

FRANKLIN COUNTY LOCAL DEVELOPMENT CORPORATION

APPLICATION FOR FINANCIAL ASSISTANCE

LDC Contact:

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This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.

CHECKLIST OF SCHEDULES

<u>Included</u>	<u>Not Included</u>	<u>Not Applicable</u>	
_____	_____	_____	Schedule "A" - Business Name and Form
_____	_____	_____	Schedule "B" - Principals and Officers
_____	_____	_____	Schedule "C" - Resumes
_____	_____	_____	Schedule "D" - Personal Financial Statements & Tax Returns
_____	_____	_____	Schedule "E" - Bankruptcy, Litigation, Felony History
_____	_____	_____	Schedule "F" - Physical Description of Project
_____	_____	_____	Schedule "G" - Business Plan
_____	_____	_____	Schedule "H" - Employment Plan
_____	_____	_____	Schedule "I" - Project Costs and Financing Sources
_____	_____	_____	Schedule "J" - Profit & Loss Statements/Balance Sheets
_____	_____	_____	Schedule "K" - Outstanding Debt Details
_____	_____	_____	Schedule "L" - Projected Profit & Loss Statements
_____	_____	_____	Schedule "M" - Projected Cash Flow Statement
_____	_____	_____	Schedule "N" - Bank References
_____	_____	_____	Schedule "O" - Security Collateral
_____	_____	_____	Schedule "P" - Projected Realty Taxes
_____	_____	_____	Certification and Authorization to Release Credit Information
_____	_____	_____	NYS Environmental Assessment Form
_____	_____	_____	Federal Form 1940-20 "Request for Environmental Information"
_____	_____	_____	\$250 Application Fee

DESCRIPTION OF SCHEDULES

SCHEDULE "A" - BUSINESS NAME AND FORM

Indicate legal name, address, telephone number and Federal Employment Identification Number if available. Indicate form of Business, (corporation, partnership, sole proprietorship) year of organization, Federal Tax Identification Number, New York State Unemployment Insurance Identification Number and Standard Industry Classification (SIC) Code .

SCHEDULE "B" - PRINCIPALS AND OFFICERS

Indicate names and addresses including percentage of ownership of all principals and officers.

SCHEDULE "C" - RESUMES

Attach resumes of principals including date of birth, business experience, length of association with business, salary, other compensation and outside directorships and business affiliations.

SCHEDULE "D" - PERSONAL FINANCIAL STATEMENTS (SCHEDULE INCLUDED) & TAX RETURNS

Provide personal financial statements for each proprietor, partner, officer, and stockholder with ten percent or more ownership in the business. Also include copies of personal tax returns for the last three years for each personal financial statement.

SCHEDULE "E" - BANKRUPTCY, LITIGATION, FELONY HISTORY (SCHEDULE INCLUDED)

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

SCHEDULE "F" - PHYSICAL DESCRIPTION OF PROJECT

Indicate the address of the project and provide a narrative description of the physical components of the business or project. Please attach diagrams and pictures if relevant.

SCHEDULE "G" - BUSINESS PLAN

Describe in detail the history of the business, location of business, management, market and competition. Include significant developments in operation and financial condition.

SCHEDULE "H" - EMPLOYMENT PLAN (SCHEDULE INCLUDED)

Information regarding the types, number and wage levels of current and anticipated positions must be provided for new and existing businesses.

SCHEDULE "I" - PROJECT COSTS AND FINANCING SOURCES

Provide details on total project costs and sources of financing. All costs associated with the project should be supported by third party quotations, purchase offers, appraisals, contractors estimates or similar documentation as is appropriate. Explain how each component of the project will be financed, including the use of a loan through these Programs. Indicate the order of lien preference and all sources of financing (include participants, amounts, percent of total, interest rate, and term). IN ALL CASES, where other lenders are proposed in the capital structure of the project, attach commitments from banks or other lending institutions. Where funding from these programs are the only lending source, provide documented evidence of the unavailability of other funding.

