



## Project California

[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>	Project California
<b>Project Summary</b>	Eaton's Mission Systems Division currently operates manufacturing facilities in Orchard Park, Iowa and the United Kingdom. The business is considering a facility expansion in Erie County to enable significant business growth projections for mission critical aerospace defense programs that the division manufactures in Orchard Park. This expansion could lead to the creation of more than 90 new jobs over 5 years (77 within 2 years) and a \$20m investment, adding 50,000 square feet of manufacturing and office space to the facility and allowing for the manufacture of additional products. Current project cost estimates for an expansion at Orchard Park are higher than initial evaluations and incentives are a core consideration in the leadership team's decision-making process as the Orchard Park facility competes for the potential investment.
<b>Applicant Name</b>	Eaton Mission Systems Orchard Park
<b>Applicant Address</b>	10 Cobham Drive
<b>Applicant Address 2</b>	
<b>Applicant City</b>	Orchard Park
<b>Applicant State</b>	New York
<b>Applicant Zip</b>	14127
<b>Phone</b>	(517) 227-7038
<b>Fax</b>	
<b>E-mail</b>	michaelahines@eaton.com
<b>Website</b>	www.eaton.com
<b>NAICS Code</b>	336413

#### Business Organization

<b>Type of Business</b>	Public Corporation
<b>Year Established</b>	1911
<b>State</b>	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 CertifiedIndividual Completing Application

**Name** Michael Hines  
**Title** Operations Leader  
**Address** 10 Cobham Dr  
**Address 2**  
**City** Orchard Park  
**State** New York  
**Zip** 14127  
**Phone** (517) 227-7038  
**Fax**  
**E-Mail** MichaelAHines@Eaton.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** Pat Grant  
**Firm Name** Eaton Corporation  
**Address** 1000 Eaton Blvd  
**Address 2**  
**City** Cleveland  
**State** Ohio  
**Zip** 44122  
**Phone** (703) 678-5367  
**Fax**  
**E-Mail** PatBGrant@eaton.com

Benefits Requested (select all that apply).

<b>Exemption from Sales Tax</b>	Yes
<b>Exemption from Mortgage Tax</b>	No
<b>Exemption from Real Property Tax</b>	Yes
<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%.**

Eaton's Orchard Park location has been in business for decades, supporting the commercial and military aerospace industries with highly technical products to serve their needs in environmental systems, space technologies, and weapons actuation. Mission Systems Orchard Park Inc. is 100% wholly owned by Eaton Corporation, and is a division within the Eaton Aerospace Group of Eaton Corp.

<b>Estimated % of sales within Erie County</b>	0 %
<b>Estimated % of sales outside Erie County but within New York State</b>	1 %
<b>Estimated % of sales outside New York State but within the U.S.</b>	90 %
<b>Estimated % of sales outside the U.S.</b>	9 %

(\*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**

\$4.6-\$5.0M spending in Erie County over the last 12 months, including: Everfab in East Aurora is \$1.3M Advantech in Buffalo is \$1.2M Ketch in Buffalo is \$1.1M GP50 in Grand Island is \$700k Casey Machine in Lancaster is \$480k

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

### Project Location

**Address of Proposed Project Facility**

10 Cobham Drive

**Town/City/Village of Project Site**

Orchard Park

**School District of Project Site**

Orchard Park Central School District

**Current Address (if different)****Current Town/City/Village of Project Site (if different)****SBL Number(s) for proposed Project**

161.18-2-5.2

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

120,000

**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?**

No

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

Eaton Corporation

**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.)**

Existing building, which we plan to expand through the project

**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)**

Our business has several existing and potential new product lines that are projected to grow over the next five years. Our current factory is space-limited and will prevent us from achieving that growth in Orchard Park without adding approximately 50,000sqft of additional space. The new space will be primarily used for additional production capacity on critical aerospace defense programs. Some new equipment will be required to fit this new space out to efficiently manufacture products, such as vertical storage units for consolidating our inventory. A small percentage of the new building expansion will also be used for additional office space for production support personnel.

**Municipality or Municipalities of current operations**

Town of Orchard Park

**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**

Empire State Development, TBD on funding

**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)**

Eaton makes similar products to those in Orchard Park at multiple locations. The total project cost is an important determining factor in whether or not we can expand these products at our Orchard Park location as opposed to somewhere else. We're counting on incentives to help us minimize the project cost.

**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?**

Cost is a determining factor in leadership's consideration of the project in Orchard Park. Inability to obtain financial assistance for the project would impact the final investment decision.

**Will project include leasing any equipment?**

No

If yes, please describe equipment and lease terms.

### Site Characteristics

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

No

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

**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.**

October 2024

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

No

**Describe the present zoning/land use**

Currently, Eaton owns three parcels of land. The largest parcel is currently zoned Industrial and is used for all of our current operations. The other two are zoned Industrial and Residential.

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

The two Residential zoned parcels will need to be rezoned to Industrial

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

No timing yet on when this will be completed.

