



Fox Run Refi 2015

Section I: Applicant Background Information

Applicant Information - Company Receiving Benefit

Applicant Name	Orchard Park CCRC, Inc. d/b/a Fox Run at Orchard Park
Applicant Address	One Fox Run Lane, Orchard Park, NY 14127
Phone	716-662-5001
Fax	716-662-6985
E-mail	jhausrath@foxrunorchardpark.com
Website	www.foxrunorchardpark.com
Federal ID#	16-1584941
NAICS Code	623311
Will a Real Estate Holding Company be utilized to own the Project property/facility	No
What is the name of the Real Estate Holding Company	N/A
Federal ID#	N/A
State and Year of Incorporation/Organization	N/A
List of stockholders, members, or partners of Real Estate Holding Company	N/A

Individual Completing Application

Name	Jill Hausrath
Title	Chief Financial Officer
Address	One Fox Run Lane, Orchard Park, NY 14127
Phone	716-662-5001
Fax	716-662-6985
E-Mail	jhausrath@foxrunorchardpark.com

Company Contact (if different from individual completing application)

Name William Wlodarczyk
Title Chief Executive Officer
Address One Fox Run Lane, Orchard Park, NY 14127
Phone 716-662-5001
Fax 716-662-6985
E-Mail wwlodarczyk@foxrunorchardpark.com

Company Counsel

Name of Attorney Christofer Fattey
Firm Name Hodgson Russ
Address 140 Pearl Street, Suite 100, Buffalo, NY 14202
Phone 716-848-1757
Fax 716-819-4714
E-Mail cfattey@hodgsonruss.com

Identify the assistance being requested of the Agency

Exemption from Sales Tax No
Exemption from Mortgage Tax Yes
Exemption from Real Property Tax No
Tax Exempt Financing* Yes

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

Business Organization

Type of Business Corporation
Type of Ownership
Year Established 2000
State of Organization New York

List all stockholders, members, or partners with % of ownership greater than 20%

Please include name and % of ownership.

United Church Home Society, 100%

Applicant Business Description**Describe in detail company background, products, customers, goods and services. Description is critical in determining eligibility**

Orchard Park CCRC, Inc. d/b/a Fox Run at Orchard Park (the Company) is a not-for-profit corporation which operates a Continuing Care Retirement Community located in Orchard Park, New York. The Fox Run facility consists of 180 independent living units, a 34 unit assisted living facility, an 18 unit memory care facility, and a 50 bed skilled nursing facility, all located in a campus environment. The United Church Home Society, Inc. (Buffalo, NY), is the sole member of the Company. A Continuing Care Retirement Community (CCRC) is subject to licensing and regulation under Article 46 of New York State Public Health Law. The assisted living, memory care, and skilled nursing components are also subject to regulatory oversight by the New York State Department of Health. The Company was granted Certificate of Authority and Certificate of Authorization and began construction in April 2006. The first independent living units were occupied in November 2007 at which time the facility became operational.

Estimated % of sales within Erie County	100
Estimated % of sales outside Erie County but within New York State	0
Estimated % of sales outside New York State but within the U.S.	0
Estimated % of sales outside the U.S.	0

(*Percentage to equal 100%)

What percentage of your total annual supplies, raw materials and vendor services are purchased from firms in Erie County? Include list of vendors, raw material suppliers and percentages for each. Provide supporting documentation of the estimated percentage of local purchases

48%

Section II: Eligibility Questionnaire - Project Description & Details

Project Location

Municipality or Municipalities of current operations

Orchard Park, Erie County

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

Yes

In which Municipality will the proposed project be located

Orchard Park, Erie County

Address

One Fox Run Lane, Orchard Park, New York 14127

If the Proposed Project is located in a different Municipality 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 Section V of this Application)

SBL Number for Property upon which proposed Project will be located

172.00-1-1.11

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

508,443

Assessed value of land

400,000

Assessed value of building(s)

12,800,000

Are Real Property Taxes current?

Yes

If no please explain**Town/City/Village of Project Site**

Orchard Park

School District of Project Site

Orchard Park

Does the Applicant or any related entity currently hold fee title to the Project site?

