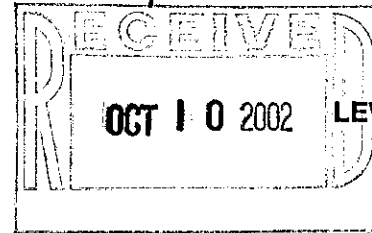
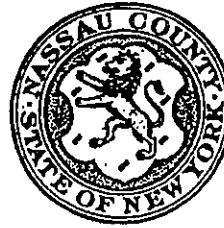


THOMAS R. SUOZZI
COUNTY EXECUTIVE



LEWIS J. YEVOLI
CHAIRMAN

HOWARD FENSTERMAN
VICE CHAIRMAN

JOSEPH GIOINO
EXECUTIVE DIRECTOR

GARY WEISS
SECRETARY

NASSAU COUNTY INDUSTRIAL DEVELOPMENT AGENCY

DAVID L. MEJIAS
TREASURER

JED R. MOREY
ASSISTANT SECRETARY

1550 FRANKLIN AVENUE Suite 207
MINEOLA, NEW YORK 11501-4812
TELEPHONE 516 571-4160
FAX 516 571-4161

BARBARA ROSS-LEE
ASSISTANT TREASURER

RHONDA BROWN

**NASSAU COUNTY INDUSTRIAL
DEVELOPMENT AGENCY
APPLICATION FOR FINANCIAL ASSISTANCE
APPLICATION OF:**

Neptune Regional Transmission System, LLC

APPLICANT NAME

Please respond to all questions in this Application for Financial Assistance (the "Application") by, as appropriate:

- filling in blanks;
- checking the applicable term(s);
- attaching additional text (with notation in Application such as "see Schedule H, Item # 1", etc.); or
- writing "N.A.", signifying "not applicable".

All attachments responsive to questions found in this Application should be clearly labeled and attached as Schedule H to the Application. If an estimate is given, enter "EST" after the figure. One signed original and 12 copies of the Application (including all attachments) must be submitted.

A \$1,000 non-refundable Application Fee is required at the time the Application is submitted to the Nassau County Industrial Development Agency (the "Agency"). The Application Fee will not be credited against any other fees or expenses which are or become payable to the Agency in connection with this Application or the project contemplated herein. **Every signature page comprising part of this Application must be signed by the Applicant or this Application will not be considered complete or accepted for consideration by the Agency.**

Information provided herein will not be made public by the Agency prior to the adoption of a Preliminary or Inducement Resolution, but may be subject to disclosure under the New York Freedom of Information Law (New York Public Officers Law § 84 *et seq.*). If a portion of the material submitted with this Application is proprietary or otherwise confidential in nature, please submit it separately and identify its confidential nature.

DATE Rev. 5/02

PART 1. APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE (If more than one applicant, copy application and complete for each applicant):

Name: **Neptune Regional Transmission System, LLC ("Gateway Project")**

Address: **One Hunnewell Square, P.O. Box 1000, Pittsfield, ME 04967**

Primary Contact: *Scott Morrison*
Charles E. Hewett, President; Atlantic Energy Partners LLC

Phone: [REDACTED] Fax: **207-487-3861**

E-Mail: **chewett@neptunerts.com**

NY State Dept. of Labor Reg # _____ Federal Employer ID#: **52-2343777**

B. BUSINESS TYPE (Check applicable status. Complete blanks as necessary):

Sole Proprietorship ___ General Partnership ___ Limited Partnership ___

Limited Liability Company X Privately Held Corporation ___

Publicly Held Corporation ___ Exchange listed on _____

Income taxed as: Subchapter S ___ Subchapter C ___
501(c)(3) Corporation _____

State and Year of Incorporation/Organization: **Delaware, 2001**

Qualified to do Business in New York: Yes ___ No X N/A ___ **Will qualify before commencing business in New York**

C. ANY RELATED ENTITY PROPOSED TO BE A USER OF THE PROJECT:

Name: **None currently; see answer to Item I.I. below.**

Relationship:

D. APPLICANT ACCOUNTANT (subject to Agency approval):

Firm name: **PricewaterhouseCoopers**

Address, Contact & Phone: **100 Pearl Street, Hartford, CT 06103-3598**
Kent Goetjen
860-241-7009

PART I., continued

E. APPLICANT COUNSEL (subject to Agency approval):

Firm name: Curtis Thaxter Stevens Broder & Micoleau LLC

Address: One Canal Plaza, 10th Fl., Portland, ME 04101

Contact: Michael B. Peisner, Esq.

