

New York City Department of Small Business Services (SBS)

Lower Manhattan Energy Program (LMEP) Application

Indicate method of eligibility

- ICAP Applicant
- IDA Applicant
- City/State Owned Facility

- Eligible area: generally the area bounded by Murray & Frankfort Street on North; South Street on East; West Street on West.
- Applications must be submitted to SBS prior to the issuance of building permits or commencement of renovation.
- All occupied spaces above 10,000 s.f. or building floors less than 10,000 s.f. must be sub-metered (except when a tenant has its own sub-meter to landlord's account, or tenant maintains a direct account with utility itself).
- Retail businesses, industrial businesses, residential units, hotels are not eligible for LMEP benefits. Industrial Units should apply through ECSP.
- Approved energy credit to building must be prorated (passed through) to all eligible tenants. All rental invoices to tenants must state that "the tenant is receiving an energy credit through the LMEP". SBS has the right to request Energy Surveys to differentiate eligible from ineligible energy uses.
- Landlord mark-ups to sub-metered tenants shall not exceed 12% of utility bill.
- To qualify for energy benefits an applicant must provide documentation verifying investment in building in excess of 30% of the building's assessed valuation. ICAP applicants submit information to Department of Finance. Proof may consist of contractor's statement and/ or vendor's invoices and canceled checks (copies of both sides required).

1. Applicant's name: _____

2. Federal Tax Identification Number: _____

3. Name of Management Company: _____

Main office phone number: _____ Email: _____

4. Building Address: _____

Does building have landmark status? () Yes () No

5. Contact person: _____ Phone No: _____ Fax: _____

Email: _____

6. Please indicate estimated cost of construction/renovation: _____

Start date: _____ Completion date: _____

7. How were you referred to the Lower Manhattan Energy Program: _____

8. Provide details regarding method of eligibility:

FOR APPLICANTS WITH THE INDUSTRIAL AND COMMERCIAL ABATEMENT PROGRAM (ICAP)

Name appearing on ICAP Application: _____

ICAP Application No: _____ Date preliminary ICAP application submitted to DOF: _____

Is building exempt from Real Estate Property Tax? () Yes () No

Note: Application must be submitted to Department of Finance (DOF) ICAP unit prior to issuance of work permit(s).

FOR APPLICANTS WITH THE INDUSTRIAL DEVELOPMENT AGENCY (IDA)

Date of submission of IDA Application: _____ Note: LMEP submission must be prior to IDA Resolution

FOR APPLICANTS LEASING FROM EMPIRE STATE DEVELOPMENT CORP. OR THE CITY OF NEW YORK

Date lease was fully executed with ESDC or City of New York: _____

9. Facility Information

Provide assessed value for the block(s) and lot(s) for the building for which you are applying
(Please use the assessed valuation at the time your building permit(s) were obtained)

Block number(s) _____ Lot number(s) _____ Assessed value \$ _____ (of tax year applying)

Total square footage of building floor area: _____

Number of floors: _____ Are there floors less than 10,000sf: () Yes () No

Indicate floor number(s): _____ (Please attach on separate sheet of paper if necessary)

Tenants: Current No: _____ Additional anticipated: _____

List uses of all common spaces and corresponding square footage: _____
(Attach on separate sheet of paper if necessary)

10. Energy Usage (check all that apply)

	Electric	Gas	Oil
Lighting & Office Machinery	_____	_____	_____
Heating	_____	_____	_____
Machinery & Equipment	_____	_____	_____
Air Conditioning	_____	_____	_____
Co-generation	_____	_____	_____

11. Projected monthly electricity bill for building account(s): \$ _____

12. Please list all electricity account numbers servicing building, utility company, and whether the account is in the name of tenant or landlord. Indicate firm name, contact person and mailing address. Please add additional names on a separate sheet of paper if necessary.

Customer (landlord or directly metered tenant)	Utility Company /Account Number	Name on Account (landlord/tenant)	Mailing Address/ Contact Person

Metering Information:

a) Is the main meter(s) address different from building mailing address? () Yes () No

b) If yes, what is the address? _____ () Yes () No

c) If you sub-meter, will electricity charges be marked up? () Yes () No

d) If yes, what is the percentage of mark-up? _____% () Yes () No

(Buildings cannot mark up electric costs more than 12% on sub-metered electricity)

Do any existing tenants currently have rent inclusion of utility use? () Yes () No

Please list potentially ineligible tenants and subtenants; indicate if tenant(s) is receiving energy through landlord/building account, another tenant's account or if tenant(s) maintains its own independent account with utility company (indicate your account number).

Tenant	Account Number	Account Name (landlord/tenant)	Mailing Address/Contact Person

Please include copies of twelve months of utility bills (if applicable) for each account number servicing building.

13. Will there be hotel units or industrial units within the building? () Yes () No
 If yes, please indicate type and square footage: _____sf
 (It is recommended that large ineligible tenants have independent accounts with utility)

14. Will there be residential units within the building? () Yes () No
 If yes, please indicate floor location and square footage of units: _____sf

(Please Note: Residential Units are required to have an independent utility account).

Stockholders, partners, officers and directors who have 10% or more ownership interest must sign. (THE SAME PERSON CAN WITNESS ALL THE SIGNATURES.)

1. _____ Witnessed by: _____ Date _____

Print Name and Title

2. _____ Witnessed by: _____ Date _____

Print Name and Title

3. _____ Witnessed by: _____ Date _____

Print Name and Title

List all individuals with 10% or more ownership interest in building

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

Please add additional names on a separate sheet of paper if necessary.

ALL STOCKHOLDERS, PARTNERS, OFFICERS, AND DIRECTORS WHO HAVE AN OWNERSHIP INTEREST IN THE FIRM MUST COMPLETE THE FOLLOWING CERTIFICATE. IF YOU NEED ADDITIONAL COPIES, 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 such assistance. On behalf of the Applicant, and myself 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 the Applicant and myself. The Applicant and I 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 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 Lower Manhattan Energy Program (LMEP). 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.

The Applicant and I 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 the Applicant, and myself 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 Lower Manhattan Energy Program 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 Lower Manhattan Energy Program 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 LMEP benefits.

I have been fully informed of the actions the Applicant or I may take which under applicable law would result in the obligation to repay the benefit received under the LMEP 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 LMEP Certificate of Eligibility.

BY: _____
Signatures of Chief Executive Officer *Date*

TYPE OR PRINT NAME AND TITLE: _____

Mail application to: **New York City Department of Small Business Services
LMEP Unit
110 William Street, 7th Fl
New York, NY 10038**