

# New York City Department of Small Business Services

## Energy Cost Savings Program (ECSP) Application

ECSP provides eligible businesses up to a 45% rebate on regulated electricity costs and up to a 35% rebate on regulated natural gas costs.

**Businesses** may qualify if moving into NYC (excluding Manhattan south of 96<sup>th</sup> St.), or out of targeted areas of Long Island City (Qn), Fulton Ferry (Bk), or Manhattan South of 96 St. Businesses or building owners who make improvements to their properties and occupy buildings approved by ICAP/ICIP, the IDA\*, or are City/State owned may also qualify. Hotels, hospitals, public benefit corporations, retailers, and personal service providers are ineligible. Other restrictions may apply. For those interested in benefits for cogeneration, contact the SBS Business Incentives Unit.

### Please indicate the method of eligibility:

- Industrial Commercial Abatement Program (ICAP)
- Industrial Commercial Incentive Program (ICIP)
- Industrial Development Agency (IDA) Applicant
- Manage or Operate a City/ Empire State-Owned building
- Tenant in a Special Eligible Premises
- Relocating from targeted area

For internal use only: SEP  Yes  No

### General Information

Applicant's name: \_\_\_\_\_ Office Phone No. : \_\_\_\_\_ Email: \_\_\_\_\_  
Contact person for this application: \_\_\_\_\_ Phone No. : \_\_\_\_\_ Email: \_\_\_\_\_  
List any other name the business operates under: \_\_\_\_\_  
Real estate holding company for the premises, if applicable: \_\_\_\_\_  
Federal Tax ID Number: \_\_\_\_\_ SIC/NAIC (Industry Code): \_\_\_\_\_  
Facility address: \_\_\_\_\_ Mailing Address if different: \_\_\_\_\_  
Block number(s): \_\_\_\_\_ Lot number(s): \_\_\_\_\_ Square Footage: \_\_\_\_\_  
Employees – Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Expected number of employees to be hired within the next year: \_\_\_\_\_

### ICAP/ICIP Applicants / Special Eligible Premises

Provide date preliminary application was submitted to ICAP/ICIP?  
Date: \_\_\_\_\_ ICAP/ICIP App. Number: \_\_\_\_\_  
Assessed value of the block(s) and lot(s) for which you are applying? (Use the value at the time your permits were issued.)  
Assessed value: \_\_\_\_\_  
Estimated cost of construction/renovation: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_

### Tenant in a Special Eligible Premises

Provide name and address of the entity from which the applicant is or will be leasing space? (Include the borough and zip code.)  
Landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
Has a lease been signed? If yes, provide date: \_\_\_\_\_  
Date building was approved as a SEP: \_\_\_\_\_

### IDA Applicants / Special Eligible Premises

Has the company executed an inducement resolution with the IDA?  
 Yes  No (application must be submitted prior to issuance of IDA Resolution)  
Assessed value of the block(s) and lot(s) for which you are applying (Use the value at the time your permits were issued.)  
Assessed value: \_\_\_\_\_  
Estimated cost of construction/renovation: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_

### Relocating from Targeted Area

Has a lease/contract of sale been signed? (*Application must be submitted prior to execution of lease or contract of sale to new site.*)  
If yes, you may be ineligible for this program.  
If no, provide anticipated date of signing: \_\_\_\_\_  
Move-out address: \_\_\_\_\_  
Length of occupancy at move out site: \_\_\_\_\_  
Square feet occupied at move-out site: \_\_\_\_\_  
Estimated Date of Move: \_\_\_\_\_

