



**Mount Vernon Industrial Development Agency**  
 City Hall - Roosevelt Square  
**Mount Vernon, New York 10550-2060**  
 (914) 699-7230 • FAX (914) 699-1435

**APPLICATION  
 FOR FINANCIAL ASSISTANCE**

**Please Note:** Application Fee is \$500.00 and is due upon submission of application. The check must be made payable to Mount Vernon Industrial Development Agency, ("Agency"). All required documents must be attached for presentation to the Agency's Board of Directors. Please include Proforma for review to determine eligibility.

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**Section (1)**

**DATE:** \_\_\_\_\_

**GENERAL INFORMATION**

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

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Fed. I.D. No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**TYPE OF ENTITY:** (Please check one: Taxable  Tax Exempt )

**Principal Owners/Directors:** (List owners with 15% or more in equity holdings)

\_\_\_\_\_  
 \_\_\_\_\_

**CORPORATE STRUCTURE**

(Attach schematic if applicant is a subsidiary or otherwise affiliated with another entity)

What is the date of formation \_\_\_\_\_ Place of organization: \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ (number of member \_\_\_\_\_ )

Sole Proprietorship \_\_\_\_\_ Limited Liability Company \_\_\_\_\_

Privately Held \_\_\_\_\_ Publicly Held \_\_\_\_\_

What is the present level of the organization's employment \_\_\_\_\_

What is the anticipated increase in employment over the next two years after you have established Business in the City of Mount Vernon \_\_\_\_\_

If the organization is foreign, is the applicant authorized to do business in the State of New York?

\_\_\_\_\_

**APPLICANT'S LEGAL COUNSEL**

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

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**(Section 2)**

**PROJECT INFORMATION**

Name of the Project \_\_\_\_\_

What are the principal project services or products \_\_\_\_\_

Project Address: \_\_\_\_\_

Block & Lot \_\_\_\_\_

Is there existing building on the project site? \_\_\_\_ Yes \_\_\_\_ No

If yes, indicate number and approximate size (in square feet) of each existing building

\_\_\_\_\_

Is the building in operation \_\_\_\_\_

Was the project site abandoned? \_\_\_\_ Yes \_\_\_\_ No. Describe the site \_\_\_\_\_

\_\_\_\_\_

Is the project site owned by the applicant \_\_\_\_ Yes \_\_\_\_ No. If yes, please provide proof of date and purchase price. Is the site subleased? \_\_\_\_ Yes \_\_\_\_ No. If yes provide proof

Does the project include facilities or property that are primarily used in making retail sales of goods or services? \_\_\_\_ Yes \_\_\_\_ No. If yes please provide detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you answered yes, what percentage of the project cost will be expended on such facilities or property primarily used in making retail sales of goods or services? \_\_\_\_\_

(Please attach a narrative description of any proposed acquisitions, construction or reconstruction).

**TOTAL COST OF PROJECT: \$ \_\_\_\_\_**

Land	\$ _____	Building	\$ _____
Repairs	\$ _____	Expansion	\$ _____
Machinery, Equip. & other	\$ _____	Architectural fees	\$ _____
Sales taxable	\$ _____	Engineering fees	\$ _____
Not sales-taxable	\$ _____	IDA fees	\$ _____
Property Assessed Value	\$ _____	Legal Fees	\$ _____
Mortgage Amount	\$ _____	Other	\$ _____

**(Section 3)**

**FINANCIAL ASSISTANCE**

Please indicate the type of financial assistance you are requesting

Payment in Lieu of Taxes (PILOT) \_\_\_\_ Yes \_\_\_\_ No. How long ? \_\_\_\_ (provide schedule of expected amount)

Sales Tax Exemption \_\_\_\_ Yes \_\_\_\_ No

Mortgage Tax Exemption \_\_\_\_ Yes \_\_\_\_ No

Bonds \_\_\_\_ Yes \_\_\_\_ No

**(Section 4)**

**COST- BENEFIT ANALYSIS: (Cost vs. Benefits)**  
**Benefits = Incentive for Economic Development**

Current real estate taxes \$ \_\_\_\_\_  
Estimated Sales Tax Exemption \$ \_\_\_\_\_  
Estimated Mortgage Tax Exemption \$ \_\_\_\_\_  
Estimated Property Tax Abatement \$ \_\_\_\_\_  
Estimated Interest Savings on Bonds Issue \$ \_\_\_\_\_

Private funds invested \_\_\_\_\_ Other Benefits \_\_\_\_\_

Number of Construction Jobs to be created (2 year period)

Year 1 ( _____ ) at Project Location	Year 2 ( _____ ) at Project Location	Year 3 ( If extended ) ( _____ ) at Project Location
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Job Creation and Retention (Please do not include Construction Jobs)

Current # FTE (Full Time Equivalents) _____ at Project Location	Estimate # of FTEs Jobs to be Created _____ at Project Location	Estimate # of FTEs Jobs to be Retained _____ at Project Location
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