APPLICATION FOR TAX INCENTIVES

Town of Clarence Industrial Development Agency

ELIGIBILIY QUESTIONNAIRE

Section I: Applicant Background Information

Please answer all questions. Use "None" or "Not Applicable" where necessary. Information in this application may be subject to public review under New York State Law.

A) Applicant Information-entity receiving benefit:

Total Project Amount: _____

Applicant Name: _____

Applicant Address: _____

Phone: _____ Fax: _____

Website: _____ E-mail: _____

Federal ID#: _____

B) Individual Completing Application:

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

C) Company Contact (if different from individual completing application):

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

D) Company Counsel:

Name of Attorney: _____

Firm Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

E) Identify the assistance being requested of the Agency:

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. Assignment/Assumption of existing PILOT benefits ☐ Yes or ☐ No

F) Business Organization (check appropriate category):

Corporation	☐	Partnership	☐
Public Corporation	☐	Joint Venture	☐
Sole Proprietorship	☐	Limited Liability Company	☐

Other (please specify) _____

Year Established:_____

State in which Organization is established: _____

G) List all Stockholders, members, or partners with % of ownership greater than 20%:

Name	**% of ownership**
_____	_____
_____	_____
_____	_____

H) Business Description:

Describe in detail company background, products, customers, goods and services:_____

_____

_____

_____

_____

Estimated % of sales outside Erie County: _____

Estimated % of sales outside New York State: _____

Estimated % of sales outside the U.S. _____

I) What percentage of your total annual supplies, raw materials and vendor services are purchased from firms in Erie County. (You may be asked to provide supporting documentation of the estimated percentage of local purchases.)

_____

_____

_____

ELIGIBILITY QUESTIONNAIRE

Section II: Project Description & Details

A) Location of proposed project facility:

Address _____

City _____ State _____ Zip Code _____

SBL Number: _____

* If available please include a copy of current tax bill.

Town/City/Village: _____ School District: _____

Present Project Site Owner: _____

B) Please provide a brief narrative of the project description:

_____

_____

_____

_____

C) Site Characteristics:

Is the proposed project site located on a site where the known or potential presence of contaminants is complicating the development/use of the property? ☐ Yes or ☐ No. If yes, please explain: _____

_____

_____

D) Has a Phase I Environmental Assessment been prepared or will one be prepared with respect to the proposed project site? ☐ Yes or ☐ No If yes, please provide a copy.

E) Have any studies or assessments been undertaken with respect to the proposed project site that indicate the known or suspected presence of contamination that would complicate the site's development?

☐ Yes or ☐ No. If yes, please provide copies of the study

F) Will project include leasing any equipment ☐ Yes or ☐ No . If yes please describe equipment and lease terms: _____

_____

_____

G) If you are purchasing new machinery and equipment, does it provide demonstrable energy efficiency benefits?

☐ Yes or ☐ No. If yes, please attach additional documentation describing the efficiencies achieved.

H) Does or will company perform substantial research and development activities on new products/services at the project Location? ☐ Yes or ☐ No If yes, please explain: _____

_____

_____

_____

I) What percentage of annual operating expenses are attributed to the above referenced research and development activities? _____

_____

J) Explain in detail why IDA participation is necessary for this project to proceed. Focus on competitiveness issues, project shortfalls, etc. (attach additional pages if necessary): _____

_____

_____

_____

K) Project Information:

Estimated costs in connection with project:

Land and/or Building Acquisition:	$_____
_____ acres _____square feet	
New Building Construction: _____square feet	$ _____
New Building Addition(s): _____ square feet	$_____
Existing Building Renovation: _____ square feet	$_____
Manufacturing Equipment:	$_____
Non-Manufacturing Equipment (furniture, fixtures, etc.):	$_____
Soft Costs: (professional services, etc.):	$_____
Other, Specify: _____	$_____
TOTAL:	$_____

Project refinancing; estimated amount
(**for refinancing of existing industrial revenue bond debt only**) $_____

L) Select Project Type (you may check more than one):

Industrial	☐	Back Office	☐
Multi-Tenant	☐	Civic Facility (not for profit)	☐
Mixed Use	☐	Equipment Purchase	☐
Commercial	☐	Retail	☐
Acquisition of Existing Facility	☐	Facility for Aging	☐

Other, please explain _____

SIC Code: _____ NAICS Code: _____

M) For proposed facility please indicate # of sq ft for each of the uses outlined below:

Manufacturing/Processing _____

Warehouse _____

Research & Development _____

Commercial _____

Retail _____

Office _____

Other (specify) _____

N) Utilities and services presently serving site. Provide name of utility provider:

Gas: _____

Electric: _____ Power: _____

Water: _____ Size: _____

Sewer: _____ Size: _____

Other (Specify) _____

O) If you are undertaking new construction or renovations, are you seeking LEED certification from the US Green Building Council? ☐ Yes or ☐ No.

P) If you answered yes to question above, what level of LEED certification do you anticipate receiving (Check applicable box) ☐ Standard ☐ Silver ☐ Gold ☐ Platinum

Q) What is your project timetable (Provide dates):

1. Start date: acquisition or construction of facilities: _____
2. Completion of project facilities: _____
3. Project occupancy – estimated starting date of operations: _____

R) Have site plans been submitted to the appropriate planning department for approval? ☐ Yes or ☐ No.. If yes, submit a copy of approval with application.

