## City of Utica Industrial Development Agency Application

The information required by this form is necessary to determine the eligibility of your project for IDA benefits. Please answer all questions; insert "NONE", or "NOT APPLICABLE", where necessary. If an estimate is given, put "EST." after the figure. Attach additional sheets if more space is needed for a response than is provided. Return three copies of this application to the City of Utica Industrial Development Agency.

Once submitted with the IDA, this Application becomes public information and will be published on the IDA's website. If the applicant deems any information requested to be exempt from FOIL, please answer the question "CONFIDENTIAL" and submit the information on a separate attachment marked confidential and provide the statutory exemption

A project financed through this Agency involves the preparation and execution of significant legal documents. Please consult with an attorney before signing any documents in connection with the proposed project.

### PART I Applicant

Applicant's legal Na	nme:	
•		
Project Address:		
	(s):	
•	•	
Federal Identification	on Number:	
Company IRS Filing	g Office Location:	
Company Officer co	ompleting this application:	
Name:		
Title:		
Phone:	cell	office
Email:		

	Is the applicant a:		
		'ES, Public() Private() poration, on which exchange is it lis	sted?
	( ) Sole Proprietors ( ) Partnership ( ) Subchapter S ( ) DISC ( ) Other (specify) _	hip	
B.	State of incorporation	on/organization, if applicable:	
	Stockholders, Dire	ectors, Officers, Partners or Mem	<u>ibers</u>
A.	Provide the followin	g information in regard to principal	stockholders or parties:
	<u>Name</u>	Home Address	Percentage o <u>Ownership</u>
_			
_			
В.	Provide the followin	g information in regard to officers a	and directors:
	Company Officer	Name and Home Address	Other Principal Business Affiliation

any other entity by more than 50% common entity and the relationship.	ownership? If also, indicate name of such
Is the applicant affiliated with any other e indicated in response to paragraph C aborelationship of such other entity and the add	ove? If YES, please indicate name and
Applicant's accountant	
Name and Title:	
Name of Firm:	
Address:	
Telephone Number:	
Applicant's attorney	
Name and Title:	
Name of Firm:	
Address:	
Telephone:	Email:
	Is the applicant affiliated with any other elindicated in response to paragraph C aborelationship of such other entity and the add  Applicant's accountant  Name and Title:  Name of Firm:  Address:  Telephone Number:  Applicant's attorney  Name and Title:  Name of Firm:  Address:

Is the applicant or any of the persons listed in 2(A) above related, directly or indirectly, to

C.

5.		References (Individuals and institutions in this section may be contacted)				
	A.	Banking/Financial Ir				
		Name of Institution	Address and Phone Number	Account Officer/ Contact Person		
	В.	Business suppliers	(list three largest accounts)			
		Name of <u>Supplier</u>	Address and Phone Number	Account Officer/ Contact Person		
_						
	C.	Major customers (li	st three largest)			
		Name of Customer	Address and Phone Number	Account Officer/ Contact Person		
_						
6.		Business Descript	<u>ion</u>			
	A.	Describe nature of I	ousiness and principal products	and/or services:		

В.		Describe the geographical market(s) served:			
7.		Present location(s) of bus	siness operations		
	A.	List present location(s):			
		1			
		2.			
		3.			
	B.	For what purpose is each o			
		1			
		2			
		3.			
	C.	For each of your present loc	ations which are <u>RENTED</u> , prov	vide the following information:	
	D.	Name of Landlord	Landlord's Address	<u>Landlord's</u>	
				Telephone Number	
		1.			
		2.			
		Amount of Space	Annual Rental	Lease Termination Date	
			<u>Annual Nortal</u>	Lease Termination Date	
		1.			
		2			
		3.			

<u>Location</u>	Annual Mortgage Payment	Termination Dat
1.		
List which of your present given:	locations, if any, will be vacated if IDA a	pproval for your proje
If any of these locations w	vill be sublet or sold, provide information	concerning your abili
do so.		

## <u>PART II</u>

## **Reasons for Project**

Please explain in detail why you want to undertake this project and define scope of project:
Why are you requesting the involvement of the IDA in your project?

