



**Empire State
Development**

Application for Financial Assistance

Mid-Hudson Momentum Fund

Dutchess • Orange • Putnam • Rockland • Sullivan • Ulster • Westchester

State of New York

Kathy Hochul, Governor

Empire State Development

Hope Knight, President and CEO

This document will be used by ESD and Regional Partners to evaluate potential investments. Completion and submission of this form is not a commitment for funding.

Application for Financial Assistance Mid-Hudson Momentum Fund

Thank you for bringing your project to Empire State Development (“ESD”). We look forward to evaluating your project for possible financial assistance through the Mid-Hudson Momentum Fund (MHMF) program. MHMF will invest in mixed-use housing, transit-oriented development (“TOD”), and infrastructure projects that have lasting impacts in the Mid-Hudson Region and are consistent with the strategic goals and priorities of the Mid-Hudson Regional Economic Development Council’s (MHREDC) strategic plan.

- When completing this application, be sure to consult the Mid-Hudson Momentum Fund guidelines at www.esd.ny.gov/momentum.
- For the MHREDC strategic plan, please view the annual reports published by the Council on the web at www.regionalcouncils.ny.gov/mid-hudson.
- Additional information can be obtained by emailing momentum@esd.ny.gov
- If you have any questions, please call the ESD Mid-Hudson Regional Office at (845) 567-4882.

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Section 1: Applicant Information

A. Project Name

Project Name: _____

B. Applicant Organization – (While “Company” is used throughout this application, it is synonymous with Applicant Organization, if not a company.)

Legal Name: _____

DBA: _____

Street Address (not P.O. Box): _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____ Fax: _____

Contact First Name: _____ Contact Last Name: _____

Contact Title: _____ Contact Email: _____

Federal Taxpayer I.D. or
Charity Reg.# (Non-Profits Only)

Duns Number

NYS Unemployment
Insurance Tax Number

Parent Company Name
(if applicable): _____

Street Address (not P.O. Box): _____

City: _____ State: _____ Zip: _____

C. Recipient/Beneficiary of Assistance Organization

(Complete this section only if applying for funds that will benefit another entity.)

Legal Name: _____

DBA: _____

Street Address (not P.O. Box): _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____ Fax: _____

Contact First Name: _____ Contact Last Name: _____

Contact Title: _____ Contact Email: _____

Federal Taxpayer I.D. or
Charity Reg.# (Non-Profits Only)

Duns Number

NYS Unemployment
Insurance Tax Number

Parent Company Name: _____

Street Address (not P.O. Box): _____

City: _____ State: _____ Zip: _____

D. Applicant Details

Form of Business: Sole Proprietorship Business Corporation
 Limited Liability Company Not-for-Profit Corp. or Local Development Corp.
 Partnership Industrial Development Agency Municipality or
 Subchapter S Corporation Other Public Entity

Minority-Owned?: Yes No

For a minority or Woman-Owned business, please enter your New York State certification Number:

Woman-Owned?: Yes No

Manufacturer?: Yes No

Industry: _____

Products: _____

List all North American Industrial Classification (NAICS) numbers used to classify each type of the company's business activity:

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Please fully describe in detail the qualifications of the application to undertake this project. Describe the applicant's experience with projects of similar size and scope:

Section 2: Project Information

A. Project Details

Project Name: _____

Project Address: _____

Project Type: Mixed-Use Housing/TOD Infrastructure **County:**

Project Description:

Ownership: Please attach an organization chart describing 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.

B. Project Track

For Mixed-Use Housing Projects and/or Transit Oriented Development (TOD) Projects

“Mixed-Use Housing Project” shall mean buildings that include a combination of commercial, office, retail, and residential uses.

“Transit-Oriented Development Project” shall mean projects that support the creation of compact, mixed-use communities near transit where residents enjoy easy access to jobs and services.

Mixed-Use Housing Projects

1. Housing Component

How many units of housing will be created?: _____

How many units of housing will be affordable?: _____

“Affordable Housing Units” shall mean permanent housing that is affordable to low-and moderate-income households, such that the new housing achieves income averaging at or below fifty percent of the area median income, with residents’ eligibility capped at a maximum of eighty percent of the area median income at the start of their lease.

Please complete the breakdown below for the number of units being created: (Enter 0 for fields with no value)

% Area Median Income	Studio	1 bedroom	2 bedroom	3 bedroom +
Up to 30% AMI				
30% - 60% AMI				
60% - 80% AMI				
Market Rate				
Total:				

2. Commercial/other component

Fully describe any commercial, industrial, or other components of the project including end users, square footage, future hotel or convention center, etc.

