



## 50 Gates Circle Adaptive Reuse

[Instructions and Insurance Requirements Document](#)

### 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.

#### Applicant Information- Company Receiving Benefit

<b>Project Name</b>	50 Gates Circle Adaptive Reuse
<b>Project Summary</b>	The Project includes the adaptive reuse of a 11,200 square foot building located at 50 Gates Circle into a mixed-use development that includes new residential units on the upper floors and commercial space below. The new residential units will be market rate, consisting of twelve (12) one-bedroom units. Approximately 2,300 square feet of garden level space will be dedicated to commercial for a therapist.
<b>Applicant Name</b>	TM Montante Development LLC
<b>Applicant Address</b>	2760 Kenmore Ave
<b>Applicant Address 2</b>	
<b>Applicant City</b>	Buffalo
<b>Applicant State</b>	New York
<b>Applicant Zip</b>	14150
<b>Phone</b>	(716) 876-8899
<b>Fax</b>	
<b>E-mail</b>	bdeluke@montante.com
<b>Website</b>	
<b>NAICS Code</b>	531390

#### Business Organization

**Type of Business**  
Limited Liability Company

**Year Established**  
2008

**State**  
New York

**Indicate if your business is 51% or more (Check all boxes that apply)**

[No] Minority Owned  
 [No] Woman Owned

**Indicate Minority and/or Woman Owned Business Certification if applicable (Check all boxes that apply)**

[No] NYS Certified  
[No] Erie Country Certified

Individual Completing Application

**Name** Byron DeLuke  
**Title** Executive Director  
**Address** 2760 Kenmore Ave  
**Address 2**  
**City** Buffalo  
**State** New York  
**Zip** 14150  
**Phone** (716) 876-8899  
**Fax**  
**E-Mail** bdeluke@montante.com

Company Contact- Authorized Signer for Applicant

**Contact is same as individual completing application** Yes

**Name**  
**Title**  
**Address**  
**Address 2**  
**City**  
**State**  
**Zip**  
**Phone**  
**Fax**  
**E-Mail**

Company Counsel

**Name of Attorney** Blaine Schwartz, Esq.  
**Firm Name** Lippes Mathias  
**Address** 50 Fountain Plaza,  
**Address 2** Suite 1700  
**City** Buffalo  
**State** New York  
**Zip** 14202  
**Phone** (716) 853-5100  
**Fax**  
**E-Mail** bschwartz@lippes.com

Benefits Requested (select all that apply).

**Exemption from Sales Tax** Yes

<b>Exemption from Mortgage Tax</b>	Yes
<b>Exemption from Real Property Tax</b>	No
<b>Tax Exempt Financing*</b>	No

\* (typically for not-for-profits & small qualified manufacturers)

Applicant Business Description

**Describe in detail company background, history, products and customers. Description is critical in determining eligibility. Also list all stockholders, members, or partners with % ownership greater than 20%.**

Real estate holding company fully owned by Montante Group, which focuses on developing smart and distinctive commercial, residential and mixed-use properties.

<b>Estimated % of sales within Erie County</b>	75 %
<b>Estimated % of sales outside Erie County but within New York State</b>	25 %
<b>Estimated % of sales outside New York State but within the U.S.</b>	0 %
<b>Estimated % of sales outside the U.S.</b>	0 %

(\*Percentage to equal 100%)

**For your operations, company and proposed project what percentage of your total annual supplies, raw materials and vendor services are purchased from firms in Erie County?**

75

**Describe vendors within Erie County for major purchases**

## Section II: Eligibility Questionnaire - Project Description & Details

### Project Location

#### Address of Proposed Project Facility

50 Gates Circle

#### Town/City/Village of Project Site

Buffalo

#### School District of Project Site

Buffalo Public Schools

#### Current Address (if different)

#### Current Town/City/Village of Project Site (if different)

#### SBL Number(s) for proposed Project

89.79-3-2.111

#### What are the current real estate taxes on the proposed Project Site

\$24,319.27

#### If amount of current taxes is not available, provide assessed value for each.

Land

\$ 0

Building(s)

\$ 0

If available include a copy of current tax receipt.

#### Are Real Property Taxes current at project location?

Yes

#### If no please explain

\*The ECIDA has an unpaid tax policy and you will be required to certify all taxes and PILOTS are current.

#### Does the Applicant or any related entity currently hold fee title or have an option/contract to purchase the Project site?

Yes

#### If No, indicate name of present owner of the Project Site

#### Does Applicant or related entity have an option/contract to purchase the Project site?

Yes

#### Describe the present use of the proposed Project site (vacant land, existing building, etc.)

The parcel is located at 50 Gates Circle in the City of Buffalo. It includes an approximately 11,200 square foot building and associated infrastructure. The building was initially constructed in the 1960's and is currently mostly vacant, except for 1 commercial tenant.