Phone: 207-774-9000

Email: mbp@curthax.com

F. Principal stockholders, members or partners, if any (i.e., owners of 5% or more of equity in Applicant):

| <u>Name</u> | <u>Percentage owned</u> |
|-------------------------------------|-------------------------|
| <u>Atlantic Energy Partners LLC</u> | <u>100%</u> |

G. If any of the persons described in the response to the preceding Question, or a group of said persons, owns more than a 50% interest in the Applicant, list all other entities which are related to the Applicant by virtue of such persons having more than a 50% interest in such entities:

See Exhibit I.Q.

H. Is the Applicant related to any other entity by reason of more than 50% common ownership? If YES, indicate name of related entity and relationship:

YES ___ NO X

I. List parent corporation, sister corporations and subsidiaries, if any:

Currently Atlantic Energy Partners LLC is the sole member of the Applicant. But, concurrent with financing, the Applicant will become a limited partnership with several investor entities anticipated. Atlantic Energy Partners LLC will become a limited partner.

J. (To be completed only if Applicant is seeking tax-exempt bond financing) N/A

1. Has the Applicant (or any related entity or person) been involved in, applied for or benefitted by any prior industrial development financing in the municipality in which this Project is located, whether by the Agency or another issuer, or in a contiguous municipality? ("Municipality" herein means city, town or village, or if the Project is not in an incorporated city, town or village, Nassau County.) If YES, describe:

YES ___ NO ___

PART I., continued

2. Has the Applicant (including any related entity or person) received or benefitted from within the past six months, or is contemplating to receive or benefit from within the next six months, tax-exempt financing anywhere within the United States? If YES, describe:

YES ___ NO ___

3. Will the proposed bond issue, when combined with all other outstanding industrial development bond issues of the Applicant or any related entity, exceed the aggregate principal amount of \$40,000,000?

YES ___ NO ___

4. Is the Applicant seeking federal tax-exempt bonds as a manufacturing facility?

YES ___ NO ___

If YES, complete the attached Tax-Exempt Bond Manufacturing Questionnaire (Schedule A) and provide an estimate of the capital expenditures of the Applicant, and its affiliates and subsidiaries in Nassau County, during the past three years?

\$ _____

- K. Has the Applicant (including any related entity or person) made a public offering or private placement of its stock within the last year? If YES, attach a copy of the Prospectus or Offering Statement used in connection with the offering or placement.

YES X NO ___

See Exhibit I.K., which is an excerpt. The balance will be made available on entering into suitable confidentiality measures. Note that the sales of 25-year Transmission Scheduling Rights referenced on pages 10 and 14 have not yet been consummated.

- L. List the major bank references of the Applicant including name, address and phone number of bank contact:

Société General, Jeffrey Wood
1221 Avenue of the Americas
New York, NY 10020
212-278-5358

- M. Is the Applicant (including any related entity or person) or any principal(s) of the Applicant or its related entities involved in any litigation which would have a material adverse effect on the Applicant's financial condition or the financial condition of said principal(s)? If YES, attach details.

YES ___ NO X

PART I., continued

- N. Has the Applicant (or any related entity or person) or any principal(s) of the Applicant or its related entities, or any other business with which such entities, persons or principal(s) have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors? If YES, attach details.

YES ___ NO X

- O. Has the Applicant (or any related entity or person) or any principal(s) of the Applicant or its related entities, ever been charged with or convicted of any felony or misdemeanor (other than minor traffic offenses), or have any such related persons or principal(s) held positions or ownership interests in any firm or corporation charged or convicted of a felony or misdemeanor (other than minor traffic offenses)? If YES, attach details.

YES ___ NO X

- P. Has the Applicant (or any related entity or person) or any principal(s) of the Applicant or its related entities, or any other concern with which such entities, persons or principal(s) have been connected, been cited for a violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or other operating practices? If YES, attach details.

YES X NO ___

Neptune RTS™' managing member, Atlantic Energy Partners LLC, is comprised of five entities who will become limited partners in the Applicant entity. One of the five members of AEP is an affiliate of a construction company with over 50 years of operating experience and has on occasion been cited for violations of law and regulation applicable to the construction industry. A summary will be made available to the Authority.