For Infrastructure Projects

Essential infrastructure projects must show a defined connection to housing projects or increasing housing density for a particular community. This could include new system installations or upgrades for water, roads, green renewable technologies (e.g. EV charging stations) or other similar costs. Applicants for infrastructure projects funding must draw a clear connection between the project and the support of increased housing or TOD projects.

Describe how your project meets the requirements mentioned above:

C. Project Timeline

Provide a time schedule for the project (e.g., estimated start date, consultant selection, design, site acquisition, construction start, equipment installations, project completion date).

Section 3: Justification & Alignment

A. 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:

B. Project Activities and Alignment with the MHREDC Strategy

Describe the specific activities that will be undertaken and funded through the project. Clearly describe how the project aligns with and will directly advance the strategy of the Mid-Hudson Regional Development Council. You can review the MHREDC strategy on the Council's website at <https://regionalcouncils.ny.gov/mid-hudson>.

C. Project Impact

Describe the measurable results and economic impact the company expects to achieve through this project:

D. Project Support

Please provide letters of support for your project (if applicable). This includes local government and/or community support.

All letters should be scanned into a single PDF file and their total size cannot exceed 30 Megabytes (MB).

Section 4: Financials

A. Financial Information

It is a requirement to submit CPA-audited/reviewed financial statements for the past three years. If the annual financial statements are more than three months old, please submit the most recent interim statements, certified by company officer and must not be more than 90 days old.

Is this a start-up company with no operating history? Yes No

If this is a start-up company, please provide personal financial statements from a personal guarantor and a business plan that includes an explanation of: (1) the product being sold, (2) the current and potential future size of the market, and (3) the applicant's current market share and potential future market share illustrating how increased market share can be achieved. Please provide bank references for borrowing entity and personal guarantors.

B. Project Budget

Please complete the following project budget with as much detail as is currently available.

Use of Funds	Total	Sources		
		ESD	Company	Other
Direct Costs:	Amount	Amount	Amount	Amount
Indirect Costs:	Amount	Amount	Amount	Amount
Total:	\$	\$	\$	\$

C. Additional State Assistance

Is the company currently seeking any other New York State Assistance? Yes No

Has the company ever applied for or received prior New York State Funding? Yes No

If you answered "Yes" to either question above, please describe each project, date, purpose and location, the NYS funding requested/awarded and which agency such funding was received from applied to. If "No", type N/A.

Section 5: Environmental, Historic and Smart Growth Review Information

If you need assistance understanding the State Environmental Quality Review Act ("SEQRA"), identifying a lead agency or obtaining and completing an appropriate Environmental Assessment Form, please contact your ESD Regional Office, or ESD's Planning and Environmental Review Office at (212) 803-3252, 3253, or 3141.

Under SEQRA, certain listed activities are not subject to review because they involve actions with little, if any, environmental impact, referred to as "Type II" Actions. Conversely, SEQRA also includes a list of actions that are assumed to be more apt to result in impacts, referred to as "Type I" Actions, which are subject to formal review. If a proposed action is neither listed on the Type II or Type I lists, it is referred to as an "Unlisted Action" and is also subject to review under SEQRA.