#### Provide narrative and purpose of the proposed project (new build, renovations) square footage of existing and new construction contemplated and/or equipment purchases. Identify specific uses occurring within the project. Describe any and all tenants and any/all end users: (This information is critical in determining project eligibility)

The Project includes the adaptive reuse of a 11,200 square foot building located at 50 Gates Circle into a mixed-use development that includes new residential units on the upper floors and commercial space below. The property has been vacant, except for a 1,020 square foot therapist office since Montante acquired it in 2014. Four employees work for the therapist. Approximately 2,300 square feet of garden level space will be dedicated to new commercial space for the therapist. All four jobs will be retained. The new residential units will be market rate, consisting of twelve (12) one-bedroom units. The rent is going to range from approximately \$1,350 to \$1,760 for these units. Given that individual AMI was about \$61,000 in 2022 for Erie County, we anticipate that four of the twelve units, or one-third, will be priced below the affordability threshold of \$1,525 per month for Erie County AMI.

#### Municipality or Municipalities of current operations

Tonawanda

**Will the Proposed Project be located within a Municipality identified above?**

No

**Will the completion of the Project result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state OR in the abandonment of one or more plants or facilities of the project occupant located within the state?**

No

**If the Proposed Project is located in a different Municipality within New York State than that Municipality in which current operations are being undertaken, is it expected that any of the facilities in any other Municipality will be closed or be subject to reduced activity?**

No

(If yes, you will need to complete the Intermunicipal Move Determination section of this application)

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

No

**If yes, please explain and identify out-of-state locations investigated, type of assistance offered and provide supporting documentation available****Have you contacted or been contacted by other Local, State and/or Federal Economic Development Agencies?**

No

**If yes, please indicate the Agency and nature of inquiry below****If the Project could be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency:****Describe the reasons why the Agency's financial assistance is necessary, and the effect the Project will have on the Applicant's business or operations. Focus on competitiveness issues, project shortfalls, etc... Your eligibility determination will be based in part on your answer (attach additional pages if necessary)**

The Applicant needs to secure financial assistance before it can secure private construction loans to fund construction at 50 Gates Circle. There is considerable risk associated with the project because the site currently contains a mostly vacant and distressed building, which will require environmental remediation, exterior rehabilitation, and a complete interior reconstruction. Factoring in sales and mortgage tax abatements, the Applicant is projecting a modest 2.5 percent initial rate of return. Thus, the tax abatements are critical in ensuring that private sector lending institutions underwrite the Project. Should the Project move forward, it will result in an approximately \$3.5 million investment. The applicant will work with community leaders and other neighborhood stakeholder groups to ensure that construction-related and permanent jobs generated by the redevelopment effort will benefit the local community.

**Please confirm by checking the box, below, if there is likelihood that the Project would not be undertaken but for the Financial Assistance provided by the Agency**

Yes

**If the Applicant is unable to obtain Financial Assistance for the Project, what will be the impact on the Applicant and Erie County?**

The Applicant needs to secure financial assistance before it can secure private construction loans to fund construction at 50 Gates Circle. Without financial assistance the Project will not move forward. The building will lose the last remaining tenant and further deteriorate, additional private sector investment will not be secured at the Site, and the short-term construction-related and permanent jobs will not be realized.

**Will project include leasing any equipment?**

No

If yes, please describe equipment and lease terms.

Site Characteristics**Is your project located near public transportation?**

Yes

**If yes describe if site is accessible by either metro or bus line (provide route number for bus lines)**

Yes, The site is immediately adjacent to several bus lines- the 11, 25, 26, and 101 are within 1/4 of a mile. The NFTA metro, Canisius Delavan stop, is 1/2 mile from the site.

**Has your local municipality and/or its planning board made a determination regarding the State Environmental Quality Review (SEQR) for your project?**

No

If YES indicate in the box below the date the SEQR determination was made. Also, please provide us with a copy of the approval resolution and the related Environmental Assessment Form (EAF) if applicable.

If NO indicate in the box below the date you anticipate receiving a SEQR determination for your project. Also, please insure that the ECIDA has been listed as an "involved agency" on the related EAF submitted to the appropriate municipality and/or planning department.

April, 2023

**Will the Project meet zoning/land use requirements at the proposed location?**

Yes

**Describe the present zoning/land use**

Presently the site is zoned N-2R. Zoning allows for the uses that are proposed. The Project has been submitted to the City of Buffalo Planner and is under review for minor site plan and subdivision. SEQRA review is not required as part of the minor site plan and subdivision process. It will need to be completed by the ECIDA as part of any action to review and / or approve tax abatement.

