

# **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)**

	<b>Electric</b>	<b>Gas</b>	<b>Oil</b>
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? \_\_\_\_\_

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

d) If yes, what is the percentage of mark-up? \_\_\_\_\_%

(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.**

Before you can be approved for the Lower Manhattan Energy Program, this application must be complete. Supporting documents must be submitted along with Application:

( ) Non-refundable application fee payable to **The New York City Department of Small Business Services**;

*Schedule:* Less than/equal to 10,000sf = \$500.00; 10,001sf to 25,000sf = \$1,000.00;  
25,001sf to 50,000sf = \$1,250.00; 50,001sf to 100,000sf = \$1,500.00;  
100,001sf to 250,000sf = \$2,500.00; Greater than 250,000sf = \$5,000.00

( ) Executed (signed) copy deed and/or lease.

( ) One year's copies of utility bills for each account # directly metered by Con Ed servicing building. (SBS must be immediately notified of all additional accounts acquired or changes in account numbers).

( ) Architectural rendering of building floor plans.

( ) Copy of NY City Building Permit (once issued): Note: The permit can not be issued prior to SBS receiving LMEP application.

( ) Tenant list including: name; contact person; telephone number; number of employees; business activity (i.e. commercial office, retail etc...) location in building; meter # if sub-metered by landlord or account # if directly metered by utility; square footage. Tenants who share sub-meters **should** be grouped together. Please list separately potentially ineligible tenants include square footage. **This list must be notarized (an updated tenant list must be submitted to SBS semi annually).**

( ) Verification of expenditures in excess of 30% of the assessed value of the property submitted to the Department of Finance if an ICAP applicant. If applying as an IDA applicant or as an occupant of a city/state owned facility, please provide documentation verifying expenditures to SBS.

**Any material changes to status must be reported immediately to SBS.**

**Optional**

Is the business at least 51% owned and operated by a minority and/or woman? ☐ Yes ☐ No

Is primary business owner (s) a U.S. veteran? ☐ Yes ☐ No

Country of birth of primary business owner(s): \_\_\_\_\_

**VOTER REGISTRATION FORM**

In accordance with Section 1058 of the Charter of The City of New York, we have provided a link to the New York State Voter Registration Form with the Application. Completion of Voter Registration Forms is voluntary.

**Eligibility for the Program is not conditioned on being registered to vote.** Thank you. Form can be located at: [vote.nyc/page/register-vote](http://vote.nyc/page/register-vote)

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  
BUSINESS INCENTIVES UNIT  
1 Liberty Plaza, 11th Floor  
New York, NY 10006  
Telephone (212) 513 – 6345