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## **STORM DAMAGE ASSISTANCE PROGRAM\***

- **Financial assistance in the form of exemptions from sales tax on all building restoration and equipment replacement costs associated with the storm of August 13, 2014**
- **All applicants must meet NYS requirements for eligibility for financial assistance in accordance with Title 1, Article 18-A, Section 862 of General Municipal Law**
- **Streamlined one page application form, available on-line at [www.islipida.com](http://www.islipida.com)**
- **Low cost fees**
- **Fast track approval process for all projects that will realize less than \$100,000 in benefits (No public hearing required)**

**\*As a result of the flooding on August 13, 2014.**



# TOWN OF ISLIP INDUSTRIAL DEVELOPMENT AGENCY



## Application for Financial Assistance as a Result of the Flooding on August 13, 2014

### Application Fee \$50

(Please make payable to the Town of Islip Industrial Development Agency)

Please complete the application in its entirety. For questions, please contact the Town of Islip Industrial Development Agency at 631-224-5512.

### I. COMPANY DATA

#### A. COMPANY (APPLICANT FOR ASSISTANCE)

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Federal ID# \_\_\_\_\_  
 FEMA # \_\_\_\_\_

#### B. OPERATION AT CURRENT LOCATION

Employment \_\_\_\_\_ Total payroll \_\_\_\_\_

Type of operation (manufacturing, wholesale, distribution, etc.) and products and/or services:

\_\_\_\_\_  
\_\_\_\_\_

### II. PROJECT COSTS

#### A. Give an accurate estimate of cost of all items:

|   | Amount   |
|---|----------|
| Estimate of repairs from flooding (please attach) | \$ _____ |
| Estimate of cost to replace lost equipment        | \$ _____ |
| Total \$  | _____    |

B. Give an accurate estimate of the amount of sales tax exemptions that your company will require \$ \_\_\_\_\_



# TOWN OF ISLIP INDUSTRIAL DEVELOPMENT AGENCY



## CERTIFICATION

\_\_\_\_\_ (name of the Officer of company submitting this application) deposes and says that he or she is the \_\_\_\_\_ (title) of \_\_\_\_\_ (company) the corporation named in the attached application: that he or she has read the foregoing application and knows the contents thereof: that the same is true to his or her knowledge.

Deponent further says that the reason this verification is being made by the Deponent and not by \_\_\_\_\_ (company name) is because the said company is a corporation. The grounds of Deponent's belief relative to all matter in the said application which are not stated upon his or her own personal knowledge, are investigations which Deponent has caused to be made concerning the subject matter of this application as well as information acquired by Deponent in the course of his or her duties as an officer of and from books and papers of said corporation.

\_\_\_\_\_  
Officer of the Company

Sworn to me before this \_\_\_ day  
Of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_