### City/State Owned Premises / Special Eligible Premises

Has the applicant been issued a building permit and/or commenced work on this project?  Yes  No  
Assessed value of the block(s) and lot(s) for which you are applying? (Use the value at the time your permits were issued.)  
Assessed value: \_\_\_\_\_ Estimated cost of construction/renovation: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**Applicants applying as a Relocating Business must apply to SBS prior to signing a lease or contract of sale to new site. Applicants applying through IDA must apply to SBS prior to issuance of IDA inducement resolution. Applicants managing City or ESDC facilities must apply prior to entering into a management lease with the City or ESDC and prior to issuance of building permit. Businesses who will be tenants in a pre approved Special Eligible Premise must apply within 120 days of signing a lease to the premises/ existing tenants must apply within 120 days of the building being approved as a Special Eligible Premises (SEP). Benefits are annually capped at \$10,000 per employee.**

Revised 8/18/08

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Please describe, as thoroughly as possible, the business' products and/or services. (Retail activity is NOT eligible.)

<b>Products and/or Services</b> _____ _____
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If renovating or new construction, briefly describe the type of renovation/construction work.

<b>Description of renovation/construction</b> _____ _____
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Please provide a list of the business' major clients and customers.

<b>Customers/Clients</b> _____ _____
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Please provide the following information for the facility seeking benefits:

<b>Use of Energy</b> (please indicate where applicable):	<b>Electric</b>	<b>Gas</b>	<b>Oil</b>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machinery & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cogeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** Heating costs are not eligible for a rebate under the Energy Cost Savings Program. If the company's electricity and/or gas accounts are used to meter both space heating and production, the business must provide an energy survey to factor out the ineligible space-heating portion.

If an energy survey is performed, please sign here so SBS may obtain a copy of report: \_\_\_\_\_

<b>Electrical Account Information</b> Customer Account Number(s): _____ _____ Utility Company: _____ Provide the meter address(es) if different from mailing address: (If needed, list additional accounts and addresses on separate sheet of paper.) _____ _____ Is your electricity: <input type="checkbox"/> Directly metered <input type="checkbox"/> Sub metered If sub metered, will there be an additional "markup" charged by the landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No * Percentage of "markup", if applicable? _____ Projected monthly electricity bill: \$ _____ Type(s) of machinery using electricity: _____
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<b>Natural Gas Account Information</b> Customer Account Number (s): _____ _____ Utility Company: _____ Provide the meter address(es) if different from mailing address: (If needed, list additional accounts and meter addresses on separate sheet of paper.) _____ _____ Is your natural gas: <input type="checkbox"/> Directly metered <input type="checkbox"/> Sub metered If sub metered, will there be an additional "markup" charged by the landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage of "markup", if applicable? _____ Projected monthly natural gas bill: \$ _____ Type(s) of machinery using natural gas: _____
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Please include copies of utility bills for the most recent twelve (12) month period for each account number (if applicable). If 12 months are unavailable, please provide copies of most recent utility bill(s).

\* Note energy markup by landlord can be no greater than 12% for sub metered tenants.

# New York City Department of Small Business Services

## Energy Cost Savings Program (ECSP) Application

Will there be tenants at the facility?  Yes  No

If Yes, please list all existing and/or anticipated future tenants/subtenants (attach separate sheet of paper if needed):

Company Name	Contact Person	Telephone #

### Ownership Information

All stockholders, partners, officers and directors who have an ownership interest must sign below:

Signature: \_\_\_\_\_ Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Please provide the following information for all owners that signed above (Note: Ownership % should total to 100 %.):

Name	% Ownership	Date of Birth	Home Address	Social Security #	Other Business Affiliations

(Attach separate sheet of paper if needed)

### Voter Registration Information

In accordance with The Charter of the City of New York, we are providing access to the New York State Voter Registration Form with this application. Completion of the Voter Registration Form is voluntary. Eligibility for program is not conditioned on being registered to vote. If you choose to complete the Voter Registration Form, please mail directly to the Board of Elections. Thank you. The New York State Voter Registration Form can also be accessed at <http://www.vote.nyc.ny.us/pdf/forms/boe/voterreg/voterregenglish.pdf>.