- Q. Complete the following information for principals (including, in the case of corporations, officers and members of the board of directors) of the Applicant:

| <u>Name</u> | <u>Title</u> | <u>Social Security</u> | <u>Other Business Affiliations</u> |
|-------------|--------------|------------------------|------------------------------------|
|-------------|--------------|------------------------|------------------------------------|

See Exhibit I.Q.

Do any of the foregoing principals hold elected or appointive public positions? If YES, attach details.

YES ___ NO X

Are any of the foregoing principals employed by any federal, state or local municipality or any agency, authority, department, board, or commission thereof or any other governmental or quasi-governmental organizations

PART I., continued

YES ___ NO X

R. Operation at existing location(s) (Complete separate Section R for each existing location):

1. (a) Location: None
- (b) Number of Employees: Full-Time: ___ Part-Time: ___
- (c) Annual Payroll, excluding benefits: _____
- (d) Type of operation (e.g. manufacturing, whole-sale, distribution) and products or services: _____
- (e) Size of existing facility real property (i.e., acreage of land): _____
- (f) Buildings (number and square footage of each): _____
- (g) If Applicant rents, state annual payment and lease expiration date: _____
- (h) Standard Industrial Code (SIC) Number: _____
- (i) Terms of use of facility.

FEE TITLE (i.e. own) LEASE OTHER (describe below)

2. If any of the facilities described above are located within the State of New York, is it expected that any of the described facilities will be closed or be subject to reduced activity? If YES, complete the attached Anti-Raiding Questionnaire (Schedule D).

YES ___ NO ___ N/A

S. Has the Applicant considered moving to another state or another location within New York State? If YES, explain circumstances.

YES ___ NO ___ N/A

T. Does any one supplier or customer account for over 50% of Applicant's annual purchases or sales, respectively. If YES, attach name and contact information for supplier and/or customer, as applicable:

YES ___ NO X

PART I., continued

U. Describe any labor union affiliation of the Applicant and/or the Applicant's employees:

None (Applicant is a development company with no employees at this time.)

V. Attach a brief history of the Applicant and its business. **See Exhibit I.V.**

PART II. PROPOSED PROJECT

A. Type of financing requested (Check One or More):

TAX-EXEMPT BONDS ___ TAXABLE BONDS X STRAIGHT LEASE ___

(Specific financing request to be determined after consultation with IDA.)

B. Briefly describe the proposed Project, the reasons why the Project is necessary to the Applicant and why the Agency's financial assistance is necessary, and the effect the Project will have on the Applicant's business or operations:

The Long Island "Gateway Project" is part of the Neptune Regional Transmission System described in Exhibit I.K. The Project consists of undersea cable bringing high voltage DC (HVDC) power from New Jersey, a converter station where the DC power is converted to AC, and cable conveying the AC power to the LIPA substation at Newbridge Road in Nassau County. IDA assistance is necessary to secure the sites for these facilities and to finance their construction, manufacture and installation. Given the limited availability of suitable land and routes, the IDA assistance is vital for the successful completion of the Project by the Applicant.

C. If the Applicant is unable to arrange financing for the Project, what will be the impact on the Applicant and Nassau County? Would the Applicant proceed with the Project without Agency financing or other Agency assistance? Describe.

The Project cannot be built in Nassau County or elsewhere without favorable financing. The applicant will proceed with the Project, whether in Nassau County or elsewhere, wherever it can find the most appropriate total package.

D. Location of Project (attach map showing the location), Project address, real property Section, Block, and Lot numbers and School District:

Project Address:

Cedar Creek Water Pollution Control Plant; PO Box 88, Wantagh, N.Y. 11793

See Exhibit II.E.1 for maps

Section: 63 Block: 261 Lot: 765H

Part II. Continued

School District: 23

School Number: _____

E. Describe proposed Project (attach copies of preliminary plans or sketch of proposed acquisition, renovation and/or construction).

1. Real Property: SEE EXHIBIT II.E.1.

2. Building(s): SEE EXHIBIT II.E.2.

(a) Existing Building(s) (number of buildings and number of floors and square footage of each building):

None

(b) Does the Project consist of an addition and/or renovations to existing buildings? If YES, indicate nature of expansion and/or renovation.

