructions in Section 9 of the Guidelines and submit materials to SHPO for review.** Attach a copy of the Project Review Cover Form to all subsequent documentation sent to SHPO.

NOTE: SHPO's Letter of Determination of No Adverse Effect or Letter of Resolution to Mitigate Adverse Effect is required prior to Southern Tier Region Economic Development Corporation closing on the award. Upon receipt of SHPO's letter, submit a copy to:

Southern Tier Region Economic Development Corporation
c/o REDEC/RRC
8 Denison Parkway, E.
3rd Floor—Suite 403
Corning, NY 14830

Part J. State Historic Preservation Office (SHPO)

Page 2

Applicant Name	
Project Name	



New York State Office of Parks, Recreation and Historic Preservation
Historic Preservation Field Services Bureau
Pebbles Island Resource Center, PO Box 189, Waterford, NY 12188-0189 (Mail)
Delaware Avenue, Cohoes 12047 (Delivery) (518) 237-8643

Rev. 8-08

Southern Tier Region Community Revitalization Program - PROJECT REVIEW COVER FORM

Complete this form and attach it to the top of any and all information submitted to this office for review.
 Accurate and complete forms will assist this office in the timely processing and response to your request.

1. This STCR Loan/Grant relates to a previously funded project.	<input type="checkbox"/> Yes
PROJECT NUMBER _____ PR _____	
COUNTY _____	
If you have checked Yes in the box and noted THE PREVIOUS Project Review (PR) number assigned by this office, you do not need to continue unless any of the required information below has changed.	

2. This is a new project.	<input type="checkbox"/> Yes
Project Name	
Location	
(You MUST include street number, street name and/or County, State or Interstate route number if applicable)	
City/Town/Village	
(List correct municipality in which project is being undertaken. If in a hamlet, you must also provide name of the town.)	

TYPE OF REVIEW REQUIRED/REQUESTED (Please answer both questions)			
A. Does this action involve a permit approval or funding, now or ultimately from any other governmental agency?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list agency name(s) and permit(s)/approvals(s)			
Agency Involved	Type of permit/approval	State	Federal
ST Regional Economic Development Council	STCR Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
B. Type of project(s) proposed: (Check all that apply)			
Demolition(s)	<input type="checkbox"/> 1-20 buildings	<input type="checkbox"/> over 20 buildings	_____ number of buildings
Rehabilitation Project(s)	<input type="checkbox"/>		
New Construction Project(s)	<input type="checkbox"/>		

Contact Person for Project			
Name		Title	
Firm/Agency			
City/State/Zip			
Phone	Fax	Email	

Part K. Statement of Need

Applicant Name	
Project Name	

Explain why funding assistance is being requested. Use one or more of the following as a guide. Include information on the impact Southern Tier Community Revitalization funding is likely to have on the project's success. Provide supporting documentation as applicable. Limit response to the space provide below.

Financial Gap	Sufficient funds cannot be obtained from other sources to complete the project without Community Revitalization funding assistance. <i>Include evidence that Community Revitalization funding assistance is needed to subsidize, encourage or leverage private sector investment.</i>
Feasibility	The project cannot go forward on the basis of terms offered by private and/or public funding sources. <i>Include the expected terms that would be imposed by other sources and why these will not allow the project to proceed. Outline the terms that are required and explain how these will make the project feasible.</i>

Part L. Non Discrimination and Affirmative Action

Applicant Name	
Project Name	

It is the policy of the State of New York, and the ESDC, to comply with all federal, State and local laws, policies, orders, rules and regulations which prohibit unlawful discrimination because of race, creed, color, national origin, sex, sexual orientation, age, disability or marital status, and to take affirmative action in working with Contracting Parties to ensure that Minority and Women-owned Business Enterprises (M/WBEs), Minority Group Members and women share in the economic opportunities generated by ESDC’s participation in projects or initiatives, and/or the use of ESDC funds. ESDC’s Non-Discrimination and Affirmative Action policy will apply to this contract. The selected applicant shall, to the extent permitted by law, agree to undertake a program of affirmative action as directed by and substantially in accordance with the affirmative action program of ESDC.

If your project is approved for funding, where applicable, ESDC’s affirmative action unit will implement an affirmative action program, including business and employment participation goals for minorities and women.

To identify opportunities for M/WBE and workforce participation, **place an X in the appropriate boxes** below to indicate those areas where M/WBEs, minority and female workforce may be utilized.

	Minority/Women-Owned Business Enterprise	Minority/Female Workforce Participation
Consultant/Feasibility Studies		
Design (Arch & Eng Services)		
Construction Contracts		
Facility Operations Contracts		
Other (Please Specify)		

For further information regarding ESDC’s Non-Discrimination and Affirmative Action program, contact the ESDC Affirmative Action Office at (212) 803-3224.

Part M. Governing Body Resolution Document

Include a true and complete copy of the Governing Body Resolution passed by the legal and binding governing body of the municipality or applicant organization finding that the proposed project(s) is/are consistent with the municipality's local revitalization or urban development plan, or the applicant organization's economic development plan; that the project implementation is authorized; that the proposed financing is appropriate for the specific project(s); that the project(s) facilitates effective and efficient use of existing and future public resources so as to promote both economic development and preservation of community resources; and where applicable, the project(s) develops and enhances infrastructure and/or other facilities in a manner that will attract, create and sustain employment opportunities.

In the case of a request for a Multi-Modal #4 funding request, the resolution must also state that it is authorizing funding in the first instance of the State Multi-Modal Program-aid [and State administered federal program-aid] eligible costs, of a capital project, and appropriating funds. A sample copy of such a resolution is included in the Part B. Multi-Modal Guidelines, Attachment E. A true and complete copy of the resolution must be included in the application.

Include the Governing Body Resolution Document as Attachment 13. Resolution.

All documents MUST be included with the application.

Incomplete applications will not be considered.