

**NORTH COUNTRY TRANSFORMATIONAL COMMUNITY TOURISM  
LOAN PROGRAM**

**APPLICATION FOR FINANCIAL ASSISTANCE**

**Contact:**

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**CHECKLIST OF SCHEDULES**

<u>Included</u>	<u>Not Included</u>	<u>Not Applicable</u>	
_____	_____	_____	Schedule "A" – Application Information/Certification
_____	_____	_____	Schedule "B" - Principals and Officers with Resumes
_____	_____	_____	Schedule "C" - Personal Financial Statements & Tax Returns <i>(Each person with 10% or more ownership in company must complete one.)</i>
_____	_____	_____	Schedule "D" - Authorization to Release Credit Information <i>(Each person with 10% or more ownership in company must complete.)</i>
_____	_____	_____	Schedule "E" - Bankruptcy, Litigation, Felony History
_____	_____	_____	Schedule "F" - Employment Plan
_____	_____	_____	Schedule "G" - Outstanding Debt Details
_____	_____	_____	Schedule "H" - Security Collateral
_____	_____	_____	Schedule "I" - Business Plan
_____	_____	_____	Schedule "J"- Project Costs and Financing Sources
_____	_____	_____	Schedule "K" - Profit & Loss Statements/Balance Sheets
_____	_____	_____	Schedule "L" - Projected Profit/Loss & Cash Flow Statements and Balance Sheet
_____	_____	_____	Schedule "M" - Form IA "Race/Ethnicity Disclosure"
_____	_____	_____	Schedule "N" - NYS Environmental Assessment Form <i>(Development Authority of the North Country should be a "Listed Agency" for an Environmental Impact Statement involving a coordinated review)</i>
<b>Required</b>			Schedule "O" - MWBE Utilization Plan <i>(Goal is 13% NYS certified minority-owned business enterprise and 10% NYS certified woman-owned business enterprise)</i>
<b>Required for Hotels After 12/11/2009</b>			Schedule "P" – Labor Peace

**SCHEDULE "A"**

Borrower (Legal Name): \_\_\_\_\_ EIN/TIN: \_\_\_\_\_

D/B/A if any: \_\_\_\_\_ State Unemployment Insurance No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Organization (i.e. sole proprietorship, partnership, corporation, etc.) \_\_\_\_\_

North American Industrial Classification System Number (NAICS): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Certification:**

The North Country Transformational Community Tourism Loan Program ("Program") is funded through New York State Empire State Development ("ESD") and administered by the Development Authority of the North Country ("DANC"). ESD requires that the Borrower of Program funds comply with the following:

- Exhibit G-1: Documentation of Project Costs - (includes description of item or service purchased with program funds, vendor name, invoice date, amount, check number, and number of items received.) *If construction is being documented with AIA Forms be sure all applicable sections are completed, signed and notarized.*
- Proof of Equity Contribution – includes confirmation
- Compliance with Minority and Woman-Owned Business Enterprise goals of 13% for certified Minority Owned Business Enterprises and 10% for certified Woman-Owned Business Enterprises. This includes completion of the attached ESD Exhibit H-4: Utilization Plan and quarterly completion of the ESD Exhibit H-6: Contractor Compliance and Payment Report.
- Compliance with Equal Employment Opportunity which includes utilization of ESD Exhibit H-2: Staffing Plan in bids or proposals, and completion of ESD Exhibit H-3: Workforce Employment Utilization Report to be completed by Contractors and Subcontractors.
- Compliance with State Environmental Quality Review Act. If a coordinated environmental review by a lead agency, then the Development Authority of the North Country should be a "listed agency."
- Compliance with Labor Peace.

I have read the above and understand that by signing this application and requesting funds from ESD that should I be funded, I will be obligated to comply with these Program requirements.

Date: \_\_\_\_\_ Borrower: \_\_\_\_\_ Title: \_\_\_\_\_

**SCHEDULE "B"**  
**PRINCIPALS AND OFFICERS**

Indicate names and addresses including percentage of ownership of all principals and officers.  
Please attach resumes for principals.

*Owners/Principals*

Name	% Ownership
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Officers*

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Schedule "C" 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	\$ _____
		Net Worth	\$ _____
<b>Total</b>	\$ _____	<b>Total</b>	\$ _____

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

	Property A	Property B	Property C
Type of Property			
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).

**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).

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

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

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 "D"**  
**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; 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

- \_\_\_\_\_ 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

**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:

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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:

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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:

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4. Has the business, its present owners, officers, or management ever been the subject of bankruptcy proceedings?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe:

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Signed, \_\_\_\_\_



**SCHEDULE "F"**  
**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
<b>TOTALS:</b>						

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 "G"**  
**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

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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

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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

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Signed \_\_\_\_\_ Date \_\_\_\_\_

(USE ADDITIONAL COPIES OF THIS SHEET IF NECESSARY)

**SCHEDULE "H"**  
**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.**

Land or Real Estate

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)

Machinery or Equipment

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)

Other Tangible Assets

Description	Location	Cost	Est. Book Value	Est. Market Value	Present Loan Balance	Liens (Identify Lien Holder)

## **SCHEDULE "T"** **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 "J"**  
**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 "K"**  
**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 "L"**  
**PROJECTED PROFIT AND LOSS & CASH FLOW STATEMENTS, AND BALANCE SHEET**

Provide projected profit and loss and cash flow 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. Balance sheets must also be provided for each projected year end.

**SCHEDULE "M"**  
**Form IA**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

**Ethnicity:**

**Hispanic or Latino** \_\_\_\_\_

**Not Hispanic or Latino** \_\_\_\_\_

**Race: (Mark one or more)**

**White** \_\_\_\_\_ **Black or African American** \_\_\_\_\_

**American Indian/Alaska Native** \_\_\_\_\_ **Asian** \_\_\_\_\_

**Native Hawaiian or Other Pacific Islander** \_\_\_\_\_

**Gender: Male** \_\_\_\_\_ **Female** \_\_\_\_\_

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