**Describe required zoning/land use, if different**

If a change in zoning/land use is required, please provide details/status of any request for change of zoning/land use requirements

Is the proposed Project located on a site where the known or potential presence of contaminants is complicating the development/use of the property?

No

**If yes, please explain**

Has a Phase I Environmental Assessment been prepared, or will one be prepared with respect to the proposed Project Site?

Yes

If yes, please provide a copy.

Have any other 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?

&lt;BLANK&gt;

If yes, please provide copies of the study.

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

No

**If yes, describe the efficiencies achieved**

You may also attach additional information about the machinery and equipment at the end of the application.

Does or will the company or project occupant perform research and development activities on new products/services at the project location?

No

If yes, include percentage of operating expenses attributed to R&D activities and provide details.

Select Project Type for all end users at project site (you may check more than one).

For purposes of the following, the term "retail sales" means (i) sales by a registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the retail sale of tangible personal property (as defined in Section 1101(b)(4)(i) of the Tax Law), or (ii) sales of a service to customers who personally visit the Project.

Will customers personally visit the Project site for either of the following economic activities? If yes with respect to either economic activity indicated below, you will need to complete the Retail section of this application.

**Retail Sales**    No

**Services**    Yes

Please check any and all end uses as identified below.

- No Acquisition of Existing Facility**    **No Assisted Living**    **No Back Office**
- No Civic Facility (not for profit)**    **Yes Commercial**    **No Equipment Purchase**
- No Facility for the Aging**    **No Industrial**    **No Life Care Facility (CCRC)**
- No Market Rate Housing**    **No Mixed Use**    **Yes Multi-Tenant**
- No Retail**    **No Senior Housing**    **No Manufacturing**
- No Renewable Energy**    **No Other**

For proposed facility please include the square footage for each of the uses outlined below

If applicant is paying for FFE for tenants, include in cost breakdown.

			<b>Cost</b>	<b>% of Total Cost</b>
<b>Manufacturing/Processing</b>	square feet	\$	0	0%
<b>Warehouse</b>	square feet	\$	0	0%
<b>Research &amp; Development</b>	square feet	\$	0	0%
<b>Commercial</b>	2,230 square feet	\$	446,000	20%
<b>Retail</b>	square feet	\$	0	0%
<b>Office</b>	square feet	\$	0	0%
<b>Specify Other</b>	8,970 square feet	\$	1,794,000	80%

**If you are undertaking new construction or renovations, are you seeking LEED certification from the US Green Building Council?**

No

**If you answered yes to question above, what level of LEED certification do you anticipate receiving? (Check applicable box)**

<BLANK>

**Provide estimate of additional construction cost as a result of LEED certification you are seeking**    < BLANK >

**Will project result in significant utility infrastructure cost or uses**    No

What is the estimated project timetable (provide dates).

**Start date : acquisition of equipment or construction of facilities**

6/1/2023

**End date : Estimated completion date of project**

12/31/2023

**Project occupancy : estimated starting date of occupancy**

1/1/2024

Capital Project Plan / Budget

**Estimated costs in connection with Project**

**1.) Land and/or Building Acquisition**

\$ 750,000

11,200 square feet

acres

**2.) New Building Construction**

\$ 0 square feet

**3.) New Building addition(s)**

\$ 0 square feet

**4.) Reconstruction/Renovation**

\$ 2,240,000 11,200 square feet

**5.) Manufacturing Equipment**

\$ 0

**6.) Infrastructure Work**

\$ 0

**7.) Non-Manufacturing Equipment: (furniture, fixtures, etc.)**

\$ 0

**8.) Soft Costs: (Legal, architect, engineering, etc.)**

\$ 475,838

**9.) Other Cost**

\$ 0

**Explain Other Costs**

**Total Cost** \$ 3,465,838

Construction Cost Breakdown:

<b>Total Cost of Construction</b>	\$ 2,240,000 (sum of 2, 3, 4 and 6 in Project Information, above)
<b>Cost of materials</b>	\$ 1,120,000
<b>% sourced in Erie County</b>	100%

Sales and Use Tax:

**Gross amount of costs for goods and services that are subject to State and local sales and use tax- said amount to benefit from the Agency's sales and use tax exemption benefit** \$ 1,090,000

**Estimated State and local Sales and Use Tax Benefit (product of 8.75% multiplied by the figure, above):** \$ 95,375

\*\* Note that the estimate provided above will be provided to the New York State Department of Taxation and Finance. The Applicant acknowledges that the transaction documents may include a covenant by the Applicant to undertake the total amount of investment as proposed within this Application, and that the estimate, above, represents the maximum amount of sales and use tax benefit that the Agency may authorize with respect to this Application. The Agency may utilize the estimate, above, as well as the proposed total Project Costs as contained within this Application, to determine the Financial Assistance that will be offered.

