

Liquid Expansion North - Thermo Fisher Scientific

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

Thermo Fisher Scientific's Liquid North Expansion **Project Name**

Adding building and process equipment to expand liquid media operations to meet customer **Project Summary**

demand and secure growth opportunities for the benefit of Western New York economy.

Thermo Fisher Scientific Inc's subsidiary: Life Technologies Corporation **Applicant Name**

3175 Staley Road **Applicant Address**

Applicant Address 2

Grand Island **Applicant City** New York **Applicant State** 14072 **Applicant Zip**

(716) 774-6700 **Phone** (716) 774-6999 **Fax**

patrick.whitehead@thermofisher.com E-mail

https://www.thermofisher.com/us/en/home.html Website

325414 **NAICS Code**

Business Organization

Public Corporation Type of Business

2008 Year Established

Delaware State in which Organization is established

Individual Completing Application

Patrick Whitehead Name

Manufacturing Engineer Title

3175 Staley Road **Address**

Address 2

Grand Island City New York State 14072

Zip

(716) 534-2077 Phone

Fax

(716) 774-6999

E-Mail

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Company Contact (if different from individual completing application)

Name

Mary McCormick

Title

Senior Finance Manager

Address

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State

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Company Counsel

Name of

Paul D Meosky

Attorney

Firm Name

Hodgson Russ LLP

Address

140 Pearl Street

Address 2

City

Buffalo

State

New York

Zip

14202

Phone

(716) 848-1482

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pmeosky@hodgsonruss.com

Benefits Requested (select all that apply)

Exemption from Sales Tax

Yes

Exemption from Mortgage Tax

No

Exemption from Real Property Tax

Yes

Tax Exempt Financing*

No

Applicant Business Description

Describe in detail company background, history, products and customers. Description is critical in determining eligibility.

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

Grand Island Biological Company ("GIBCO") was established in 1962 in Grand Island, New York as an entrepreneurial effort to bring commercially prepared cell culture products to local markets such as Roswell Park Cancer Research Center and the State University of New York at Buffalo's biological and medical science research laboratories. Over the decades, the company has undergone ownership changes including in November 2008 when Life Technologies Corporation was created from the merger of Invitrogen Corporation and Applied Biosystems Inc. In 2014, the acquisition of Life Technologies Corporation by Thermo Fisher Scientific Inc. was completed, with Life Technologies Corporation remaining as a corporation and becoming part of the Life Sciences Solutions Group of Thermo Fisher Scientific Inc. The GIBCO brand is one of the premier global suppliers of cell culture products. Cell culture products manufactured at the Grand Island facility are used for a wide variety of applications in basic and applied life sciences research and in medical, diagnostic, therapeutic, and large-scale industrial biotechnology applications. Such applications include research into biological processes, cellular nutrition and genetic analyses, Covid research, cancer, AIDS research, and genetically-engineered pharmaceutical drug manufacturing. We compete in the life sciences industry against companies such as Merck (Germany), Millipore (MA), Lonza(MD), and GE/Hyclone (UT). The cell culture marketplace is growing at a fast pace. Company manufacturing operations are located in Europe and other locations in the United States besides Grand Island. As such, the Grand Island facility faces both internal and external competition to retain market share as well as compete for future growth. We need local development assistance to help secure these growth opportunities for the benefit of the Western New York Economy. Thermo Fisher Scientific is a U.S.-based provisioner of scientific instrumentation, reagents and consumables, and software and services to healthcare, life science, and other laboratories in academia, government, and industry (including in the biotechnology and pharmaceutical sectors).

Estimated % of sales within Erie County	1 %
Estimated % of sales outside Erie County but within New York State	2 %
Estimated % of sales outside New York State but within the U.S.	52 %
Estimated % of sales outside the U.S.	45 %
(*D	

(*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?

5

Describe vendors within Erie County for major purchases

Landscaping, Outside Council, Uniforms, Cleaning and Lab Supplies, Raw Materials

Section II: Eligibility Questionnaire - Project Description & Details

Project Location

Address of Proposed Project Facility

3175 Staley Road

Town/City/Village of Project Site

Grand Island

School District of Project Site

Grand Island Central School District

Current Address (if different)

N/A

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

N/A

SBL Number(s) for proposed Project

36.00-4-31

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

263,000+/-

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

Land

\$

Building(s)

\$

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?