How	v will the applicant's plans be affected if IE	DA approval is not granted?
	ase confirm by checking the box, below, if t for the Financial Assistance provided by t	there is likelihood that the Project would not be undertaken he Agency?
	☐ Yes or ☐ No	
	•	ancial Assistance provided by the Agency, then provide a ting why the Project should be undertaken by the Agency:
Ider	tify the assistance being requested of the	e Agency (select all that apply):
1.	Exemption from Sales Tax	Yes or No
2.	Exemption from Mortgage Tax	Yes or No
3.	Exemption from Real Property Tax	Yes or No
4.	Tax Exempt Financing *  * (typically for not-for-profits & small quality)	Yes or No ualified manufacturers)

## A. Type of Project

Check category or categories best describing your project (O - Owner) and all end-users (T – Tenant(s)) and the square footage of each:

Total	sf
Other (specify)	sf
Recreational	sf
Retail	sf
Multi-Tenant	sf
Facility for Aging	sf
Back Office	sf
Housing	sf
Pollution Control	sf
Commercial	sf
Warehousing	sf
Research and Development	sf
Industrial (Assembly or Service)	sf
Manufacturing	sf

# B. <u>Description of Proposed Project</u>

Check all appropriate categories which apply to the proposed project:

1. Acquisition of land	YES( )	NO( )
2. Acquisition of existing building	YES( )	NO( )
3. Renovations to existing building	YES( )	NO( )
4. Construction of addition to existing building	YES( )	NO( )
5. Demolition	YES( )	NO( )
6. Construction of a new building	YES( )	NO( )
7. Acquisition of machinery and/or equipment	YES( )	NO( )
8. Installation of machinery and/or equipment	YES( )	NO( )
9. Other (specify)	YES( )	NO( )

C.	What is the zoning classification of the proposed site?

Is the site in an Empire Zone? ( ) Yes ( ) No Is the business Empire Zone certified at this location: ( ) Yes ( ) No Attach a copy of the last Business Annual Report filed. Is the proposed project located within the boundary of a Central New York Reg Transportation (Centro) District? ( ) Yes ( ) No  1. Please describe in detail the facility to be acquired, constructed or renormal.					
Is the business Empire Zone certified at this location: ( ) Yes ( ) No  Attach a copy of the last Business Annual Report filed.  Is the proposed project located within the boundary of a Central New York Reg  Transportation (Centro) District? ( ) Yes ( ) No  1. Please describe in detail the facility to be acquired, constructed or renor  (including number of buildings and other existing structures or facilities) and a  plot plans, photos or renderings, if available.  2. If construction or renovation work on this project has already begun, please des the work in detail.  3. What is the estimated useful life of the:		<u>Location(s)</u>	Street Address	Number of Floors/ SF/flo	
Attach a copy of the last Business Annual Report filed.  Is the proposed project located within the boundary of a Central New York Regarders (Centro) District? ( ) Yes ( ) No  1. Please describe in detail the facility to be acquired, constructed or renor (including number of buildings and other existing structures or facilities) and a plot plans, photos or renderings, if available.  2. If construction or renovation work on this project has already begun, please dest the work in detail.  3. What is the estimated useful life of the:	Is th	ne site in an Empire Zo	one?( ) Yes( ) No		
Is the proposed project located within the boundary of a Central New York Reg.  Transportation (Centro) District? ( ) Yes ( ) No  1. Please describe in detail the facility to be acquired, constructed or renor (including number of buildings and other existing structures or facilities) and a plot plans, photos or renderings, if available.  2. If construction or renovation work on this project has already begun, please destine work in detail.  3. What is the estimated useful life of the:	Is th	ne business Empire Zo	one certified at this location: (	) Yes ( ) No	
Transportation (Centro) District? ( ) Yes ( ) No  1. Please describe in detail the facility to be acquired, constructed or renor (including number of buildings and other existing structures or facilities) and a plot plans, photos or renderings, if available.  2. If construction or renovation work on this project has already begun, please desthe work in detail.  3. What is the estimated useful life of the:	Atta	ich a copy of the last B	Business Annual Report filed.		
<ol> <li>Please describe in detail the facility to be acquired, constructed or renor (including number of buildings and other existing structures or facilities) and a plot plans, photos or renderings, if available.</li> <li>If construction or renovation work on this project has already begun, please desthe work in detail.</li> <li>What is the estimated useful life of the:</li> </ol>	ls th	ne proposed project le	ocated within the boundary o	f a Central New York Regi	
(including number of buildings and other existing structures or facilities) and a plot plans, photos or renderings, if available.  2. If construction or renovation work on this project has already begun, please desthe work in detail.  3. What is the estimated useful life of the:	Trar	nsportation (Centro) D	istrict? ( ) Yes (	) No	
2. If construction or renovation work on this project has already begun, please desthe work in detail.  3. What is the estimated useful life of the:	1.	Please describe in	detail the facility to be acq	uired, constructed or renov	
2. If construction or renovation work on this project has already begun, please desthe work in detail.  3. What is the estimated useful life of the:		(including number of buildings and other existing structures or facilities) and atta			
the work in detail.  3. What is the estimated useful life of the:		plot plans, photos o	or renderings, if available.		
the work in detail.  3. What is the estimated useful life of the:					
the work in detail.  3. What is the estimated useful life of the:					
the work in detail.  3. What is the estimated useful life of the:					
3. What is the estimated useful life of the:	 2.	If construction or rei	novation work on this project ha	as already begun, please desc	
		the work in detail.			
	2	What is the actimat	tad usaful life of the		
a. Facility:	J.				
		a Facility:			