**Project refinancing estimated amount, if applicable (for refinancing of existing debt only)** \$ 175

**Have any of the above costs been paid or incurred as of the date of this Application?** No

**If Yes, describe particulars:**

Sources of Funds for Project Costs:

**Equity (excluding equity that is attributed to grants/tax credits):** \$ 752,088  
**Bank Financing:** \$ 1,750,000

<b>Tax Exempt Bond Issuance (if applicable):</b>	\$ 0
<b>Taxable Bond Issuance (if applicable):</b>	\$ 0
<b>Public Sources (Include sum total of all state and federal grants and tax credits):</b>	\$ 963,750
<b>Identify each state and federal grant/credit: (ie Historic Tax Credit, New Market Tax Credit, Brownfield, Cleanup Program, ESD, other public sources)</b>	Historic Tax Credits, Utility Grants
<b>Total Sources of Funds for Project Costs:</b>	\$3,465,838
<b>Have you secured financing for the project?</b>	No

Mortgage Recording Tax Exemption Benefit:

Amount of mortgage, if any that would be subject to mortgage recording tax:

<b>Mortgage Amount (include sum total of construction/permanent/bridge financing).</b>	1,750,000
<b>Lender Name, if Known</b>	
<b>Estimated Mortgage Recording Tax Exemption Benefit (product of mortgage amount as indicated above multiplied by 3/4 of 1%):</b>	\$13,125

Real Property Tax Benefit:

<b>Identify and describe if the Project will utilize a real property tax exemption benefit other than the Agency's PILOT benefit (485-a, 485-b, other):</b>	485-a
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IDA PILOT Benefit: Agency staff will indicate the estimated amount of PILOT Benefit based on estimated Project Costs as contained herein and anticipated tax rates and assessed valuation, including the annual PILOT Benefit abatement amount for each year of the PILOT benefit and the sum total of PILOT Benefit abatement amount for the term of the PILOT as depicted in the PILOT worksheet in the additional document section.

Percentage of Project Costs financed from Public Sector sources: Agency staff will calculate the percentage of Project Costs financed from Public Sector sources based upon the Sources of Funds for Project Costs as depicted above. The percentage of Project Costs financed from public sector sources will be depicted in the PILOT worksheet in the additional document section.

**Is project necessary to expand project employment?**

No

**Is project necessary to retain existing employment?**

Yes

**Will project include leasing any equipment?**

No

If yes, please describe equipment and lease terms.

Employment Plan (Specific to the proposed project location)

The Labor Market Area consists of the following six counties: Erie, Niagara, Chautauqua, Cattaraugus, Wyoming and Genessee.

By statute, Agency staff must project the number of FTE jobs that would be retained and created if the request for Financial Assistance is granted. Agency staff will project such jobs over the TWO Year time period following Project completion. Agency staff converts PT jobs into FTE jobs by dividing the number of PT jobs by two (2).

<b>Current # of jobs at proposed project location or to be</b>	<b>If financial assistance is granted – project the number of FT and PT jobs to be retained</b>	<b>If financial assistance is granted – project the number of FT and PT jobs to be created upon</b>	<b>Estimate number of residents of the Labor Market Area in which the project is located</b>
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	relocated at project location		24 months (2 years) after Project completion	that will fill the FT and PT jobs to be created upon 24 months (2 years) after project completion **
Full time	0	4	0	0
Part time	0	0	0	0
<b>Total</b>	0	4	0	

Salary and Fringe Benefits for Jobs to be Retained and Created

Job Categories	# of Full Time Employees retained and created	Average Salary for Full Time	Average Fringe Benefits for Full Time	# of Part Time Employees retained and created	Average Salary for Part Time	Average Fringe Benefits for Part Time
Management	0	\$ 0	\$ 0	0	\$ 0	\$ 0
Professional	4	\$ 50,000	\$ 0	0	\$ 0	\$ 0
Administrative	0	\$ 0	\$ 0	0	\$ 0	\$ 0
Production	0	\$ 0	\$ 0	0	\$ 0	\$ 0
Independent Contractor	0	\$ 0	\$ 0	0	\$ 0	\$ 0
Other	0	\$ 0	\$ 0	0	\$ 0	\$ 0
<b>Total</b>	4			0		

\*\* Note that the Agency may utilize the foregoing employment projections, among other items, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction documents may include a covenant by the Applicant to retain the number of jobs and create the number of jobs with respect to the Project as set forth in this Application.