No

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

Applicant holds functional title, but ECIDA holds nominal title

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

No

Describe the present use of the Proposed Project site

Operations of a continuing care retirement community

Please provide narrative of project (new build, renovations, 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)

Fox Run intends to use the proceeds of the 2015 Bonds to refund the outstanding principal amount of the Erie County Industrial Development Agency Revenue Bonds, Series 2006A, the proceeds of which were used to develop, construct, and prepare for the operation and occupancy of the community. Additional proceeds will fund certain planned capital expenditures which benefit the current community and future community with its mission and exempt purposes. Capital expenditures include purchases of computer equipment and software, furniture and fixtures, major moveable equipment and landscaping materials. The capital expenditures described above are to benefit the residents of Fox Run as well as to keep up to date on regulations imposed by the New York State Department of Health and other agencies including transmittal of electronic data to pharmacies. These expenditures will allow Fox Run to continue to provide an enhanced quality of life for the residents at Fox Run.

Describe the reasons why the Agency's Financial Assistance is necessary and how the Financial Assistance enables the company to undertake the Project to facilitate investment, job creation and/or job retention. Focus on competitiveness issues, project shortfalls, etc... Your eligibility determination will be based in part on your answer (attach additional pages if necessary)

A tax exempt bond refinancing will provide substantial debt service savings to Fox Run which will benefit the community as a whole by allowing Fox Run to use the savings to re-invest in the community. The savings will enable Fox Run to continue to purchase required equipment needed to operate the facility as well as add and improve programs for residents resulting in maintaining the highest level of care. The refinancing will support the continued maintenance of staffing levels required for the top level care the Fox Run strives to provide.

Will project include leasing any equipment?

No

If yes, please describe equipment and lease terms.

Site Characteristics

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

Yes

Describe the present zoning/land use

633 - Homes for the Aged

Describe required zoning/land use, if different

n/a

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

n/a

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?

No

If yes, please provide copies of the study.

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

Yes

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, please explain.

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

n/a

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

Will customers personally visit the Project site for either of the following economic activities? If yes with respect to either economic activity indicated below, complete the Retail Determination contained in Section IV of the Application.

Please check any and all end uses as identified below.

Retail Sales No **Services** No

For purposes of this question, 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.

No Manufacturing

No Multi-Tenant

No Mixed Use

No Acquisition of Existing Facility

No Commercial

No Facility for the Aging

No Housing

No Back Office

Yes Civic Facility (not for profit)

Yes Equipment Purchase

No Retail

Yes Other

Other capital expenditures

Project Information**Estimated costs in connection with project****Land and/or Building Acquisition**

\$ 0	square feet	acres
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New Building Construction

\$ 0	square feet
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New Building addition(s)

\$ 0	square feet
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Infrastructure Work

\$ 0

Renovation

\$ 0	square feet
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Manufacturing Equipment

\$ 0

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

\$ 1,640,547

Soft Costs: (professional services, etc.)

\$ 0

Other Cost

\$ 239,453

Explain Other Costs

Other costs include landscaping materials and reimbursed expenses

Total Cost

\$ 1,880,000

Project Refinancing; estimated amount (for refinancing of existing debt only)

\$ 53,120,000

Sources of Funds for Project Costs:**Estimated Mortgage Amount**

\$ 55,000,000

Lender Name, if Known

Ziegler & M&T (underwriters)

Equity

0

Have any of the above costs been paid or incurred as of the date of this Application?

Yes

If Yes, describe particulars:

Capital expenditures required to maintain facility and enhance the quality of life of the residents of Fox Run. Capital expenditures included updates to the Health Center Entryway required to enhance the security and safety of the residents at Fox Run, Updates to the fitness center to accommodate the increasing number of resident fitness activities and growing number of participants in those activities as well as replacement of the flooring and other renovation work for apartments that have been turned over. These updates are necessary to keep the facility up to date and to be able to re-market the apartment unit which enables Fox Run to continue its operations. Equipment purchases which are necessary to keep the facility running at its top level.

Construction Cost Breakdown:**Total Cost of Construction**

\$ 0 (sum of 2,3,4,5, and/or 7 in Question K, above)

Cost for materials

\$

% sourced in Erie County

%

% sourced in State

% (including Erie County)

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

\$ 0

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

\$ 0

For proposed facility please include # of sq ft for each of the uses outlined below

		Cost	% of Total Cost
Manufacturing/Processing	square feet	\$ 0	0
Warehouse	square feet	\$ 0	0
Research & Development	square feet	\$ 0	0
Commercial	square feet	\$ 0	0
Retail	square feet	\$ 0	0
Office	square feet	\$ 0	0
Specify Other	square feet	\$ 0	0

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

n/a

Will project result in significant utility infrastructure cost or uses

No

What is your project timetable (Provide dates)

Start date : acquisition of equipment or construction of facilities

1/1/2015

End date : Estimated completion date of project

12/31/2018

Project occupancy : estimated starting date of operations

1/1/2015

Have construction contracts been signed?