and	ny of this equipment has already been purchased or ordered, please attach all in purchase orders and list amounts paid and dates of expected delivery as well as cription:
	e construction or operation of the proposed project will require any local ordina
	ance to be obtained or requires a permit or prior approval of any state or federal a body (other than normal occupancy/construction permits), please specify:
	the project have a significant effect on the environment, YES ( ) NO ( ).
	S, please describe the effect. Important: please attach Environmental Assessn m to this Application
Will	a related real estate holding company, partnership or other entity be involved
the	ownership structure of the Transaction? YES ( ) NO ( ) If YES, please
exp	lain:

	ne:	
Add		
Tele	- phone	Number:
2.	If the	e applicant already owns the project site, indicate:
	a.	date of purchase:
	b.	purchase price: The applicant anticipaties all approvals for tax credits by end of September 2023, and purchase by end of October 2023
3.	If the	e project site is mortgaged, please indicate:
	a.	balance of mortgage: \$2,250,000
	b.	holder of mortgage: KeyBank
	ere a r	relationship, legally, by virtue of common control, or through related pe
dired	ctly or i	ndirectly, between the applicant and the present owner of the project site IO( )If YES, please explain:
dired YES	ctly or ii	IO()If YES, please explain:
dired YES	e comp	Dany currently a tenant in the building to be occupied?
dired YES	e comp	IO()If YES, please explain:
dired YES	e comp	oany currently a tenant in the building to be occupied?

If NO, give the following information with respect to present tenants: 1. Present Tenant Information a. Name of Floors Square Feet Nature of Tenant's Business Business Occupied Occupied Which of the above tenants will be vacating upon your initial use of the facility? How many b. jobs will be affected? Square Footage Now Occupied Name of Firm Jobs C. For those tenants who will remain after your initial occupancy of the site, provide the following transaction: Renewal Name of Term of Square Footage **Options** Tenant Lease Now Occupied

Are any of the above tenants related to the owner of the facility? YES ( ) NO ( )

If the applicant will be occupying the premises of any of the tenants listed in (c) when their

lease expires, please list.

e. Please provide copies of all present lease(s) at the proposed project site.

d.

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#### 2. Employment \*

a. List your present employment in the City of Utica, if any, and an estimate of the employment at the <u>proposed facility</u> at the end of two years. NOTE: New York State considers Full Time employment as 35 hours or more. Full-time jobs, plus the combination of two or more part-time jobs that, when combined together, constitute the equivalent hours of a full-time position (35 or more hours).