Yes **By checking this box, I certify that the above information concerning the current number of jobs at the proposed project location or to be relocated to the proposed project location is true and correct.**

Employment at other locations in Erie County: (provide address and number of employees at each location):

Address	Full time	Part time	Total
	0	0	0
	0	0	0
	0	0	0

Payroll Information

**Annual Payroll at Proposed Project Site upon completion**

200,000

**Estimated average annual salary of jobs to be retained (Full Time)**

50,000

**Estimated average annual salary of jobs to be retained (Part Time)**

0

**Estimated average annual salary of jobs to be created (Full Time)**

0

**Estimated average annual salary of jobs to be created (Part Time)**

0

**Estimated salary range of jobs to be created**

**From (Full Time) 0 To (Full Time) 0**

**From (Part Time) 0 To (Part Time) 0**

## Section III: Environmental Questionnaire

INSTRUCTIONS: Please complete the following questionnaire as completely as possible. If you need additional space to fully answer any question, please attach additional page(s).

### General Background Information

#### **Address of Premises**

50 Gates Circle, Buffalo NY 14202

#### **Name and Address of Owner of Premises**

TM Montante Development LLC or affiliate

#### **Describe the general features of the Premises (include terrain, location of wetlands, coastlines, rivers, streams, lakes, etc.)**

The parcel is located at 50 Gates Circle in the City of Buffalo. It includes an approximately 11,200 square foot building and associated infrastructure. The building was initially constructed in the 1960's and is currently mostly vacant, except for 1 tenant.

#### **Describe the Premises (including the age and date of construction of any improvements) and each of the operations or processes carried out on or intended to be carried on at the Premises**

The parcel is located at 50 Gates Circle in the City of Buffalo. It includes an approximately 11,200 square foot building and associated infrastructure.

#### **Describe all known former uses of the Premises**

50 Gates Circle was constructed in the 1960's as a medical office building. It was constructed to provide auxiliary medical office space to support the adjacent Millard Fillmore Gates Circle Hospital. It was occupied by various medical office tenants until the Hospital closed in 2014

#### **Does any person, firm or corporation other than the owner occupy the Premises or any part of it?**

No

#### **If yes, please identify them and describe their use of the property**

#### **Have there been any spills, releases or unpermitted discharges of petroleum, hazardous substances, chemicals or hazardous wastes at or near the Premises?**

No

#### **If yes, describe and attach any incident reports and the results of any investigations**

#### **Has the Premises or any part of it ever been the subject of any enforcement action by any federal, state or local government entity, or does the preparer of this questionnaire have knowledge of: a) any current federal, state or local enforcement actions; b) any areas of non-compliance with any federal, state or local laws, ordinances, rules or regulations associated with operations over the past 12 months?**

No

#### **If yes, please state the results of the enforcement action (consent order, penalties, no action, etc.) and describe the circumstances**

#### **Has there been any filing of a notice of citizen suit, or a civil complaint or other administrative or criminal procedure involving the Premises?**

No

#### **If yes, describe in full detail**

### Solid And Hazardous Wastes And Hazardous Substances

**Does any activity conducted or contemplated to be conducted at the premises generate, treat or dispose of any petroleum, petroleum-related products, solid and hazardous wastes or hazardous substances?**

No

**If yes, provide the Premises' applicable EPA (or State) identification number**

**Have any federal, state or local permits been issued to the Premises for the use, generation and/or storage of solid and hazardous wastes?**

No

**If yes, please provide copies of the permits.**

**Identify the transporter of any hazardous and/or solid wastes to or from the Premises**

**Identify the solid and hazardous waste disposal or treatment facilities which have received wastes from the Premises for the past two (2) years**

**Does or is it contemplated that there will occur at the Premises any accumulation or storage of any hazardous wastes on-site for disposal for longer than 90 days?**

No

**If yes, please identify the substance, the quantity and describe how it is stored**

#### Discharge Into Waterbodies

**Briefly describe any current or contemplated industrial process discharges (including the approximate volume, source, type and number of discharge points). Please provide copies of all permits for such discharges**

**Identify all sources of discharges of water, including discharges of waste water, process water, contact or noncontact cooling water, and stormwater. Attach all permits relating to the same. Also identify any septic tanks on site**

**Is any waste discharged into or near surface water or groundwaters?**

No

**If yes, please describe in detail the discharge including not only the receiving water's classification, but a description of the type and quantity of the waste**