1.	<p>Does your project involve any physical alteration of any kind to a site or a facility; a change in the nature of the activity conducted at the project site or facility, or would your project result in significant changes to the project site area's activity patterns?</p> <p>If "yes," answer question 2 below. If "no," skip question 2; your project probably does not require environmental review. (Your application will be reviewed to confirm this.).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<p>If changes to a site or facility are proposed, do any aspects of your project exceed the thresholds for "Type II" Actions listed under the SEQRA regulations at 6 NYCRR Part 617.5? (see http://www.dec.ny.gov/permits/357.html) If you answered "yes" to Question 2 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: state regulatory or funding agencies; county industrial development agencies; municipal planning agencies/boards/councils; health departments; and zoning boards).</p> <p>a) If your SEQRA review has been completed and a Negative Declaration was made, attach the completed Parts 1, 2, and 3 of the Environmental Assessment Form ("EAF"), or if a Positive Declaration was made, attach the Draft and Final Environmental Impact Statements ("EIS") and Findings Statement.</p> <p>b) If your SEQRA review has not been completed, please provide, in an addendum to this application, information about the status of the review and designated lead agency for the review and submit "Part 1" of a Short EAF or Full EAF as appropriate, for your project. Subsequent EAF Parts are completed by the lead agency based upon the information you include in Part 1.</p> <p><i>The Short and Full EAF Part 1 are available on the NYS Department of Environmental Conservation's website at: https://www.dec.ny.gov/permits/90125.html</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.	Does the project involve or is it substantially contiguous to buildings, structures or sites listed on the State and National Registers of Historic Places?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the project site contain or is it substantially contiguous to buildings that are more than 50 years old and/or buildings/lands that are known to be historically, architecturally, or culturally significant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is the project site location wholly or partially within an area known to be archeologically-sensitive? (e.g., lands that have not previously experienced ground disturbance beyond agricultural activities).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><i>If you answered "yes" to Question 3, 4, or 5, above, consultation must be conducted with the State Historic Preservation Office (SHPO) of the New York State Office of Parks, Recreation and Historic Preservation in accordance with Section 14.09 of the New York State Parks, Recreation and Historic Preservation Law. ESD staff will advise you what is necessary to undertake this review.</i></p>			
6.	Does the project involve any extensions or improvements to "public infrastructure" (e.g., publicly-supported roads, bridges, streetscapes, other transportation systems, water, sewers, drainage systems, or other utilities)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><i>If you answered "yes" to Question 6 above, the project must be reviewed by ESD to ensure that it is consistent with relevant criteria specified in the State Smart Growth Public Infrastructure Policy Act of 2010. ESD staff will advise you what is necessary to undertake this review.</i></p>			

Section 6: Additional Information

1.	Is the Company presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has the Company or any of its affiliates ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has the Company ever settled a debt with a lending institution for less than the full amount outstanding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has any senior manager or principal of the Company ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any such charges pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Has the Company or any of its affiliates, been cited for a violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or operating practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Are there any outstanding judgements or liens pending against the Company other than liens in the normal course of business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Is the Company delinquent on any New York State, federal or local tax obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any of the above questions, please provide an explanation. If you answered "No", type N/A:

Section 7: Certifications

A. Disclosure & Accountability

1. No Conflict of Interest:

Except as otherwise fully disclosed herein and accepted by the parties hereto, the Grantee/Recipient affirms under penalty of perjury that neither the Sponsoring Member(s) nor any Related Parties to Sponsoring Member(s) has any financial interest, direct or indirect, in the Grantee/Recipient or in any of the grantee/Recipient's equity owners, or has received or will receive any financial benefit, either directly or indirectly, from the Grantee/Recipient or its Related Parties.

2. Good Standing:

Except as otherwise fully disclosed herein and accepted by the parties hereto, the Grantee/Recipient affirms under penalty of perjury that:

- (A) At no time during the past five years has the Grantee/Recipient or any of the Grantee/Recipient's affiliates, principal owners or officers: (1) been debarred from entering into any government contract; (2) been found non-responsible on any government contract; (3) been declared in default and/or terminated for cause of any government contract; (4) been determined to be ineligible to bid or propose on any contract; (5) been suspended from bidding or entering into any government contract; (6) received an overall unsatisfactory performance rating from any government agency on any contract; (7) been subject to any judgments, injunctions or liens including but not limited to, judgments based on taxes owed, fines and penalties assessed by any governmental agency, or elected official against Grantee/Recipient; (8) been investigated by any governmental agency including, but not limited to, federal, state and local regulatory agencies; (9) been convicted of a misdemeanor and/or found in violation of any administrative, statutory or regulatory provisions; (10) been the subject of any felony, misdemeanor, or administrative charges; (11) been subject to any sanctions imposed as a result of judicial or administrative disciplinary proceedings; (12) failed to file any federal, state or city tax returns; (13) (to the extent the entity is a charity or not-for-profit organization) failed to file and all required forms with any government entity regulating the entity; (14) received a grant of immunity for any business-related conduct constituting a crime under local, State or Federal law; (15) agreed to a voluntary exclusion from bidding/contracting; (16) received a violation of State Labor Law deemed willful; (17) received a denial, decertification, revocation or forfeiture of Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise status; (18) received a rejection of a low bid on a local, State or Federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract; (19) received a consent order with the Mid-Hudson Momentum Fund Application Form Page 12 of 13 York State Department of Environmental Conservation or a Federal, State or local government enforcement determination involving a violation of Federal, State or local government laws; or (20) received an occupational Safety and Health Act citation and Notification of Penalty containing a violation classified as serious or willful;
- (B) At no time within the last seven years has the Grantee/Recipient or any of the Grantee/Recipient's affiliates, principal owners or officers been involved in any bankruptcy proceeding (whether or not closed);
- (C) At no time within the last ten years has the Grantee/Recipient or any of the Grantee/Recipient's Affiliates, principal owners or officers been convicted of a felony, and/or any crime related to truthfulness and/or business conduct; and
- (D) That neither the Grantee/Recipient nor any of the Grantee/Recipient's Related Parties paid any third party or agent, either directly or indirectly, to aid in the securing of this Agreement.

