

# **New York City Department of Small Business Services**

## **Greenpoint-Williamsburg Relocation Program (GWRP)**

### **PROGRAM OVERVIEW & INSTRUCTIONS**

#### **GRANT DISBURSEMENT(S) BASED ON AVAILABLE FUNDING**

New York City (“the City”) encourages the retention of industrial and manufacturing firms within the City. The Greenpoint-Williamsburg Relocation Program (GWRP) has been created to assist firms affected by the rezoning of Brooklyn Community Board 1 effective May 1, 2005. Businesses impacted by this rezoning may be eligible for a grant to help offset their moving costs. An Applicant eligible to receive a Grant will receive the lesser of the following:

- (A) fifty thousand dollars (\$50,000);
- (B) the product of fifteen dollars and thirteen cents (\$15.13) per square foot multiplied by the total eligible square feet (as verified by BRAC) occupied by the Applicant at the Eligible Move-Out Site; or
- (C) the actual Eligible Moving Costs incurred by the Applicant and verified by BRAC.

To qualify for assistance, applicants must:

- Relocate from a qualified area to another site within the five boroughs of the City, excluding Manhattan south of 96<sup>th</sup> St.;
- Apply prior to execution of a new lease or contract of sale to the move-in site;
- Cannot have an ownership or affiliate interest in the move-out location; and
- Continuously occupy the move-in site for a minimum term of 3 years immediately following relocation.

**Assistance from the Greenpoint-Williamsburg Relocation Program is provided on a first-come, first-served basis and is dependent on available funding.** Completion of this application does not confer the right to any benefits under the program. Approved applicants will be required to execute a separate Greenpoint-Williamsburg Relocation Program Agreement that shall incorporate the information provided in this application.

Below is a checklist of items that the applicant must submit with this application (additional items may be requested),

- ( ) Copy of lease for the move-out location;
- ( ) Unsigned draft lease or draft contract of sale for the move-in location and executed copy once signed;
- ( ) Payroll records (e.g. fiscal payroll list, quarterly I-A5 Unemployment Insurance report for the most recently completed period, or similar documentation); and
- ( ) Itemized list of relocation costs, including date, amount and invoice(s) along with corresponding proof of payment (e.g. cancelled checks, etc.). SBS must be notified in advance if the business will use its employees to assist with move.
- ( ) Certificate of Incorporation

Mail Application To:  
New York City Business Relocation Assistance Corporation  
Greenpoint-Williamsburg Relocation Program  
c/o Lynn Roberts  
110 William Street, 7th Floor  
New York, NY 10038

#### ***VOTER REGISTRATION FORM***

In accordance with Section 1058 of the Charter of The City of New York, we have enclosed a New York State Voter Registration Form with the Application. Completion of Voter Registration Forms is voluntary. **Eligibility for the Fund is not conditioned on being registered to vote.** If you choose to complete the enclosed Voter Registration Form, please mail it directly to the Board of Elections. Thank you. Form can also be located at:

<http://vote.nyc.ny.us/pdf/forms/boe/voterReg/VoterRegEnglish.pdf>

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Call (212) 513-6345 to pre-screen for eligibility. Grants are based on available funding.

### Applicant Information

- Applicant's legal company name: \_\_\_\_\_
- Does the company do business under any other name(s)?  Yes  No  
If yes, list all names: \_\_\_\_\_  
  
List any affiliate or subsidiary businesses and describe relationship to applicant company. (Affiliate business is any business that shares owner(s) with Applicant including real estate holding co.)  
\_\_\_\_\_
- Contact person for this application:  
Name \_\_\_\_\_ Email \_\_\_\_\_  
Title \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Fax # ( ) \_\_\_\_\_
- Applicant Federal Employer Identification Number: \_\_\_\_\_ Business telephone #: \_\_\_\_\_  
Business e-mail address: \_\_\_\_\_ Business fax #: \_\_\_\_\_
- Describe the applicant's business activities, products, and provide examples of the company's customers.  
Description of business: \_\_\_\_\_  
Clients: \_\_\_\_\_  
Products: \_\_\_\_\_

### Move-Out Info

- Address, Please include street, borough and zip code:  
\_\_\_\_\_  
\_\_\_\_\_
- No. of square feet occupied at this location: \_\_\_\_\_
- Does applicant own or lease space at this address:  
 Own  Lease  
  
*Firms that have an ownership or affiliate interest in the move-out location cannot receive assistance from the Greenpoint-Williamsburg Relocation Program.*
- If leasing space at this address, provide the following information:  
Landlord or leasing agent name: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Address of landlord: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_  
Company's cost per square foot: \$\_\_\_\_\_/sq. ft.;  
Lease expiration: \_\_\_\_\_ (month/year)
- Employee Info:  
No. of Full-time (30+ hours/week) \_\_\_\_\_  
No. of Part-time (15-30 hours/week) \_\_\_\_\_
- Is company certified as a Minority- and Women-Owned Business Enterprise (M/WBE):  Yes  No

*Please submit payroll records (quarterly I-A5 Unemployment Insurance report for the most recently completed period, or similar documentation).*