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

## **Energy Cost Savings Program (ECSP) Application**

**\*\*\* Before an applicant can be approved for the Energy Cost Savings Program, this application must be complete. Below is a checklist of supporting documentation to assist you in preparation of your application\*\*\***

### **All applicants:**

- Non-refundable application fee payable to **the New York City Department of Small Business Services**  
*Schedule:* Less than 10,000sf = \$500;      10,001sf to 25,000sf = \$1,000;      25,001sf to 50,000sf = \$1,250;  
50,001sf to 100,000sf = \$1,500;      100,001sf to 250,000sf = \$2,500;      Greater than 250,000sf = \$5,000

**Note:** In the case of an eligible owner (e.g. landlord) applying for ECSP benefits for a building that will be occupied by tenants other than the landlord — gross square footage is limited to the area that is not or will not be occupied by tenants (e.g. common areas).

- One week's payroll (most recent)
- Copies of twelve (12) months' utility bills (if applicable)
- Copy of the lease or contract of sale of the location for which you are seeking benefits

### **ICAP/ICIP applicants:**

- Evidence of renovation/new construction expenditures in excess of the minimum required expenditure must be submitted to the Department of Finance; applicant must ensure that DOF forwards proof of such to SBS

### **IDA applicants:**

- Evidence of renovation/new construction expenditures in excess of 10% of the premises' assessed value must be submitted to the Department of Small Business Services in the form of cancelled checks and/or invoices
- IDA Resolution
- IDA Lease
- Real Estate Tax bill for the year the application is submitted

### **City-owned or State-owned premises:**

- Evidence of renovation/new construction expenditures in excess of 10% of the premises' assessed value must be submitted to the Department of Small Business Services in the form of cancelled checks and/or invoices

### **Tenants in a Special Eligible Premises:**

- Copy of ECSP Certificate of Eligibility of building
- Evidence that landlord has made investments required to meet the assessed value threshold

### **Relocation applicants:**

- Copy of the lease or deed of the move-out location
- Copy of the unsigned draft lease or contract of sale of the move-in location – submitted BEFORE moving to new location
- Copy of executed lease for move-in location – may only be signed and submitted after ECSP has reviewed and approved this completed application

How were you referred to ECSP:

- EDC       ICAP/ICIP       Other City Agency       SBS Call Center
- Web Site
- LDC
- Another business owner who had received benefits
- Other: \_\_\_\_\_

For Referral Purposes Only:

- Please indicate if the business is at least 50% owned and operated by a minority and/or woman ?

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

## **Energy Cost Savings Program (ECSP) Application**

**ALL STOCKHOLDERS, PARTNERS, OFFICERS, AND DIRECTORS WHO HAVE AN OWNERSHIP INTEREST IN THE FIRM MUST COMPLETE THE FOLLOWING CERTIFICATE. IF ADDITIONAL COPIES ARE NEEDED, PLEASE PHOTOCOPY THIS CERTIFICATE.**

I, the undersigned, request on behalf of \_\_\_\_\_ ("Applicant") that this application be accepted for processing, and I acknowledge, on behalf of the Applicant, that any material misstatement or misleading statement therein is cause for denial, suspension or revocation of any assistance. On behalf of myself and the Applicant, I hereby authorize the New York City Department of Small Business Services (SBS) and the New York City Department of Investigation (DOI) to initiate their background clearance procedure with respect to myself and the Applicant. I, and the Applicant, agree to give DOI permission to secure all necessary personal data from sources, government and private. I, and the Applicant, agree to hold SBS and the City of New York harmless with respect to any claims for injury, damage, loss or expense which may arise should the above mentioned background clearance procedure not be completed satisfactorily.

I hereby consent and agree that the Applicant and its employees and agents will comply with all provisions of law and the regulations relating to the Energy Cost Savings Program (ECSP). In addition, I agree that the Applicant shall permit SBS, the City and its agents to inspect the Applicant's premises during regular business hours.