No

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

Expand northeast corner of existing building to accommodate additional manufacturing and warehousing space.

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)

Existing building is ~300,000 sf. The proposed project involves construction of a 69,000+/- sf addition (between two floors) to the existing manufacturing plant for the production of Animal Origin Free (AOF) Liquid Media (LM) products and the purchase of new machinery equipment in order to increase production capacity. Installation of dispensary suites, formulation tanks, filtration and finishing equipment are also in scope. New facility space will allow for expansion of operations to meet customer demand.

Municipality or Municipalities of current operations

Grand Island, Erie County, NY

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

Yes

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?

Yes

If yes, please indicate the Agency and nature of inquiry below

Preliminary meetings with various NYS agencies on possible incentives.

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:

Obtaining the assistance encourages the company to expand at the Grand Island location rather than outside of the state.

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)

Although the facility itself will not move, this large expansion and business opportunity is dependent upon receiving assistance. This project will create ~60 new full time permanent jobs at the project location. The project will enable us to serve our existing customer's increasing demand for our products as well as compete in the expanding life sciences industry and gain additional customers/business. The opportunity exists to build this expansion in our Miami, Florida facility or Greenville, NC facility, where government agencies have provided assistance for similar projects.

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?

If the project moves out of Grand Island, the county will lose the opportunity for job creation and its economic impacts.

Will project include leasing any equipment?

No

If yes, please describe equipment and lease terms.

Site Characteristics

Is your project located near public transportation?

Νo

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

Has a project related site plan approval application been submitted to the appropriate planning department?

Ye

If Yes, include the applicable municipality's and/or planning department's approval resolution, the related State Environmental Quality Review Act ("SEQR") "negative declaration" resolution, if applicable, and the related Environmental Assessment Form (EAF), if applicable.

If No, list the ECIDA as an "Involved Agency" on the related EAF that will be submitted to the appropriate municipality and/or planning department for site plan approval.

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

Yes

Describe the present zoning/land use

Industrial zoning.

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?

No

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

If yes, describe the efficiencies achieved

Energy efficient chillers and high efficiency air handling units.

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?

Yes

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

The large facility site includes R&D, the new project expansion will not involve R&D.

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 No

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)

No Commercial

No Equipment Purchase

No Facility for the Aging

No Industrial

No Life Care Facility (CCRC)

No Market Rate Housing No Mixed Use No Multi-Tenant

No Retail No Senior Housing No Manufacturing

Yes Other

High tech manufacturing facility

<u>For proposed facility please include the square footage for each of the uses outlined below</u> If applicant is paying for FFE for tenants, include in cost breakdown.

		Cost		% of Total Cost
Manufacturing/Processing	54,400 square feet	\$	0	0%
Warehouse	14,600 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)

Standard

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

Yes

What is the estimated project timetable (provide dates)

Start date: acquisition of equipment or construction of facilities

6/1/2021

End date: Estimated completion date of project

3/1/2023

Project occupancy: estimated starting date of occupancy

3/1/2023

Project Information

Estimated costs in connection with Project

Land and/or Building Acquisition

\$ 0 O square feet O acres

New Building Construction

\$ 0 square feet

New Building addition(s)

\$ 34,200,000 69,000 square feet

Reconstruction/Renovation

\$ 0 Square feet

Manufacturing Equipment

\$36,000,000

Infrastructure Work

\$0

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

\$ (

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

\$ 14,800,000

Other Cost

\$0

Explain Other

N/A

Costs

Total Cost

85,000,000

Construction Cost Breakdown:

Total Cost of Construction \$ 70,200,000 (sum of 2, 3, 4 and 6 in Project Information, above)

Cost of materials \$

% sourced in Erie County 25%

Sales and Use Tax:

Gross amount of costs for goods and services that are subject to \$ 0 State and local sales and use tax- said amount to benefit from the Agency's sales and use tax exemption benefit

Estimated State and local Sales and Use Tax Benefit (product of \$ 0 8.75% multiplied by the figure, above):

** 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

Project refinancing estimated amount, if applicable (for refinancing of existing debt only)

contained within this Application, to determine the Financial Assistance that will be offered.