YES ___ NO X

(c) Does the Project consist of new construction? If YES, indicate the number of buildings and square footage of each building:

YES X NO ___

3 buildings, approximately 27,750 square feet total, plus related exterior equipment and approximately 11 miles of cable.

(d) Builder or Contractor Name and Address:

Siemens PTD US
4700 Falls of Neuse Road, Suite 200
Raleigh, NC 27609

(e) Architect Name and Address:

(through Siemens)

PART II, continued

3. Describe the present use of the Project site:

Empty land adjacent to sewage disposal plant; currently used as a motor vehicle impoundment lot.

4. (a) What are the real estate taxes on the Project? (If amount of current taxes is not available, provide assessed value for each):

Land: **\$178,040*** Building(s): \$ **N/A**

***Assessed value of parcel which currently includes sewage treatment plant. Assessed value of improvements, fixtures and real estate of the Project to be determined in consultation with the Authority.**

(b) Are tax certiorari proceedings currently pending with respect to the Project real property? If YES, attach details.

YES NO

F. Describe proposed project ownership structure (Applicant or other entity):

The Project will be 100% owned by the Applicant which will be constituted as a limited partnership, unless further modified by a financing structure to be developed with the IDA.

G. To what purpose will the building or buildings to be acquired, constructed or renovated be used by the Applicant? (include description of products to be manufactured, assembled or processed and services to be rendered.)

Housing equipment used to convert direct current electricity transmitted from the mid-Atlantic states (the PJM transmission grid) to alternating current electricity for distribution in Long Island by distribution companies.

H. If any space in the Project is to be leased to third parties, or is currently leased to third parties who will remain as tenants, provide the names and contact information for each such tenant, indicate total square footage of the Project to be leased to each tenant, and describe proposed use by each tenant:

N/A

I. List principal items or categories of equipment to be acquired as part of the Project:

Thyristor Convertor Valves; three (3) single phase three-winding oil immersed transformers; air core DC smoothing reactor that will be air-cooled and air-

PART II, continued

insulated; AC filter system; AC Switchyard; Shunt Reactor; HVDC insulated cable with internal return; AC cable; interconnection equipment.

J. Will Project meet zoning requirements at proposed location?

YES X NO _____

1. Describe present zoning: **Residential; with a special permitted use for public utility structures.**
2. Describe required zoning, if different: **Special Use Permit as a permitted public utility structure**
3. If a change in zoning is required, please provide details/status of any zoning change request:

The New York Public Service Commission ("PSC") has site location jurisdiction over public utility structures such as the proposed converter station. Prior to issuing the Certificate of Environmental Compatibility and Public Need, the PSC must determine that the location of the proposed facility, in this case, the converter station, is consistent with local laws or, if a variance or waiver is required, an explanation of the need. The PSC's statutory authority preempts local zoning authority; however, the applicant will show conformity to the provisions of the Town of Hempstead zoning ordinance. (Under Art. 7, NYPSC will issue land use permits consistent with local zoning ordinance.)

K. Does the Applicant, or any related entity or person, hold a lease or license on the Project site? If YES, please provide details and a copy of the lease/license.

YES _____ NO X

L. Does the Applicant, or any related entity or person, hold fee title to (i.e. own) the Project site?

YES _____ NO X

If YES, indicate:

(a) Date of purchase: _____

(b) Purchase price: \$ _____

(c) Balance of existing mortgage, if any: \$ _____

PART II, continued

(d) Name of mortgage holder: _____

(e) Special conditions: _____

If NO, indicate:

(a) Name of present owner of Project site: County of Nassau (as to converter station site only)

(b) Does the Applicant or any related person or entity have an option or a contract to purchase the Project site and/or any buildings on the Project site?

YES _____ NO X

The key terms of a purchase and sale agreement are set forth in a Memorandum of Agreement between the parties and will be provided to the Authority.

If YES, attach copy of contract or option and indicate:

(a) Date signed: _____

(b) Purchase price: > \$10,000,000 _____

(c) Closing date: **June 30, 2003 or a date following issuance of all permits and technical approvals necessary to commence construction of the Project.**

M. Is there a relationship legally or by virtue of common control or ownership between the Applicant (and/or its shareholders) and the seller of the Project (and/or its shareholders)? If YES, describe:

YES _____ NO X

N. Will customers personally visit the Project premises for either of the following economic activities? If YES with respect to either economic activity indicated below, complete the attached Retail Questionnaire (Schedule E).