I, and the Applicant, understand that SBS may be requested to disclose the information contained in the application and the attachments thereto (if any), under applicable disclosure laws, or at the request of investigative, law enforcement or other governmental bodies. On behalf of myself and the Applicant, I authorize SBS to disclose any such information, under such laws or where so requested, and I release SBS from any liability to the Applicant or myself for such disclosure.

On behalf of the Applicant, I authorize any private or governmental entity, including but not limited to the New York State Department of Labor and the United States Department of Labor, to release to SBS or its successor or assigns, any and all employment information in its control relating to the Applicant and any and all of its existing or future affiliates and subsidiaries. SBS may disclose such information in connection with the administration of its financial assistance programs.

I hereby acknowledge that information contained in my firm's application to the ECSP may not be sufficient to satisfy all of the Program's requirements. I understand that the New York City Department of Small Business Services, as the administering agency of the ECSP, has the right to request additional information to satisfy the requirements of the Program. Such additional information may include, but is not limited to, the verification and duplication of any utility bill(s) or customer account number(s) from the company's vendor of Energy Services (utility company) for the full term of the ECSP benefits.

I have been fully informed of the actions I or the Applicant may take which under applicable law would result in the obligation to repay the benefit received under the ECSP Program. These actions include, but are not limited to, material misstatements on this application and/or permitting operations or entities not listed in this application to obtain energy that is sold under the conditions of an ECSP Certificate of Eligibility.

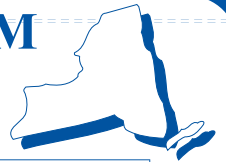
BY: \_\_\_\_\_  
*Signature of Chief Executive Officer* *Date*

TYPE OR PRINT NAME AND TITLE: \_\_\_\_\_  
Name Title

Mail application to:

**NEW YORK CITY DEPARTMENT OF SMALL BUSINESS SERVICES  
BUSINESS INCENTIVES UNIT  
110 WILLIAM STREET, 7th FLOOR  
NEW YORK, NY 10038  
Telephone (212) 513 – 6345**

# NEW YORK STATE VOTER REGISTRATION FORM



## TO COMPLETE THIS FORM:

**Box 1:** Must be completed. If you answer NO, do not complete this form.

**Box 2:** Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.

**Box 4:** Give your home address.

**Box 5:** Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.)

**Box 8:** The completion of this box is optional.

**Box 9:** Must be completed. If you have a current DMV number (Driver's license number or non driver ID number), you must provide that number. If you do not have a current DMV number, you must provide the last four digits of your social security number.

**Box 10:** If you have never voted before, write "None." If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same."

**Box 11:** In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only.

*\*Except the Independence Party which permits non-enrolled voters to vote in their primary elections.*

**Box 12:** This application must be signed and dated in ink.

If you would like an application for an ABSENTEE BALLOT or would like to be an ELECTION DAY WORKER, please check the corresponding box below.

**Sample Form Data:**  
 Name: Conrad, James  
 Address: 4567 Sunset Avenue, Anytown, NY 12345  
 Date of Birth: 9/11/77  
 Sex: Male (M)  
 Home Tel. Number: 212-555-5555  
 Party: None  
 Signature: James A. Conrad  
 Date: 12/1/06

### IDENTIFICATION REQUIREMENTS

Your identity must be verified prior to election day, so that you will not have to provide identification when you vote. Your identity can be verified through your DMV number (driver's license number or non-drive ID number), or the last four digits of your social security number, as requested in Box 9 of this application.

If your identity is not verified before election day, you will be asked to provide identification when you vote for the first time. Samples of the identification you may provide include a valid photo ID, a current utility bill, bank statement, government check or some other government document that shows your name and address.

If you include a copy of any identification with this application, be sure to tape the sides of this form closed.