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

If Yes, describe particulars:

Sources of Funds for Project Costs:

Equity (excluding equity that is attributed to grants/tax credits): \$85,000,000

Bank Financing: \$0

Tax Exempt Bond Issuance (if applicable): \$0

Taxable Bond Issuance (if applicable): \$0

Public Sources (Include sum total of all state and federal grants \$ 0

and tax credits):

Identify each state and federal grant/credit: (ie Historic Tax O Credit, New Market Tax Credit, Brownfield, Cleanup Program,

ESD, other public sources)

Total Sources of Funds for Project Costs: \$85,000,000

Have you secured financing for the project?

Mortgage Recording Tax Exemption Benefit:

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

Mortgage Amount (include sum total of construction/permanent/bridge financing).

Lender Name, if Known

Estimated Mortgage Recording Tax Exemption Benefit (product of mortgage amount as indicated above multiplied by 3/4 of 1%):

Real Property Tax Benefit:

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):

<u>IDA PILOT Benefit</u>: 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.

<u>Percentage of Project Costs financed from Public Sector sources</u>: 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.

ECIDA encourages applicants to utilize MBE/WBE contractors for their projects. Describe your company's internal practices that promote MBE/WBE hiring and utilization

Thermo Fisher Scientific is committed to providing equal employment opportunity and ethical employment practices, including promoting human rights, within the Company's sphere of influence.

Is project necessary to expand project employment?

Yes

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)

You must include a copy of the most recent NYS-45 Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return. 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).

Current # of jobs at proposed project location or to be relocated at project location If financial assistance is granted – project the number of FT and PT jobs to be retained

If financial assistance is granted – project the number of FT and PT jobs to be created upon 24 months (2 years) after Project completion Estimate number of residents of the Labor Market Area in which the project is located that will fill the FT and PT jobs to be created upon 24 months (2

				years) after project completion **
Full time	0	0	60	60
Part time	0	0	0	0
Total	0	0	60	

Salary and Fringe Benefits for Jobs to be Retained and Created

Category of Jobs to be Retained and/or Created	# of Employees Retained and/or Created	Average Salary for Full Time	Average Fringe Benefits for Full Time	Average Salary for Part Time (if applicable)	Average Fringe Benefits for Part Time (if applicable)
Management	0	\$0	\$0	\$0	\$0
Professional	0	\$0	\$0	\$ 0	\$0
Administrative	0	\$0	\$0	\$ 0	\$0
Production	0	\$0	\$0	\$ 0	\$0
Independent Contractor	0	\$0	\$0	\$0	\$0
Other	0	\$0	\$0	\$0	\$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.

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

Address	1870 Whitehaven Road Grand Island, NY 14072		
Full time	256	0	0
Part time	0	0	0
Total	256	0	0

Payroll Information

Annual Payroll at Proposed Project Site upon completion

0

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

0

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

3175 Staley Road, Grand Island, NY 14072

Name and Address of Owner of Premises

Life Technologies (subsidiary of Thermo Fisher Scientific), 3175 Staley Road, Grand Island, NY 14072

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

Flat level terrain.

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

Main plant constructed circa 1963 under GIBCO name with multiple expansions over the years for warehouse, research and development and cell culture manufacturing.

Describe all known former uses of the Premises

Horse farm prior to founding, circa 1963 construction.

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?

Yes

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?

Yes

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?

Single Use Facility

For Single Use Facility

Occupant Name Life Technologies Corporation (subsidiary of Thermo Fisher Scientific)

Address 3175 Staley Road

Contact Person Mary McCormick

Phone (716) 464-0464

Fax (716) 774-6805

E-Mail mary.mccormick@thermofisher.com

Federal ID # 33-037-3077

SIC/NAICS Code 325414

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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?

No

If yes, complete the Retail Questionnaire Supplement below.

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?

No

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

3175 Staley Road

City/Town

Grand Island

State

New York

Zip Code

14072

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?

Νc

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:

N/A

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

N/A

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.)

N/A

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?

No

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

N/A

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

N/A

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.

N/A

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 multifamily 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