SCHEDULE "J" - PROFIT AND LOSS STATEMENTS/BALANCE SHEETS

For existing businesses, provide profit and loss statements and balance sheets for the last three fiscal years. Statements must include or be accompanied by separate expense schedules for Cost of Goods Sold, Selling and General Administrative Expenses, including depreciation, salaries, and dividends. **If the most recent available statements are more than ninety (90) days old, interim statements must be provided. Where the request represents a refinancing, or where the business exhibits a degree of financial distress, an aging of accounts payable and receivable should be provided.** Provide business income tax returns for the last three years.

SCHEDULE "K" - OUTSTANDING DEBT DETAILS (SCHEDULE INCLUDED)

Describe outstanding debt for the business including installment loans, notes and mortgages payable, and capitalized leases showing to whom payable, balance, interest rate, maturity date, monthly payment, security, and whether current or delinquent. A form for the completion of this schedule is provided herewith. Notes to existing financial statements are also sufficient satisfaction of this requirement.

SCHEDULE "L" - PROJECTED PROFIT AND LOSS STATEMENTS

Provide projected profit and loss statements for three years in the same format as Schedule "K". Statement must include projected interest payments and depreciation expenses. Describe assumptions on which projections were based. The projections should be supported by and be relevant to the narrative contained in Schedule H. Note: Different programs require projections for different numbers of years into the future. It is important to consult program representatives before investing in the development of financial projections.

SCHEDULE "M" - PROJECTED CASH FLOW STATEMENT

Provide projected cash flow statements, by month, for the first year of operation of the project. Note: Different programs require projections for different numbers of years into the future. It is important to consult program representatives before investing in the development of financial projections.

SCHEDULE "N" - BANK REFERENCES

Provide bank references including name, address, telephone number and contact person.

SCHEDULE "O" - SECURITY COLLATERAL

List any additional collateral (such as land, buildings, machinery, equipment) available for security. Indicate cost, net book value (cost less depreciation), an estimate of present market value and present loan balance. **For each item of collateral listed, provide a description of all associated liens thereon.**

SCHEDULE "P" – PROJECTED REALTY TAXES

List realty taxes for the first year of operation of the project. If the project is subject of a Payment-in-lieu-of-tax (PILOT) program, describe the details of that agreement and the resulting payment for the first year. Where a project is subject to full taxation, provide an estimate of taxes based on the latest tax rate.

Schedule "D"
PERSONAL FINANCIAL STATEMENT

As of : _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name _____ Business Phone () _____

Residence Address _____ Residence Phone: () _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hands & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payment \$ _____		
(Complete Section 8)			Installment Account (other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payment \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total			Net Worth	\$	_____
\$ _____			Total		\$ _____

Section 1. Source of income		Contingent Liabilities
Salary	\$	As Endorser or Co-Maker.
Net Investment Income	\$	Legal Claims & Judgments
Real Estate Income	\$	Provision for Federal Income Tax
Other Income (Describe below)*	\$	Other Special Debt

Description of Other Income in Section 1.

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others.

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency	Security Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Type of Property	Property A	Property B	Property C
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

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Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

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Section 7. Other Liabilities. (Describe in detail).

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Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

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I authorize the Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

SCHEDULE "E"
BANKRUPTCY, LITIGATION AND FELONY HISTORY

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

1. Are any of the officers, owners, or management of the business presently under indictment, on parole, or probation? Yes_____ No_____

If yes, describe:

2. Have any of the owners, officers, or management of the business ever been charged with or arrested for any criminal offense other than a minor traffic infraction?

Yes_____ No_____

If yes, describe:

3. Have any of the owners, officers, or management of the business ever been convicted of any criminal offense, other than a minor traffic infraction? Yes_____ No_____

If yes, describe: _____

4. Has the business, its present owners, officers, or management ever been the subject of bankruptcy proceedings? Yes_____ No_____

If yes, describe: _____

Signed, _____

SCHEDULE "G" **BUSINESS PLAN**

Description of the Business

Describe the business including history if an existing business. Please be sure to include descriptions of the following: type of business; status of business; when did (will) it start; hours of operation; who are your customers; why is your business successful (will succeed); and any seasonal fluctuations in sales or employment. Include significant developments in operation and financial condition. Indicate current number and titles of employees for business startups, describe how the background of the principals will contribute to the success of the new business.