Retail Sales: YES _____ NO X Services: YES _____ NO X

O. Is proposed Project site served by:

Water Yes Electric Yes

Gas Yes Sanitary/Storm Sewer Yes

PART III. PROJECT COSTS

A. Provide an estimate of cost of all items listed below.

| Item | Cost |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Land Acquisition | > <u>\$10 million depending on cost of underwater easements</u> |
| 2. Building Acquisition | \$ _____ |
| 3. Construction or Renovation | \$ _____ * |
| 4. Site Work | \$ _____ * |
| 5. Engineering Fees | \$ _____ * |
| 6. Architectural Fees | \$ _____ * |
| 6. Applicant's Legal Fees | \$ _____ * |
| 7. Financial Fees (incl. lender legal fees) | \$ _____ * |
| 8. Other Professional Fees | \$ _____ * |
| 9. Furniture, Equipment & Machinery | \$ _____ * |
| 10. Recording Fees | \$ _____ * |
| 11. Other Soft Costs (describe) | \$ _____ * |
| 12. Other (describe): | \$ _____ * |
| | <u>*amounts allocable to Nassau County facilities; total > \$ 90,000,000 (further breakdown to be furnished in confidence at a later date)</u> |
| Total | <u>\$ in excess of \$100,000,000</u> |

B. Funds required: \$ _____ Financing term desired: _____

To be determined in consultation with the Authority

C. Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application? If YES, describe particulars on a separate sheet.

YES X NO

PART III., continued

\$2,000,000 allocable share of development (soft) costs to date.

- D. Are items of working capital, moving expenses, work in progress, or stock in trade included in the proposed uses of the bond proceeds? If YES, provide details:

YES X NO

(Amount to be determined)

Applicant considers development costs to be proprietary and will be disclosed on entering into suitable confidentiality arrangements

- E. Will any of the funds to be borrowed through the Agency be used to repay or refinance an existing mortgage or outstanding loan? If YES, provide details:

YES ____ NO X

- F. What portion, if any, of the cost of the Project is to be financed from funds of the Applicant, or other than from the proposed Project financing? Provide details:

_____ %

To be determined, depending on equity allocation to the Nassau County portion of the facilities.

- G. Has the Applicant made any arrangement for the marketing or the purchase of the bond or bonds or the provision of other third party financing? If YES, indicate with whom (subject to Agency approval).

YES ____ NO ____

Currently in discussion with financial advisor, Société General.

- H. Has the Applicant made any arrangements for a bond trustee? If YES, indicate with whom (subject to Agency approval).

YES ____ NO X

PART IV. COST/BENEFIT ANALYSIS

- A. If the Applicant presently operates in Nassau County, provide the current annual payroll, excluding benefits. Estimate payroll, excluding benefits, in First Year and Second Year after completion of the Project.

| | Present | First Year | Second Year |
|-----------------------|---------------|------------------|------------------|
| Full-Time: | \$ _____ | \$ _____ | \$ _____ |
| Part-Time: | _____ | <u>50,000</u> | <u>50,000</u> |
| Seasonal: | _____ | _____ | _____ |
| Total Annual Payroll: | \$ <u>-0-</u> | \$ <u>50,000</u> | \$ <u>50,000</u> |

Temporary Construction Jobs **Up to 100, averaging about 40, during construction.**

- B. Does the Applicant intend to employ new additional employees at the proposed Project site, or will Applicant transfer current employees from existing location(s)? If YES, describe:

YES X NO _____

All employment at the site will be part-time; the site will be unmanned most of the time

- C. What, if any, will be the expected increase in the dollar amount of production, sales or services rendered?

100 %

- D. Describe, if applicable, other benefits to the County anticipated as a result of the Project:

Principal benefits are to the Long Island electricity system and to its customers and ratepayers from a facility which has minimal environmental impacts. See attached Exhibit IV.D.