<input type="checkbox"/> New registration and enrollment		<input type="checkbox"/> Address change		<input type="checkbox"/> Party enrollment change		<input type="checkbox"/> Name change		
<input type="checkbox"/> Yes, I need an application for an Absentee Ballot		<b>Please print or type in blue or black ink</b>				<input type="checkbox"/> Yes, I would like to be an Election Day Worker		
<b>1</b>	Are you a U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>2</b>	I will be 18 years old on or before election day: Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>For Board Use only!</b>		
	If you answered NO, do not complete this form.			If you answered NO, do not complete this form, unless you will be 18 by the end of the year.				
<b>3</b>	Last Name	First Name	Middle Initial	Suffix				
<b>4</b>	Address Where You Live (do not give P.O. address)		Apt. No.	City/Town/Village		Zip Code	County	
<b>5</b>	Address Where You Get Your Mail (if different from above)		P.O. box, star rte., etc.		Post Office	Zip Code		
<b>6</b>	Date of Birth	<b>7</b>	Sex(circle) M <input type="checkbox"/> F <input type="checkbox"/>	<b>8</b>	Home Tel. Number (optional)		<b>9</b>	
<b>10</b>		The last year you voted		Your Address was(give your house number, street, city)		ID Number - Check the applicable box and provide your number		
		In county/state		Under the name (if different from your name now)		<input type="checkbox"/> New York DMV Number _____ <input type="checkbox"/> <b>LAST FOUR DIGITS</b> of your Social Security number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> I do not have a New York DMV number or a Social Security number.		
<b>11</b>	<b>Choose a Party</b> — Check one box only <input type="checkbox"/> DEMOCRATIC PARTY <input type="checkbox"/> REPUBLICAN PARTY <input type="checkbox"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHERS(write in) _____ <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY			} <i>Please note:</i> In order to vote in a <b>primary election</b> , you must be enrolled in one of these parties. * See above		<b>12</b>	<b>AFFIDAVIT:</b> I swear or affirm that • I am a citizen of the United States. • I will have lived in the county, city, or village for at least 30 days before the election. • I meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years. ↓ <b>Signature or mark in ink</b> ↓ X _____ Date _____	

# NEW YORK STATE VOTER REGISTRATION FORM

## YOU CAN USE THIS FORM TO:

- Register to vote in New York State.
- Change your name and/or address if there is a change since you last voted.
- Enroll in a political party or change your enrollment.

## TO REGISTER YOU MUST:

- Be a U.S. citizen.
- Be 18 years old by December 31 of the year in which you file this form. (Note: You must be 18 years old by the date of the general, primary or other election in which you want to vote.)
- Live at your present address for at least 30 days before an election.
- Not be in jail or on parole for a felony conviction.
- Not claim the right to vote elsewhere.

Información en español: si le interesa obtener este formulario en español, llame al (212) VOTE-NYC [212-868-3692]

中文資料：如果你有興趣索取本中文資料表格，請電 212-868-3692

한국어: 한국어 양식을 원하시면 212-868-3692 으로 전화하십시오.

## DEADLINE INFORMATION:

- You can register in person at your County Board of Elections on any business day.
- If you want to vote in an election, you must mail or deliver this form to your County Board of Elections no later than 25 days before the election in which you want to vote.
- You must be 18 years old by the date of the general, primary or other election in which you want to vote.
- Your eligibility to vote will be based on the date you file this form.
- Your County Board will notify you of your eligibility.

**[THE COMPLETED FORM MAY NOT BE FAXED]**

## NEED MORE REGISTRATION FORMS?

You can get registration forms at most state agency offices and post offices or at any County Board of Elections.

Questions? Call your County Board of Elections or (212) VOTE-NYC [212-868-3692]. Residents of NYC may call toll free 1-866-VOTE-NYC

Hearing impaired people with TDD may call (212) 487-5496.

Visit our website – [www.vote.nyc.ny.us](http://www.vote.nyc.ny.us)

Call this number if you are interested in getting this form in Spanish, Chinese or Korean 212-868-3692.

Eng 4/07



BOARD OF ELECTIONS  
32 BROADWAY 7th. FL.  
NEW YORK, NY 10275-0067

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 4339 NEW YORK, NY



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