If applicable, indicate the names and addresses of all concerns that may be parent companies, subsidiaries, or affiliates of the business including concerns in which the business, or any of its principals, hold an interest greater than ten (10%) percent.

Location of the Business

Describe the location of the business and be sure to include information about the following: physical address of business; is site leased or owned; physical features and characteristics of the site including size and use of space; description of neighborhood and surrounding businesses; any renovations needed; and the reason for choosing this location.

Management

Describe the business background, management experience, and education for each key partner or key manager with 10% or greater interest in the business. Include both formal and informal learning experience which have a bearing on your managerial abilities.

Include a description of the following: why this type of business was chosen; direct operational and/or managerial experience in this type of business; organizational structure (including a description of who does what); time devoted to running the business; and local resources available to management.

Market

Describe in detail who exactly is your market; where your market is located; present size and growth potential of the market; and the price you anticipate getting for your product or service. Also include information on how you will attract and keep your segment of the market (including advertising); how you will promote your product or service; trends in your industry; future goals; and how the business can expand.

Describe business objectives in terms of production, sales, and earnings for the proposed business or project. An emphasis should be placed on describing the specific marketing actions that the business will take to meet its projected earnings in its competitive environment. Include letters of intent from prospective suppliers or any firm contracts for your business. This schedule should be supported by the projections contained in later schedules.

Competition

Describe in detail who your competition is and include information on the following: what products/services they offer; where their business and market are located; what their reputation or image is; what their marketing strategies are and how their business is doing. Also discuss how your operation will be different and what you have learned from watching them.

SCHEDULE "H"
EMPLOYMENT PLAN

A	B	C	D	E	F	G
Job Title	Annual or Hourly Wages	Current Number of Positions	Jobs Created : Year One	Jobs Created: Year Two	Jobs Created : Year Three	Total Jobs to be Created
TOTALS:						

Instructions:

1. **Column A:** Insert the job titles that exist within the company at the time of application, as well as any job titles that will be established as a result of the project.
2. **Column B:** Indicate the entry level wage for each listed job title either in terms of hourly pay or annual salary.
3. **Column C:** For each listed job title insert the number of positions that exist at the time of application.
4. **Column D:** Insert the number of jobs to be created during year one of the project for each listed job title.
5. **Column E:** Insert the number of jobs to be created during year two of the project for each listed job title.
6. **Column F:** Insert the number of jobs to be created during year three of the project for each listed job title.
7. **Column G:** Indicate the total number of jobs to be created for each listed title as a result of the project.
(Column D + Column E + Column F = Column G)
8. Use as many copies of this form as necessary.

SCHEDULE "K"
OUTSTANDING DEBT DETAILS

Describe outstanding debt for the business including installment loans, notes, mortgages payable and capitalized leases, showing to whom payable, balance, interest rate, maturity date, monthly payment, security and whether current or delinquent. **If business is a sole proprietorship, provide personal indebtedness information.** Fill out as many sections as necessary.

1. Debt Type: _____ Lender: _____
(installment loan, mortgage, lease, etc.) (bank , individual, etc.)
Term: _____ months Interest Rate: _____ %
Date _____
Maturity Date: _____
Original Amount: \$ _____ Current Balance: \$ _____
Collateral Supporting Debt: _____
Monthly Payment: \$ _____ Current? Yes No

2. Debt Type: _____ Lender: _____
(installment loan, mortgage, lease, etc.) (bank , individual, etc.)
Date _____
Term: _____ months Interest Rate: _____ %
Maturity Date: _____
Original Amount: \$ _____ Current Balance: \$ _____
Collateral Supporting Debt: _____
Monthly Payment: \$ _____ Current? Yes No

3. Debt Type: _____ Lender: _____
(installment loan, mortgage, lease, etc.) (bank , individual, etc.)
Date _____
Term: _____ months Interest Rate: _____ %
Maturity Date: _____
Original Amount: \$ _____ Current Balance: \$ _____
Collateral Supporting Debt: _____
Monthly Payment: \$ _____ Current? Yes No

Signed _____ Date _____

(USE ADDITIONAL COPIES OF THIS SHEET IF NECESSARY)