3. Non-Discrimination and Utilization of Minority and Women-owned Business Enterprises

The Grantee/Recipient understands that any funding awarded as a result of this application will be subject to the provisions of Article 15-A of the New York State Executive Law. The Grantee/Recipient agrees that it will comply with the

provisions of Article 15- A of the New York State Executive Law and the rules and regulations promulgated thereunder, including, but not limited to, adopting to an Equal Employment Opportunity policy applicable to the project and exercising good faith efforts to achieve any goal for the utilization of Minority and Women-owned Business Enterprises that may be established for the project.

The applicant understands and agrees that a MWBE participation goal will be assigned and failure to meet the assigned goal(s) will result in a reduction of ESD grant.

4. Funds used solely for public purpose

The Grantee/Recipient affirms under penalty of perjury that all funds to be expended pursuant to the terms of a grant to be awarded in accordance with the terms of the accompanying application are to be used solely and directly for the public purpose or public purposes specified in the accompanying application. The Grantee/Recipient further swears and affirms that all such funds will be used solely in the manner described in the application.

5. Definitions

- (1) "Affiliate" means any person or entity that directly or indirectly controls or is controlled by or is under common control or ownership with the specified party.
- (2) "Grantee" or "Recipient" means the party or parties designated to receive funds pursuant to a Member Initiative Form, or their employees and Affiliates.
- (3) "Related Party" means: (i) the party's spouse, (ii) natural or adopted descendants of the party or of the spouse, (iii) any sibling of the party or of the spouse, (iv) the son-in-law, daughter-in-law, brother-in-law, sister-in-law, father-in-law, or mother-in-law of any of the foregoing, (v) any person sharing the home of any of the foregoing, (vi) any staff member, employee, director, officer or agent of the party, and (vii) Affiliates or subcontractors of the party.
- (4) "Sponsoring Member(s)" means the sponsoring Assemblyman or State Senator as identified by the Member Initiative Form and listed herein, or in the event no such specific Assemblyman or Senator is identified on the Member Initiative Form, it shall be the local Assemblyman and State Senator as listed herein. In addition, "Sponsoring Member(s)" shall include the Governor when appropriate as listed herein. "

6. Disclosure (upload additional sheets, if necessary)

(A) Conflict of interest (see "7A-1") – if no conflict of interest, please indicate "none" below.

(B) Good Standing (see "7B-2 (A)-(D)") – if no good standing violations, please indicate "none" below.

B. Certification of Applicant and Recipient

The undersigned does/do solemnly affirm that to the best of my/our knowledge, information and belief, all statements in this Application, including all schedules, appendices and additional information submitted in connection herewith, are true and accurate.

I/we hereby authorize ESD to order credit reports or other financial background information on the Company, and any individual or entity proposed as a guarantor, as may be necessary to provide the assistance requested.

The undersigned: recognizes that this Certification is submitted for the express purpose of assisting the State of New York or its agencies and political subdivisions to make a determination regarding the award of a contract or approval of a subcontract; acknowledges that the State of New York or its agencies and political subdivisions may in its discretion, by means which it chooses, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.45, and may also be punishable by a fine or up to \$10,000 or imprisonment of up to five years under 18 U.S.C. Section 1001; and states that the information submitted in this Certification and any attached pages is true, accurate and complete.

Applicant acknowledges they have reviewed the Mid-Hudson Momentum Guidelines and understand eligibility, selection criteria, grant amounts and the required 50% match.

Applicant Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Beneficiary/Recipient Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Note: The Mid-Hudson Momentum Fund is legislatively sponsored, and Section 7 above must be filled out completely and signed.

Attachment Checklist

Please review the following list of documents that are required upon submitting your application. Once you submit the application, you will receive an email with links to upload the documents requested below.

Section	Topic	Required Attachment
2-A	Ownership	Organization Chart
3 – D	Project Support	Letters of Support
4 – A	Financial Information	Financial Statements
7 – A(6)	Disclosure	Conflict of Interest (if applicable)