#### Air Pollution

**Are there or is it contemplated that there will be any air emission sources that emit contaminants from the Premises?**

No

**If yes, describe each such source, including whether it is a stationary combustion installation, process source, exhaust or ventilation system, incinerator or other source**

**Are any of the air emission sources permitted?**

No

**If yes, attach a copy of each permit.**

#### Storage Tanks

**List and describe all above and under ground storage tanks at the Premises used to store petroleum or gasoline products, or other chemicals or wastes, including the contents and capacity of each tank. Please also provide copies of any registrations/permits for the tanks**

**Have there been any leaks, spills, releases or other discharges (including loss of inventory) associated with any of these tanks?**

No

**If yes, please provide all details regarding the event, including the response taken, all analytical results or reports developed through investigation (whether internal or external), and the agencies which were involved**

Polychlorinated Biphenyls ("PCB" or "PCBs") And Asbestos

**Provide any records in your possession or known to you to exist concerning any on-site PCBs or PCB equipment, whether used or stored, and whether produced as a byproduct of the manufacturing process or otherwise.**

**Have there been any PCB spills, discharges or other accidents at the Premises?**

No

**If yes, relate all the circumstances**

**Do the Premises have any asbestos containing materials?**

No

**If yes, please identify the materials**

## Section IV: Facility Type - Single or Multi Tenant

### Is this a Single Use Facility or a Multi-Tenant Facility?

Multi-Tenant Facility

Multi-Tenant Facility (to be filled out by developer)

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

There is demand for market rate residential units at the project site. Target demographics are young professionals, students, and working class.

### Have any tenant leases been entered into for this project?

Yes

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, # of sq ft and % of total to be occupied at new projet site zip)	SIC or NAICS-also briefly describe type of business, products services, % of sales in Erie Co.
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\*fill out table for each tenant and known future tenants

## Section V: Tenant Information

### PART 1 TO BE COMPLETED BY LESSEE (DEVELOPER)

**Tenant Name**

Rachel Sikorski, Jennifer Carroll, Molly Violante

**Property Address:**

50 Gates Circle

**City/Town/Village**

Buffalo

The following information is an outline relative to the potential client and their proposed contract to sublease space in the above reference facility

**Amount of space to be leased (square feet)**

2,300

**What percentage of the building does this represent?**

20

**Are terms of lease:**

GROSS

**If GROSS lease, please explain how Agency benefits are passed to the tenant**

Agency benefits requested include sales tax abatement on cost of construction materials and mortgage recording tax abatement. Tenant shares in value of these benefits in that it enjoys a more competitive rent than would otherwise be required and in that the incentives enable Applicant to secure bank financing to advance the adaptive reuse project.

**Estimated date of occupancy**

12/31/2023

### PART 2 TO BE COMPLETED BY PROPOSED TENANT

**Company Name:**

Rachel Sikorski, Jennifer Carroll, Molly Violante

**Local Contact Person:**

Rachel Sikorski

**Title:**

Licensed Therapist

**Current Address:**

50 Gates Circle, Buffalo NY 14209

**Phone:**

(716) 907-4145

**Fax:**

(716) 313-2085

**E-Mail:**

rachel.sikorski@gmail.com

**Website:**

<http://www.rachelsikorski.com/about-rachel/>

**Company President/General Manager:**

**Number of employees moving to new project location:**

**Full-Time:**

4

**Part-Time:**

0

**Total:**

4

**Please describe briefly the nature of the business in which the proposed tenant is/will be engaged. This should include NAICS Code; type of business and products or services; percent of total sales in Erie County and the United States:**

The tenant includes several licensed therapists providing medical services. The NAICS Code is 621330. The practice has been located at Gates Circle since 2017, where this group of independent practitioners specialize in trauma treatment for adolescents, adults, and couples.

Attach additional information as necessary.

**History of Company (i.e. start-up, recent acquisition, publicly traded)**

The tenant includes several licensed therapists providing medical services. The NAICS Code is 621330. The practice has been located at Gates Circle since 2017, where this group of independent practitioners specialize in treatment for adolescents, adults, and couples.

**Please list the square footage which the proposed tenant will lease at the Project location**

2,300

**Please list the square footage which the proposed tenant leases at its present location(s)**

1,020

**Describe the economic reason for either the increase or decrease in leased space.**

Improved space to allow practitioners to continue providing treatment for adolescents, adults, and couples.

**Will the project result in a relocation and/or abandonment of other tenant/user(s) facilities in Erie County, or New York State?**

No

**If owned, what will happen to the existing facility once vacated?**

Same facility. Therapist office will move from the first floor to the garden level of the existing building. The first floor will be converted to apartments.