Employment	Current # of applicant's jobs at/or to be located at proposed project location	Number of FTE jobs to be RETAINED	Number of FTE jobs to be CREATED two years after project completion	Estimate number of residents in Labor Market Area that will fill projected jobs two years after project completion
Full-Time (FTE)				

The Labor Market Area consists of the following counties: Oneida, Lewis, Herkimer, Otsego, Madison and Oswego

b. Characterize the labor force to be associated with this project location according to the following categories:

Category	Current/ Anticipated	Avg Salary or Salary Range	Avg Fringe Benefits or Range
Officers			
Sales/Supervisory			
Clerical			
Plant/Production			
Other (specify)			

#### Notes:

c. Estimate the Annual Payroll for the employees associated with the project location.

Currently	End of Year One	End of Year Two
\$	\$	\$

<sup>\*</sup> Company/Applicant will be required to submit Annual Project Monitoring Reports (attached) along with a copy of the NYS 45 (four quarters) for a minimum of five (5) years for any commercial project and ten (10) years for any industrial/manufacturing project, or for the length of UIDA involvement in the project. Annual Project Monitoring Reports will be compared to employment counts as stated above and companies whose reported counts fall below those levels above will be subject to the Agency's Recapture Provisions Policy.

Sources of Funds for Project Costs:		% of Total project costs
Bank Financing:	\$	
Equity (excluding equity attributed to grants/tax credits)	\$	
Tax Exempt Bond Issuance (if applicable)	\$	
Taxable Bond Issuance (if applicable)	\$	
Public Sources (Include sum total of all state and federal grants and tax credits)	\$	
Identify each state and federal grant/credit:		
\$		
\$		
\$		
\$		
Total Sources of Funds for Project Costs:	\$	
Have any of the above costs been paid or incurred as of	the date of this Ap	pplication?
☐ Yes ☐ No. If Yes, describe particulars:		
Mortgage Recording Tax Exemption Benefit: Amount of mortgage recording tax:	of mortgage that w	vould be subject to
Mortgage Amount (include sum total of construction/perma	anent/bridge finan	cing): \$
Estimated Mortgage Recording Tax Exemption Benefit (pr	oduct of mortgage	e \$

Please Note: The New York State General Municipal Law was recently amended to reflect that industrial development agencies are not exempt from the additional mortgage recording tax of .25% that is assessed to properties that are located within a regional transportation district. Oneida County is located within the Central New York Regional Transportation District; as such, all UIDA projects will be exempt from .75% of mortgage recording tax, but must pay .25% of mortgage recording tax, which will be directed to the Transportation District.

## 3. Estimated Project Cost

Listed the costs necessary for the construction, acquisition or renovation of the project (this should <a href="NOT">NOT</a> include working capital needs, moving expenses, work in progress, stock in trade, applicant's debt repayment, real estate broker fees or your legal fees):

Acquisition of Land	\$
Acquisition of Building(s)	\$
Renovation Costs	\$
New Construction of Buildings	\$
Machinery and Equipment (taxable) (other than furniture costs)	\$
Machinery and Equipment (non-taxable)	\$
Furniture and Fixtures	\$
Installation Costs	\$
Architectural/Engineering Fees	\$
Fees (other than your own counsel and brokerage fees)	\$
Interest on Interim Financings	\$
Other (specify)	\$_5,296,669
Financing Costs	1,337,175
Total Project Cost	\$
local Sales and Use tax - said amount to benefit benefit:	or goods and services that are subject to State and fit from the Agency's Sales and Use Tax exemption
Estimated State and local Sales and Use Tax above):	Benefit (product of 8.75% multiplied by the figure,
$\Psi$	

# 4. Real Estate Taxes

List separately the proposed project's Real Estate Taxes and/or Assessed Value as it applies to land and building:

Project's	Real Estate Taxes	Assessed Value
Land(s)	\$	\$
Building(s)	\$	\$
Total	\$	\$