S) Have any expenditures already been made by the company? ☐ Yes or ☐ No. If yes, indicate particulars. **(AIDA benefits do not apply to expenses incurred prior to Board approval):** _____

_____

_____

T) PLEASE CHECK ONLY ONE:

Is project necessary to expand project employment? ☐

Is project necessary to retain existing employment? ☐

U) <u>Employment Plan (Specific to project location):</u>

	Current # of Jobs	Total # of jobs 2 years after project completion
Full time		
Part Time		
Total		

V) Payroll Information:

Estimated Annual Payroll at Project Site: $ _____

Estimated Average Annual Salary of Jobs to be Retained $_____

Estimated Average Annual Salary of Jobs to be Created $_____

Estimated Salary Range of Jobs to be Created: From: $_____ To $_____

W) Is the project reasonably necessary to prevent the project occupant from moving out of New York State?

☐ Yes or ☐ No. If yes, please explain and identify out-of-state locations investigated.

_____

_____

_____

X) Were you offered financial assistance to locate outside of New York State? ☐ Yes or ☐ No

If yes, from whom and what type of assistance was offered: _____

_____

_____

_____

Y) What competitive factors led you to inquire about sites outside of New York State? _____

_____

_____

Z) Have you been contacted by other local economic development agencies? ☐ Yes or ☐ No. If yes, please provide which agencies: _____

_____

_____

Section III: Facility Type - Single or Multi Tenant

If this a single use facility fill in section A. If this is a Multi-Tenant please fill in section B.

A) <u>For Single Use Facility:</u>

Occupant Name: _____

Address: _____

Contact Person: _____

Phone: _____ Fax: _____

E-Mail: _____

Federal ID #: _____

SIC or /NAICS Code: _____

B1) **<u>Multi-Tenant Facility:</u>**

Please explain what market conditions support the construction of this multi-tenant facility:

_____

_____

_____

B2) Have any tenant leases been entered into for this project ☐ Yes or ☐ No.

If yes, please list below and provide square footage (and percent of total square footage) to be leased to tenant and NAICS Code for tenant and nature of business.

Tenant Name	Current Address (city, state, zip)	# of sq ft and % of total to be occupied at new project site	SIC or NAICS-also briefly describe type of business, products services, % of sales in Erie Co.

Attachment 1: Representations, Certification and Indemnification

CERTIFICATION

STATE OF NEW YORK)
SS:
COUNTY OF ERIE)

_____
(Name of Owner, Chief Executive Officer, or General Partner of the Company Submitting Application)

being duly-sworn deposes and says that he/she is the _____

_____ of _____

(Title) (Company Name)

named in the attached application; that he/she has read the foregoing application and attachments and knows the contents thereof; that all statements contained therein are true to his/her knowledge and contain no information or data that is false or incorrect, and are truly descriptive of the project which is intended as the security for the requested financing.

(Complete the following paragraph for corporation only)

Deponent further says that the reason this verification is made by the deponent and not by

_____
(Company Name)

is because the said company is corporation.

The grounds of deponent's belief relative to all matters in the said application which are not stated upon his/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/her duties as an officer of, and from the books and papers of, said corporation.

Deponent acknowledges and agrees that applicant shall be and is responsible for all expenses incurred by the Town of Clarence Industrial Development Agency (hereinafter the "Agency") in connection with this application whether or not resulting in the issuance of a bond(s), lease transaction, or installment sale. If for any reason whatsoever the applicant shall fail to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper, or requested action or withdraws, abandons, cancels or neglects the application, or if the Agency or applicant are unable to find buyers willing to purchase the total bond issue required, then upon presentation of invoice, applicant shall pay to the Agency, its agents, or assigns all actual expenses involved in this application, up to that date and time, including fees of bond counsel for the Agency and fees of general counsel for the Agency. The costs incurred by the Agency and paid by the applicant, including bond counsel and the Agency's general counsel's fees and the administrative fee (as hereinafter set forth), may be considered as a cost of the project and included as part of the resultant bond issue or lease agreement.

Deponent further acknowledges that he/she understands the Payment-in-Lieu of Tax (PILOT) policy of the Clarence IDA (as stated in this application) and accepts the terms of the agreement as it applies to the classification of this project.

Should this project be subsequently found to be in violation of Article 18A of The New York State General Municipal Law, applicant acknowledges its absolute responsibility to repay all economic benefits received to date (with interest), as agent for the Town of Clarence Industrial Development Agency.

TOWN OF CLARENCE INDUSTRIAL DEVELOPMENT AGENCY
INDUCEMENT RESOLUTION POLICY

It shall be the policy of the Town of Clarence Industrial Development Agency that any inducement resolution adopted by the Board of Directors shall remain in full force and effect for a period of one (1) year from the date of its adoption. Thereafter, the Board of Directors may, in its discretion and upon good cause shown, adopt a further resolution extending the period of inducement for one (1) additional year from the date of the expiration of the original inducement. An Agency Extension Fee in the amount of $500.00 shall be charged to the applicant for each such extension granted. Such Extension Fee shall be in addition to any other Administrative Fee or other fees incurred with respect to the project. Any request for an extension of the period of inducement beyond the one (1) additional year extension contemplated herein shall be addressed by the Board of Directors on a case-by-case basis.

_____
(Company Name)

By: _____
(Owner/Partner/CEO)

NOTARY
Sworn to before me this

day of _____, 20 _____

_____
Notary Public