CERTIFICATION
AND
AUTHORIZATION TO RELEASE CREDIT INFORMATION

_____, being duly sworn, deposes and says: that (s)he is the president of _____, the Project occupant (the Company) described in the foregoing application; that (s)he has read the foregoing application and knows the contents thereof; that the same is true to his/her own knowledge except as to the matters stated therein to be alleged upon his/her information and belief, and as to those matters (s)he believes it to be true; that to the best of here/his knowledge (s)he is in compliance with all federal and state legislation dealing with the hiring of illegal aliens and equal employment opportunity; that (s)he has read and understood rule 1 of the _____ as heretofore set forth; and that the execution of this application has

(lender)
been duly authorized by the board of directors of the Company; and authorizes the lender to investigate and obtain a report concerning my (our) credit for the purpose of processing and underwriting my (our) loan application.

President, Project Occupant

Sworn to before me this
____ day of _____, _____

Notary Public

- ____ Applicant's Street Address
- ____ Applicant's previous address
- ____ City/State(province)/Country, Postal Code
- ____ Current Place of Employment
- ____ Current Employment address
- ____ Previous employer
- ____ Address previous employer
- ____ Applicant's SS# or SIN#
- ____ Applicant's Date of Birth
- ____ Spouse's name
- ____ Credit Reporting Agency

617.21
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I-PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR: _____ 2. PROJECT NAME : _____

3. PROJECT LOCATION: Municipality _____ County _____

4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map):

5. IS PROPOSED ACTION: New Expansion Modification/alteration

6. DESCRIBE PROJECT BRIEFLY:

7. AMOUNT OF LAND AFFECTED:
Initially _____ acres Ultimately _____ acres

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?
 Yes No If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?
 Residential Industrial Commercial Agriculture Park/Forest/Open space Other
Describe: _____

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?
 Yes No If yes, list agency(s) and permit/approvals

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
 Yes No If yes, list agency(s) and permit/approvals

12. AS A RESULT OF PROPOSED ACTION, WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?
 Yes No

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Applicant/Sponsor Name: _____ Date: _____
Signature: _____

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.

PART II-ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12? If yes, coordinate the review process and use the FULL EAF.

Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another Involved agency.

Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly.

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly.

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly.

D. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

Yes No

PART III- DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (~) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:

Name of Lead Agency _____

Print or Type Name of Responsible Officer in Lead Agency Title of Responsible Officer

Signature of Responsible Officer in Lead Agency Signature of Preparer (If different from responsible officer)

Date

REQUEST FOR ENVIRONMENTAL INFORMATION

Name of Project: _____

Location: _____

Item 1a. Has a Federal, State, or Local Environmental Impact Statement or Analysis been prepared for this project?
 Yes No Copy attached as EXHIBIT I-A.

1b. If "No," provide the information requested in Instructions as **EXHIBIT I**.

Item 2. The State Historic Preservation Officer (SHOP) has been provided a detailed project description and has been requested to submit comments to the appropriate FmHA Office. Yes No Date description submitted to SHPO: _____

Item 3. Are any of the following land uses or environmental resources either to be affected by the proposal or located within or adjacent to the project site(s)? (Check appropriate box for every item of the following checklist).

	Yes	No	Unknown		Yes	No	Unknown
1. Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Shoreline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Beaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Dunes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Agricultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Estuary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Grazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mining, Quarrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Floodplain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Forests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Wilderness (designated or proposed under the Wilderness Act)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Wild or Scenic River (proposed or designated under the Wild and Scenic Rivers Act)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Historical, Archeological Sites (Listed on the National Register of Historic Places or which may be eligible for listing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Critical Habitats (endangered/threatened species)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Air Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Open Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Solid Waste Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Aquifer Recharge Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Energy Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Steep Slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Natural Landmark (Listed on National Registry of Natural Landmarks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Wildlife Refuge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Coastal Barrier Resources System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item 4. Are any facilities under your ownership, lease, or supervision to be utilized in the accomplishment of this project, either listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities? Yes No

Signed: _____ Date: _____

Title: _____

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0094. The time required to complete this information collection is 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.