Cal- \$		he value of the PILOT exemption anticipated for the project described:
5. <u>Proje</u>	ct Sche	<u>edule</u>
	Indio	cate the estimated dates for the following:
	a.	Construction commencement:
	b.	Construction completion:
	C.	Project financing: List the dates and in what amounts the estimated funds will be required:
	d.	Indicate the name of the incorporated municipality in which the facility will be located and the applicant's (or any related entity's) estimated capital expenditures in such municipality during the past three years:
	e.	What do you expect the applicant's (or any related entities) capital expenditures to be in the above municipality during the next three years (including this project):

inancing nt or any the next
OR IDA series of proval is
n regard
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-
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-

	1.	If YES, please briefly describe this commitment and attach related corres	oonde — —
	2.	If NO, please explain how you will be able to finance this project:	
		any other governmental agencies that you have contacted concerning in regard to your proposed project? YES() NO() If YES, plea	finand se ex
		any other governmental agencies that you have contacted concerning in regard to your proposed project? YES() NO() If YES, plea	financese ex
assis	stance	any other governmental agencies that you have contacted concerning in regard to your proposed project? YES() NO() If YES, plea	finand se ex

- 11. The Applicant confirms and hereby acknowledges that as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) of the New York General Municipal Law.
- 12. The Applicant and the individual executing this Application on behalf of the Applicant acknowledge that the Agency will rely on the representations made herein when acting on this Application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

STATE OF MARYLAND ) COUNTY OF MONTGOMERY ) ss.:	
Matt Sislen, being first duly sv	vorn, deposes and says:
1. That I am the Authorized Person (Corporate authorized on behalf of the Applicant to bind the A	
<ol> <li>That I have read the attached Application, I knowledge and belief, this Application at true, accurate and complete.</li> </ol>	
Subscribed and affirmed to me under penalties of perjury this 4th day of <u>October</u> , 2023  (Notary Public)  If the application has been completed by or in part by other	PETER J WALLACE Notary Public - Maryland Montgomery County My Commission Expires on April 1, 2025
for the applicant please indicate who and in what capacity:	man the person signing this application
By:	
Name:	
Title:	
Date:	

Return the original application and six copies with a check in the amount of \$250.00 made payable to: Utica Industrial Development Agency, 1 Kennedy

Plaza, Utica, New York, Attn.: Jack N. Spaeth, Executive Director.

	\$1,029,297		27.031890	13.445870	27.266922	67.744682			PILOT Benefit	\$653	\$666	\$679	\$693	\$707	\$721	\$735	\$750	\$265	\$780	\$196	\$812	\$828	\$844	\$861	\$879	968\$	\$914	\$932	\$951	\$970	\$989	\$1,009	\$1,029	\$1,050	\$1,071	\$1,092	\$1,114	\$1,137	\$1,159
	100 Rutger				0			3.30%		\$69,077	\$/0,458	\$71,867	\$73,305	\$74,771	\$76,266	\$77,791	\$79,347	\$80,934	\$82,553	\$84,204	\$82,888	\$87,606	\$89,358	\$91,145	\$95,968	\$94,827	\$96,724	\$38,658	\$100,632	\$102,644	\$104,697	\$106,791	\$108,927	\$111,105	\$113,327	\$115,594	\$117,906	\$120,264	\$122,669
	1001		CoU	<b>90</b>	NCSD					\$69,729	\$/1,124	\$72,546	\$73,997	\$75,477	\$76,987	\$78,527	\$80,097	\$81,699	\$83,333	\$85,000	\$86,700	\$88,434	\$90,202	\$92,006	\$93,847	\$95,724	\$61,638	\$99,591	\$101,583	\$103,614	\$105,687	\$107,800	\$109,956	\$112,155	\$114,398	\$116,686	\$119,020	\$121,401	\$123,829
			\$4,201,012						- 1	\$69,729	\$/1,124	\$72,546	\$73,997	\$75,477	\$76,987	\$78,527	\$80,097	\$81,699	\$83,333	\$85,000	\$86,700	\$88,434	\$90,202	\$92,006	\$93,847	\$95,724	\$97,638	\$99,591	\$101,583	\$103,614	\$105,687	\$107,800	\$109,956	\$112,155	\$114,398	\$116,686	\$119,020	\$121,401	\$123,829
Cost Benefit Analysis			0.45							\$2,093,230	\$2,135,095	\$2,177,796	\$2,221,352	\$2,265,779	\$2,311,095	\$2,357,317	\$2,404,463	\$2,452,553	\$2,501,604	\$2,551,636	\$2,602,668	\$2,654,722	\$2,707,816	\$2,761,973	\$2,817,212	\$2,873,556	\$2,931,027	\$2,989,648	\$3,049,441	\$3,110,430	\$3,172,638	\$3,236,091	\$3,300,813	\$3,366,829	\$3,434,166	\$3,502,849	\$3,572,906	\$3,644,364	\$3,717,251
Ö		\$32,900,000	\$9,335,582	\$3,734,233	\$21,200,000	\$117,200	\$912,097	\$1,029,297		67.74	69.10	70.48	71.89	73.33	74.80	76.29	77.82	79.37	80.96	82.58	84.23	85.92	87.63	89.39	91.18	93.00	94.86	96.76	69.86	100.67	102.68	104.73	106.83	108.96	111.14	113.37	115.63	117.95	120.30
UIDA	67.74								Tax Rate	П	2	3	4	2	9	7	∞	6	10	11	12	13	14	, 15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
					Tax				Year	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053
Historical Park Apts	Tax Rate (2024)	Total Project Costs	Construction Costs	Amount Subject to Sales Tax	Amount Subject to Mortgage Recording Tax	Land Value/ Existing Value*	Value of Improvement *	Final Assessed Value *																															