*Applicants must provide an executed lease for the move-out site.*

### Move-In Info

- Address, Please include street, borough and zip code:  
\_\_\_\_\_  
\_\_\_\_\_
- Will the company purchase or lease space at this address:  Own  Lease
- No. of square feet of space company will occupy not including common areas: \_\_\_\_\_
- Projected moving date: \_\_\_\_\_
- What are the block and lot numbers for the entire building into which the company is moving:  
Block number(s) \_\_\_\_\_ Lot number(s) \_\_\_\_\_
- If the company is purchasing the move-in location, will there be a real estate holding company or other related entity used:  Yes  No;  
If yes, what is the name: \_\_\_\_\_
- If leasing move-in location, provide information of landlord or management agent:  
Name: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Address of landlord: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone number: ( ) \_\_\_\_\_
- If leasing move-in site, please provide:  
Length of the new lease: \_\_\_\_\_ years; Rent cost/ sq. ft.: \$\_\_\_\_\_
- Employee Info:  
No. of Full-time (30+ hours/week) \_\_\_\_\_  
No. of Part-time (15-30 hours/week) \_\_\_\_\_

How many additional employees, if any, does the company expect to hire within the first three years after relocation: \_\_\_\_\_

*Applicants must provide a draft of an unsigned lease or contract of sale for the move-in site.*

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## Greenpoint-Williamsburg Relocation Program (GWRP)

22. Will the applicant have subtenants at the move-in location: ( ) Yes ( ) No. If yes, please provide information listed in table on the top of the following page.

Name of Subtenant	Contact Person	Telephone Number	Total Sq. Ft. Occupied	Length of Lease (yrs)

### Ownership Info

23. Has the applicant or any of the applicant's stockholders, partners, officers, or directors been convicted of any criminal offense other than a motor vehicle violation? ( ) Yes ( ) No  
If yes, please provide details: \_\_\_\_\_

24. Is the applicant or any of the applicant's stockholders, partners, officers, or directors presently a plaintiff in any criminal proceeding? ( ) Yes ( ) No  
If yes, please provide details: \_\_\_\_\_

Please provide the following information regarding all of the Applicant's shareholders, partners, officers and directors. In addition, please provide the name of any business affiliated with applicant.

NAME & TITLE	% OF OWNERSHIP	DATE OF BIRTH	HOME ADDRESS (INCLUDE ZIP CODE)	SOCIAL SECURITY	OTHER BUSINESS AFFILIATIONS

If needed continue on separate piece of paper.

**If the move-out location is a cooperative and any partner(s), stockholders, officers, or directors own shares, the company is ineligible for this program. Move-out locations cannot be owned by applicant or affiliate.**

### Benefit

An Applicant eligible to receive a Grant under the Greenpoint-Williamsburg Relocation Program, which has complied in all respects with these Rules and approved by the Review Committee, will receive a Grant in an amount equal to the lesser of the following:

- (A) fifty thousand dollars (\$50,000);
- (B) the product of fifteen dollars and thirteen cents (\$15.13) per square foot multiplied by the total eligible square feet (as verified by **BRAC**) occupied by the Applicant at the Eligible Move-Out Site; or
- (C) the actual Eligible Moving Costs incurred by the Applicant and verified by **BRAC**.

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## **Greenpoint-Williamsburg Relocation Program (GWRP)**

**Please note, a Vendex clearance, tax and liens check will be performed.  
Before submitting this application, you must sign and date the attached Certificate.**

### **CERTIFICATION**

I, the undersigned, request that this application be submitted for review. I hereby certify that the information contained herein and the attachments hereto are, to the best of my knowledge and belief, accurate and descriptive of the project requesting assistance. I understand that my intentional misstatements or misleading information contained herein could be cause for rejection of this application or rescission of approval of benefits and refund of benefits received.

I hereby consent and agree that the New York City Business Relocation Assistance Corporation ("BRAC") may at its discretion disclose any information with respect to the applicant as may be required or appropriate in any respect, in statements or testimony submitted to any of the municipal, state or federal regulatory bodies having or claiming to have, jurisdiction over BRAC.

I authorize any private or governmental entity, including but not limited to the New York State Department of Labor, to release to BRAC or its successor or assigns any and all employment information in their control relating to the applicant and any and all of its existing or future affiliates and subsidiaries. BRAC may disclose the information in connection with the administration of this program.

I have been fully informed of the actions I or the applicant may take which would result in an obligation to repay any benefits received under this program. I specifically acknowledge being informed that a failure by the applicant to remain at the new site for at least three (3) years would result in an obligation to repay such benefits. I will provide annual updates to BRAC of my company's business and employee status.

Assistance from the Greenpoint-Williamsburg Relocation Program is dependent upon available funding. This application does not guarantee approval of assistance from the Greenpoint-Williamsburg Relocation Program which approval is in BRAC's sole discretion. Approved applicants will be required to execute a separate Greenpoint-Williamsburg Relocation Program Agreement that shall incorporate the information provided in this application.

By: \_\_\_\_\_  
Signature of Chief Executive Officer

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

Date: \_\_\_\_\_

Attested By: \_\_\_\_\_  
Signature of Chief Financial Officer/Secretary and  
Notary Public

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2006  
Notary Public