**If leased, when does lease expire?**

12/31/1969

**Are any of the proposed tenant's current operations located in facilities which have received an Industrial Development Agency benefit?**

No

**If yes, please provide details as to location, and amount of leased space, how long leased?**

## Section VI: Retail Determination

To ensure compliance with Section 862 of the New York General Municipal Law, the Agency requires additional information if the proposed Project is one where customers personally visit the Project site to undertake either a retail sale transaction or to purchase services.

Please answer the following:

**Will any portion of the project (including that portion of the costs to be financed from equity or other sources) consist of facilities or property that are or will be primarily used in making sales of goods or services to customers who personally visit the project site?**

Yes

If yes, complete the Retail Questionnaire Supplement below. **If no, proceed to the next section.**

**What percentage of the cost of the project will be expended on such facilities or property primarily used in making sales of goods or services to customers who personally visit the project?**

3 %

If the answer to this is **less than 33%** do not complete the remainder of the page, proceed to the next section.

If the answer to A is Yes AND the answer to Question B is greater than 33.33%, indicate which of the following questions below apply to the project:

**Will the project be operated by a not-for-profit corporation?**

<BLANK>

**Is the project location or facility likely to attract a significant number of visitors from outside the economic development region (Erie, Niagara, Allegheny, Chautauqua and Cattaraugus counties) in which the project will be located?**

<BLANK>

If yes, please provide a third party market analysis or other documentation supporting your response.

**Is the predominant purpose of the project to make available goods or services which would not, but for the project, be reasonably accessible to the residents of the municipality? Are services provided at the proposed project site needed because of a lack of reasonably accessible retail trade facilities offering such goods or services?**

<BLANK>

If yes, please provide a market analysis supporting your response.

**Will the project preserve permanent, private sector jobs or increase the overall number of permanent private sector jobs in the State of New York?**

<BLANK>

**If yes, explain**

**Is the project located in a Highly Distressed Area?**

<BLANK>

## Section VII: Adaptive Reuse Projects

Adaptive Reuse is the process of adapting old structures or sites for new purposes.

**Are you applying for tax incentives under the Adaptive Reuse Program?**

Yes

**What is the age of the structure (in years)?** 55

**Has the structure been vacant or underutilized for a minimum of 3 years? (Underutilized is defined as a minimum of 50% of the rentable square footage of the structure being utilized for a use for which the structure was not designed or intended)**

Yes

**If vacant, number of years vacant.**

0

**If underutilized, number of years underutilized.**

9

**Describe the use of the building during the time it has been underutilized:**

The building formerly housed medical offices tied to the former Millard Fillmore Gates Circle Hospital. After the hospital closed in 2012, the building tenants vacated the facility prior to Applicant's acquisition in 2014. The building remained largely vacant from 2014 to 2015. A small portion of the first floor, 1020 square foot space was used as field offices related to the adjacent development of Canterbury Woods from 2015- 2017. From 2017 through the present, the same 1,020 square foot space on the first floor has been occupied by the therapist office.

**Is the structure currently generating insignificant income? (Insignificant income is defined as income that is 50% or less than the market rate income average for that property class)**

Yes

**If yes, please provide dollar amount of income being generated, if any**

Annual base rent of \$18,000, or \$1,500 monthly.

If apartments are planned in the facility, please indicate the following:

	Number of Units	Sq. Ft. Range Low to High	Rent Range Low to High
<b>1 Bedroom</b>	12	490- 645	\$1,335- \$1,758
<b>2 Bedroom</b>	-		\$- \$
<b>3 Bedroom</b>	-		\$- \$
<b>Other</b>	-		\$- \$

**Does the site have historical significance?**

Yes

**If yes, please indicate historical designation**

Historic Preservation Certification Application (Part 1) has been submitted to SHPO and National Parks. Initial resource evaluation completed by SHPO "Determined SR/NR eligible by the Commissioner of the Office of Parks, Recreation and Historic Preservation."

**Are you applying for either State/Federal Historical Tax Credit Programs?**

Yes

**If yes, provide estimated value of tax credits**

\$888,750

**Briefly summarize the financial obstacles to development that this project faces without ECIDA or other public assistance. Please provide the ECIDA with documentation to support the financial obstacles to development (you will be asked to provide cash flow**

**projections documenting costs, expenses and revenues with and without IDA and other tax credits included indicating below average return on investment rates compared to regional industry averages)**

The Applicant needs to secure financial assistance before it can secure private construction loans to fund construction at 50 Gates Circle. There is considerable risk associated with the project because the site currently contains a mostly vacant and distressed building, which will require environmental remediation, exterior rehabilitation, and a complete interior reconstruction. Factoring in sales and mortgage tax abatements, the Applicant is projecting a modest 2.5 percent initial rate of return. Thus, the tax abatements are critical in ensuring that private sector lending institutions underwrite the Project.

