No. ____

Application To

CITY OF HORNELL INDUSTRIAL DEVELOPMENT AGENCY
For
FINANCIAL ASSISTANCE**

(**Where necessary, provide information as properly labeled attachment. Example: I, A, 1, etc.)

I. Applicant Information – Alstom Sales Tax Exemption Application for Hornell Site CAPEX Expenditures

A. General

1. Name: Alstom Transportation Inc.
2. Address: 1 Transit Drive, Hornell, New York 14843
3. Federal ID#: _____
4. Website: Alstom Transportation Inc
5. Contact Person(s): Doug Rollins / Tim Buchanan
   - (a) Title: Treasurer / Capex Manager
   - (b) Telephone: _____
   - (c) Facsimile: 585 279 1886
   - (d) Email: doug.Rollins@transport.alstom.com / tim.Buchanan@transport.alstom.com

B. Business Structure

1. ☐ Corporation
   - (a) Date of Incorporation: Sept 22, 1986
   - (b) State of Incorporation: New York
   - (c) NY Authority: ☐xx yes (provide certification) ☐ no
   - (d) Public Corporation: ☐xx yes ☐ no
   - (e) Provide list by name and address of all affiliated entities
   - (f) Provide names and addresses of all Officers – **see attached**
   - (g) Provide names and addresses of Board of Directors
   - **(h)** Provide names and addresses of Shareholders holding more than 15% - **Alstom Transport Holdings US Inc – 100% owner of Alstom Transportation Inc.**

2. ☐ LLC/LLP
   - (a) Date of Organization: _____
   - (b) State of Organization: _____
   - (c) NY Authority: ☐ yes (provide certification) ☐ no
   - (d) Managed by: ☐ managers ☐ members
   - (e) Number of Managers: _____
   - (f) Number of Members: _____
   - (g) Provide list by name and address of all affiliated entities

3. ☐ Partnership
   (a) ☐ General
   (b) ☐ Limited
   (c) Date of formation _____
   (d) State of formation _____
   (d) NY Authority ☐ yes (provide certification) ☐ no
   (e) Number of general partners _____
   (f) Number of limited partners _____
   (g) Provide list by name and address of all affiliated entities

4. ☐ Sole Proprietorship
   d/b/a certificate filed ☐ yes (provide certification) ☐ no

C. Professional Representatives

1. Counsel
   (a) Firm Name Alstom Transportation Inc
   (b) Principal Attorney Dana Wordes, Associate General Counsel
   (c) Address 353 Lexington Ave, Suite 1100, New York, NY 10016
   (d) Telephone 212 557 7260 office
   (e) Facsimile none
   (f) Email Dana.Wordes@transport.alstom.com

2. Architect/Engineer (if applicable)
   (a) Firm Name Internal primarily – outside as required
   (b) Principal _____
   (c) Address _____
   (d) Telephone _____
   (e) Facsimile _____
   (f) Email _____

3. Contractor (if applicable)
   (a) Firm Name Various, based on competitive bids
   (b) Principal _____
   (c) Address _____
   (d) Telephone _____
   (e) Facsimile _____
   (f) Email _____

4. Other
   (a) Firm Name Various Equipment suppliers
   (b) Principal _____
   (c) Address _____
   (d) Telephone _____
   (e) Facsimile _____

(f) Email _____

II. **PROJECT**

A. Site

1. Location Hornell New York – 1 Transit Drive and Shawmut Park Drive (Alstom Plants 1 & 2)

2. Tax ID Number _____

3. Current Owner
   (a) Name City of Hornell Industrial Development Agency
   (b) Address 40 Main Street, Hornell, New York 14843

4. Approximate Lot Size 3, Plants in Hornell – 52 acres including approx 700,000 sq ft of industrial, warehouse and office space

5. Current Use Industrial – New & Remanufactured Rail Passenger Cars and Propulsion Equipment

6. Utilities on Site
   ☐xx Water
   ☐xx Sanitary/Storm Sewer
   ☐xx Gas
   ☐xx Electric

7. Existing Improvements (describe) Plant 1 Car Shop is a mixture of Early 1900's structural steel, brick and concrete construction and 1980's through 2000 structural steel, metal exterior and concrete buildings. Plant 2 Motor Shop is a 1980's structural steel, metal exterior and concrete building.