No

Have site plans been submitted to the appropriate planning department for approval?

No

Has the Project received site plan approval from the appropriate planning department?

No

Is project necessary to expand project employment?

No

Is project necessary to retain existing employment?

Yes

Employment Plan (Specific to the proposed project location):

	Current # of jobs at proposed project location or to be relocated at project location	If project is to retain jobs, number of jobs to be retained	Total # of jobs 2 years after project completion	Net total new jobs
Full time	148	148	148	0
Part time	112	112	112	0
Total	260	260	260	

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

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

Will any of the facilities described above be closed or subject to reduced activity?

No

Payroll Information

Annual Payroll at Proposed Project Site

\$ 5,215,000

Estimated average annual salary of jobs to be retained

\$ 36,790

Estimated average annual salary of jobs to be created

\$ 0

Estimated salary range of jobs to be created

From \$ 0 **To** \$ 0

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

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

n/a

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

n/a

Do you anticipate applying for any other assistance for this project?

No

If yes, what type of assistance (Historic Tax Credits, 485(a), Grants, Utility Loans, Energy Assistance, Workforce Training)

n/a

Section III: Adaptive Reuse Projects

Are you applying for tax incentives under the Adaptive Reuse Program?	No
What is the age of the structure (in years)?	0
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)	<BLANK>
If yes, number of years vacant?	0
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)	<BLANK>
If yes, please provide dollar amount of income being generated, if any	\$
Does the site have historical significance?	<BLANK>
Are you applying for either State/Federal Historical Tax Credit Programs?	No
If yes, provide estimated value of tax credits	\$
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)	
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	
Please indicate other factors that you would like ECIDA to consider such as: structure or site presents significant public safety hazard and or environmental remediation costs, site or structure is located in a distressed census tract, structure presents significant costs associated with building code compliance, site has historical significance, site or structure is presently delinquent in property tax payments	

Section IV: Retail Determination

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?

No

If yes, complete the Retail Questionnaire Supplement below.

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?

0 %

If the answer to this is **less than 33%** do not complete the remainder of the page and proceed to the next section (Section V: Inter-Municipal Move Determination).

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 V: 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.

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 or abandonment of an existing facility?

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?

<BLANK>

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 VI: Facility Type - Single or Multi Tenant

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

Single Use Facility

For Single Use Facility

Occupant Name	Orchard Park CCRC, Inc. d/b/a Fox Run at Orchard Park - owner occupied
Address	One Fox Run Lane, Orchard Park, NY 14127
Contact Person	William Wlodarczyk, CEO
Phone	716-662-5001
Fax	716-662-6985
E-Mail	wwlodarczyk@foxrunorchardpark.com
Federal ID #	16-1584941
SIC/NAICS Code	623311

Multi-Tenant Facility

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

Have any tenant leases been entered into for this project?

<BLANK>

If yes, please fill out a tenant form in section VII, for each tenant.

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.
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Section VII: Environmental Questionnaire

General Background Information

Address of Premises One Fox Run Lane, Orchard Park, NY 14127

Name and Address of Owner of Premises Orchard Park CCRC, Inc., One Fox Run Lane, Orchard Park, NY 14127

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

Campus is built on 53 acres of land, including 23 acres of wooded areas. The northeast corner of the land is considered wetlands.

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

Orchard Park CCRC, Inc. d/b/a Fox Run at Orchard Park (the Company) is a not-for-profit corporation which operates a Continuing Care Retirement Community located in Orchard Park, New York. The Fox Run facility consists of 180 independent living units, a 34 unit assisted living facility, an 18 unit memory care facility, and a 50 bed skilled nursing facility, all located in a campus environment. The United Church Home Society, Inc. (Buffalo, NY), is the sole member of the Company. A Continuing Care Retirement Community (CCRC) is subject to licensing and regulation under Article 46 of New York State Public Health Law. The assisted living, memory care, and skilled nursing components are also subject to regulatory oversight by the New York State Department of Health. The Company was granted Certificate of Authority and Certificate of Authorization and began construction in April 2006. The first independent living units were occupied in November 2007 at which time the facility became operational.

Describe all known former uses of the Premises

Farmland

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 storedDischarge 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**

none

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

none

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 wasteAir 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**

n/a

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 involvedPolychlorinated 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