**Briefly summarize the demonstrated support that you intend to receive from local government entities. Please provide ECIDA with documentation of this support in the form of signed letters from these entities**

Applicant has applied to the City of Buffalo for site plan and subdivision approval. The project is currently before the Planning Director and Applicant will submit approval letters from the City of Buffalo under separate cover should these be received for the Project. The Applicant has also received a determination of eligibility from SHPO and has applied for inclusion in the National Register.

**Indicate other factors that you would like the Agency to consider such as: structure or site presents significant public safety hazard and or environmental remediation costs, structure presents significant costs associated with building code compliance**

The Project is an adaptive reuse development on a site that contains 11,200 square feet of vacant building space that was formerly utilized for medical office space servicing clients at the adjacent Millard Fillmore Gates Hospital. Once that site closed in 2012, the 50 Gates building was vacated. It now sits underutilized and mostly vacant. The project will bring new life to the building and neighborhood, retain the availability of important medical services in the community, and provide access to new housing opportunities. It is also consistent with the City's Comprehensive Plan, which seeks compact, pedestrian-friendly and mixed-use development.

**Indicate census tract of project location**

The project is located in Census Tract 169.

**Indicate how project will eliminate slum and blight**

The Project is an adaptive reuse development on a site that contains 11,200 square feet of vacant building space that was formerly utilized for medical office space servicing clients at the adjacent Millard Fillmore Gates Hospital. Once that site closed in 2012, the 50 Gates building was vacated. It now sits underutilized and mostly vacant. The project will bring new life to the building and neighborhood, retain the availability of important medical services in the community, and provide access to new housing opportunities. It is also consistent with the City's Comprehensive Plan, which seeks compact, pedestrian-friendly and mixed-use development.

**If project will be constructed to LEED standards indicate renewable resources utilized**

## Section VIII: Inter-Municipal Move Determination

The Agency is required by state law to make a determination that, if completion of a Project benefiting from Agency Financial Assistance results in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, Agency financial Assistance is required to prevent the project occupant from relocating out of the state, or is reasonably necessary to preserve the project occupant's competitive position in its respective industry.

### Current Address

2760 Kenmore Ave

### City/Town

Buffalo

### State

New York

### Zip Code

14150

**Will the project result in the removal of an industrial or manufacturing plant of the Project occupant from one area of the state to another area of the state?**

No

**Will the project result in the abandonment of one or more plants or facilities of the Project occupant located within the state?**

No

**If Yes to either question, explain how, notwithstanding the aforementioned closing or activity reduction, the Agency's Financial Assistance is required to prevent the Project from relocating out of the State, or is reasonably necessary to preserve the Project occupant's competitive position in its respective industry:**

**Does this project involve relocation or consolidation of a project occupant from another municipality?**

**Within New York State**

No

**Within Erie County**

No

**If Yes to either question, please, explain**

**Will the project result in a relocation of an existing business operation from the City of Buffalo?**

No

**If yes, please explain the factors which require the project occupant to relocate out of the City of Buffalo (For example, present site is not large enough, or owner will not renew leases etc.)**

**What are some of the key requirements the project occupant is looking for in a new site? (For example, minimum sq. ft., 12 foot ceilings, truck loading docs etc.)**

**If the project occupant is currently located in Erie County and will be moving to a different municipality within Erie County, has the project occupant attempted to find a suitable location within the municipality in which it is currently located?**

Yes

**What factors have lead the project occupant to consider remaining or locating in Erie County?**

**If the current facility is to be abandoned, what is going to happen to the current facility that project occupant is located in?**

**Please provide a list of properties considered, and the reason they were not adequate. (Some examples include: site not large enough, layout was not appropriate, did not have adequate utility service, etc.) Please include full address for locations.**



## **Section IX: Senior Housing**

IDA tax incentives may be granted to projects under the Agency's Senior Citizen Rental Housing policy when the project consists of a multi-family housing structure where at least 90% of the units are (or are intended to be) rented to and occupied by a person who is 60 years of age or older.

**Are you applying for tax incentives under the Senior Rental Housing policy?**

No

## **Section X: Tax Exempt Bonds**

In order to receive the benefits of a tax-exempt interest rate bond, private borrowers and their projects must be eligible under one of the federally recognized private active bond categories (Fed Internal Rev Code IRC sections 142-144, and 1394).

**Are you applying for tax exempt bonds / refinancing of bonds related to a residential rental facility project?**

No