- E. Costs to the County and affected municipalities:

| | |
|--------------------------------------------|------------|
| Estimated Value of Sales Tax Exemption: | \$ _____ * |
| Estimated Value of Mortgage Tax Exemption: | \$ _____ * |
| Estimated Property Tax Abatement: | \$ _____ * |
| Estimated Interest Savings: | \$ _____ * |

* **Costs to be determined in consultation with the Authority.**

PART V. PROJECT CONSTRUCTION SCHEDULE

A. Has construction work on this project begun? If YES to any of the following categories, complete the following table:

- 1. (a) Site clearance YES NO ___% complete
- (b) Foundation YES NO ___% complete
- (c) Footings YES NO ___% complete
- (d) Steel YES NO ___% complete
- (e) Masonry YES NO ___% complete
- (f) Other (describe below): YES NO ___% complete

2. If NO to all of the above categories, what is the proposed date of commencement of construction, renovation or acquisition of the Project?

Quarter 4, 2003 or earlier. (subject to receiving all governmental permits and system reliability determinations pursuant to FERC Order 888.)

B. Provide an estimate of time schedule to complete the Project and when the first use of the Project is expected to occur (attach additional sheet if necessary):

18-20 months. It is anticipated that the Project will be in service by summer, 2005.

C. At what date(s) and in what amount(s) is it estimated that funds will be required?

PART VI. ENVIRONMENTAL IMPACT

A. What is the expected environmental impact of the Project? (Complete the attached Environmental Form (Schedule G)).

Application to NYPSC for Certificate of Environmental Compatibility and Public Need ("Art. VII Application") will be provided.

B. Is an environmental impact statement required by Article 8 of the N.Y. Environmental Conservation Law (i.e., the New York State Environmental Quality Review Act)?

YES NO

C. Please be advised that the Agency may require at the sole cost and expense of the Applicant the preparation and delivery to the Agency of an environmental report in form

and scope satisfactory to the Agency, depending on the responses set forth in the Environmental Form.

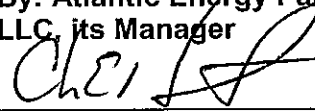
- D. The Applicant authorizes the Agency to make inquiry of the Environmental Protection Agency, the Department of Environmental Conservation or any other appropriate federal, state or local governmental agency or authority as to whether the Project site or any property adjacent to or within the immediate vicinity of the Project site is or has been identified as a site at which hazardous substances are being or have been used, stored, treated, generated, transported, processed, handled, produced, released or disposed of. The Applicant will be required to secure the written consent of the owner of the Project site to such inquiries (if the Applicant is not the owner), upon request of the Agency.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true and correct.

Name of Applicant: **Neptune Regional Transmission System LLC**

By: Atlantic Energy Partners LLC, its Manager

Signature: _____



Name: **Charles E. Hewett**

Title: **Chief Executive Officer**

Date: _____

Oct 4, 2002

GUIDELINES FOR ACCESS TO EMPLOYMENT OPPORTUNITIES

The Private Activity Bond Allocation imposes an employment listing obligation that requires that persons eligible for service under the Federal Job Training Partnership Act be considered first for any new jobs created in connection with the issuance of qualified small issue bonds.

INITIAL EMPLOYMENT PLAN

Prior to the expenditure of bond proceeds, the Applicant shall complete the following employment plan:

Applicant Name: **Neptune Regional Transmission System, LLC**
 Address: **One Hunnewell Square, P.O. Box 1000, Pittsfield, ME 04967**
 Type of Business: **Developer of undersea power cables and related facilities**
 Contact Person: **Charles E. Hewett, President** ___ Tel. No.: **207-487-3311**

Please complete the following table describing the Applicant's projected employment plan following receipt of financing.

| <u>Current and Planned Full Time Occupations</u> | <u>Current Number Full Time Jobs Per Occupation</u> | <u>Estimated Number of Full Time Jobs After Completion of the Project</u> | | |
|--------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------|----------------|----------------|
| | | <u>1 year</u> | <u>2 years</u> | <u>3 years</u> |
| <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please indicate the estimated hiring dates for the new jobs shown above and any special recruitment or training that will be required.

This will be an unmanned facility most of the time. It is expected that there will be part-time positions equivalent to 1.5 full-time jobs, which will be filled near the end of the construction period. No special recruitment or training is anticipated.

Are the Applicant's employees currently covered by a collective bargaining agreement?

YES _____

NO _____

If YES, Union Name and Local: _____

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true and correct.

Name of Applicant: **Neptune Regional Transmission System LLC**

By: Atlantic Energy Partners LLC, its Manager

Signature: _____



Name: _____

Charles E. Hewett

Title: _____

Chief Executive Officer

Date: _____

10/4/02

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