8. Property is to be ☐ Acquired ☐xx Leased – **currently leased by Alstom from City of Hornell Industrial Development Agency under a 20 year lease arrangement**

9. Zoning
   (a) Current Industrial
   (b) Proposed no Change
   (c) Variance Needed ☐ yes ☐xx no

10. Regulatory Permits needed ☐ yes ☐xx no
    (if yes list) _____

11. Local Municipal Approval Received ☐xx yes ☐ no
Building permits from City of Hornell as required for modifications/renovations to existing facilities infrastructure, as necessary based on workscope

B. Project Description

1. Attach a detailed narrative describing the proposed project and the use of the facility upon acquisition and completion for which financial assistance is sought. **See attached Capex Plan – Attachment II.C.2**

2. Proposed start date February, 2011

3. Proposed completion date April, 2012

4. Will project result in abandonment of a facility located in New York State? ☐ yes ☐xx no

5. Will project result in relocation of jobs from other region(s) of New York State? ☐ yes ☐xx no

6. If answer to #4 and/or #5 is "yes," attach a narrative statement indicating how project would prevent applicant from locating project in another state or how project is needed to prevent harm to applicant's competitive position.

C. Project Costs (estimated)

1. Acquisition
   (a) Land $_____
   (b) Buildings $_____
   (c) Equipment $_____
   (d) Other $_____

2. Improvements - **see attached details – keyed to project awards – Attachment II.C.2**
   (a) Existing Structures $_____
   (b) New Structures $_____
   (c) New Equipment $_____
   (d) Other $_____

D. Project Benefits (estimated)

1. Construction Jobs 4 to 6 FTE over period, depending on project awards

2. Full-time Jobs Created Previous Year **on-going project based business - new work based on competitively bid projects – success not related to this sales tax exemption request**
   (a) Start year _____
   (b) Three Year _____

(c) Five Year _____
(d) Project Completion _____

3. Estimate of jobs to be retained **not meaningful - in restart of the Hornell Site based on Patco Car renovation project award**

4. # of FTE's before IDA status ____n/m_____

5. Salary Information
   (a) Avg. estimated salary of jobs to be created $_n/m_____
   (b) Avg. estimated salary of jobs to be retained $_n/m_____

7. Private Funds to be Invested in Project **$ per attachment II C. 2 - investment amounts, based on project awards and corporate approvals of investments**

8. Other Benefits (list)
   _____ $_____
   Alstom's Hornell Restart effort $_____
   _____ $_____

E. Incentive Valuation

1. Financial Assistance Sought - **please see attached estimate – Attachment II. C. 2 - approx $29,000 of Sales Tax Exemption, assuming corporate approval of Capex investment**
   (a) Total Sales Tax Exemption $_____
   (1) Facility Construction $_____
   (2) Fixtures/Equipment $_____
   (b) Mortgage Tax Exemption $_____
   (c) Property Tax Abatement $_____

2. Will Applicant proceed with proposed project without IDA financial assistance? ☐xx yes ☐ no**
   (**If no, attach detailed narrative setting forth reasons why.)

3. Existing taxes on land/building $ **PILOT & Revenue Sharing payments per IDA / Alstom lease agreement**

4. Estimated taxes on land/building without abatement $ **no change** (when project completed)

6. Estimated new tax revenue with abatement
   a. First Year $___N/A___
   b. Fifth Year $___N/A___

617.20

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: ALSTOM TRANSPORTATION INC

2. PROJECT NAME: FY 11-12 CAPEX EXPENDITURE PLAN

3. PROJECT LOCATION:
Municipality: HORNELL County: STEUBEN

4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)
1 TRANSIT DRIVE
PLANT 1
HORNELL, NEW YORK 14843

1 SHANNAHT DRIVE
PLANT 2
HORNELL, NEW YORK 14843

5. PROPOSED ACTION IS:
☐ New ☐ Expansion ☒ Modification/alteration

6. DESCRIBE PROJECT BRIEFLY:
PLEASE SEE ATTACHMENT II.C.2 OF APPLICATION

7. AMOUNT OF LAND AFFECTED: INVESTMENTS WILL BE MADE WITHIN BOUNDARIES OF ACREAGE LEASED FROM IDA AT ALSTS
Initially _____ acres Ultimately _____ acres

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? 1 & 2.
☒ 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) name and permit/approvals:
LOCAL BUILDING PERMITS ON A CASE BY CASE BASIS, MAY BE REQUIRED FOR NON-EQUIPMENT RELATED INVESTMENTS.

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
☐ Yes ☒ No If Yes, list agency(s) name 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

Reset