\$26,483

\$2,802,305

\$2,828,788

\$2,828,788

	,	,	, C	7000	300 300	033 5513	Difference
Post PILO I laxes	→ (	17771	55,717,65	\$120,503	\$120,303	\$122,009	43,030
	2	125.16	\$3,/1/,251	\$128,831	\$128,831	\$122,669	56,162
	m	12/.6/	\$3,717,251	\$131,408	\$131,408	\$122,009	58,739
	4	130.22	\$3,717,251	\$134,036	\$134,036	\$122,669	\$11,367
	2	132.83	\$3,717,251	\$136,717	\$136,717	\$122,669	\$14,047
	25			\$657,297	\$657,297	\$613,346	\$43,951
COSTS (of Benefits)							
Full Taxes no PILOT		\$2,828,788					
Total PILOT Payments		\$2,802,305					
Real Property Tax Cost		\$26,483					
	NA/FO	NY/LOCAL PORTION L	LOCAL PORTION ONLY				
Estimated Real Estate Tax Savings		\$26,483	\$26,483				
Estimated Mortgages Tax Savings		\$159,000	- 7				
Estimated Sales Tax Savings		\$326,745	\$176,443	Z	NYS	0.46	
Total Benefits Provided		\$512,229	\$202,926	ר	Local	0.54	
BENEFITS (of Project)  Employee Sales and Use Taxes Jobs Created/Retained (direct or indirect)  Est. Average Employee Salary/Total	\$53,250	3 \$159,750					
Eee Sales Tax generated			\$125,803				
Construction Jobs Est. Average Salary		43 \$65,000		ŭ≥	Const term (in months) Monthly wages	18 5416.67	
Construction Wages	\$4,201,012	l	\$132,332				
Total Sales Tax generated			\$258,135				
Residential Real Property Taxes				Owners	Tenants		
Number of Employees				1	2		
Assessed Values		L		75,000	25,000		
Total		\$8,468	\$211,688	5,081	3,387		
Increase in Taxes Generated							

5 Year NET Post PILOT Property Tax Income

30 Year Net Property Tax Increase	\$2,846,255	
Benefit of Project	\$513,773	\$513,773
Cost of Benefits	\$512,229	\$202,926
	NY/LOCAL	LOCAL
atio	1.00	2.53

\*Land value and projected increased assessed value are estimates. The amount will be assigned by the assessor at the completion of the project.