**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?**

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?**

Yes

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

11%

**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.

<b>No Acquisition of Existing Facility</b>	<b>No Assisted Living</b>	<b>No Back Office</b>
<b>No Civic Facility (not for profit)</b>	<b>No Commercial</b>	<b>No Equipment Purchase</b>
<b>No Facility for the Aging</b>	<b>Yes Industrial</b>	<b>No Life Care Facility (CCRC)</b>

**No Market Rate Housing**      **No Mixed Use**      **No Multi-Tenant**  
**No Retail**      **No Senior Housing**      **Yes 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>	50,000 square feet	\$	20,400,000	94%
<b>Warehouse</b>	square feet	\$	0	0%
<b>Research &amp; Development</b>	square feet	\$	0	0%
<b>Commercial</b>	square feet	\$	0	0%
<b>Retail</b>	square feet	\$	0	0%
<b>Office</b>	45,000 square feet	\$	1,200,000	6%
<b>Specify Other</b>	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**      < 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**

10/1/2024

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

2/1/2026

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

2/1/2026

Capital Project Plan / Budget

**Estimated costs in connection with Project**

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

\$ 0

square feet

acres

**2.) New Building Construction**

\$ 0

square feet

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

\$ 16,700,000

50,000 square feet

**4.) Reconstruction/Renovation**

\$ 0

square feet

**5.) Manufacturing Equipment**

\$ 1,400,000

**6.) Infrastructure Work**

\$ 1,000,000

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

\$ 1,200,000

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

\$ 1,300,000

**9.) Other Cost**

\$ 0

**Explain Other  
Costs****Total Cost** \$ 21,600,000Construction Cost Breakdown:

<b>Total Cost of Construction</b>	\$ 17,700,000 (sum of 2, 3, 4 and 6 in Project Information, above)
<b>Cost of materials</b>	\$ 10,000,000
<b>% sourced in Erie County</b>	%

Sales and Use Tax:

<b>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</b>	\$ 10,000,000
<b>Estimated State and local Sales and Use Tax Benefit (product of 8.75% multiplied by the figure, above):</b>	\$ 875,000

\*\* 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.

<b>Project refinancing estimated amount, if applicable (for refinancing of existing debt only)</b>	\$ 0
<b>Have any of the above costs been paid or incurred as of the date of this Application?</b>	No
<b>If Yes, describe particulars:</b>	

Sources of Funds for Project Costs:

<b>Equity (excluding equity that is attributed to grants/tax credits):</b>	\$ 21,600,000
<b>Bank Financing:</b>	\$ 0
<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>	\$ 0
<b>Identify each state and federal grant/credit: (ie Historic Tax Credit, New Market Tax Credit, Brownfield, Cleanup Program, ESD, other public sources)</b>	State funding TBD



**Total Sources of Funds for Project Costs:** \$21,600,000

**Have you secured financing for the project?** No

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%):** \$0

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):**

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?**

Yes

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

No

**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 Genesee.

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	453	453	77	77
Part time	0	0	0	0
Total	453	453	77	

Salary and Fringe Benefits for Jobs to be Retained and Created

<b>Job Categories</b>	<b># of Full Time Employees retained and created</b>	<b>Average Salary for Full Time</b>	<b>Average Fringe Benefits for Full Time</b>	<b># of Part Time Employees retained and created</b>	<b>Average Salary for Part Time</b>	<b>Average Fringe Benefits for Part Time</b>
<b>Management</b>	0	\$ 0	\$ 0	0	\$ 0	\$ 0
<b>Professional</b>	268	\$ 90,000	\$ 18,000	0	\$ 0	\$ 0
<b>Administrative</b>	0	\$ 0	\$ 0	0	\$ 0	\$ 0
<b>Production</b>	262	\$ 66,000	\$ 13,000	0	\$ 0	\$ 0
<b>Independent Contractor</b>	0	\$ 0	\$ 0	0	\$ 0	\$ 0
<b>Other</b>	0	\$ 0	\$ 0	0	\$ 0	\$ 0
<b>Total</b>	530			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):

<b>Address</b>			
<b>Full time</b>	0	0	0
<b>Part time</b>	0	0	0
<b>Total</b>	0	0	0

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

47,364,450

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

85,650

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

0

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

85,650

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

0

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

<b>From (Full Time)</b>	66,000	<b>To (Full Time)</b>	99,000
<b>From (Part Time)</b>	0	<b>To (Part Time)</b>	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**

10 Cobham Dr Orchard Park, NY 14127

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

Eaton Corporation

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

The property includes a manufacturing facility, parking lot, stormwater retention pond, forest, and 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**

The facility was build in the 1980s and is used to manufacture components for the aerospace industry.

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

The facility has always been used for the same purpose.

#### **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?**

Yes

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

Two small diesel spills while a snow removal contractor was filling his truck with fuel

#### **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**

NYD175344068

**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**

Clean Harbors Environmental Services Inc.

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

Clean Harbors Reidsville LLC, 208 Watlineton Industrial Drive, Reidsville, NC 27120 Spring Grove Resource Recovery Inc., 4879 Spring Road Avenue, Cincinnati, OH 45232

**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**

No wastewater permits, currently pending response from Erie County Water Authority.

**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**

Process water, noncontact, stormwater

**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?**

Yes

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

Minor source registration, no permit required

**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.

<b>Occupant Name</b>	Eaton Corporation
<b>Address</b>	10 Cobham Dr
<b>Contact Person</b>	Nicholas D'Angelo
<b>Phone</b>	(614) 403-7817
<b>Fax</b>	
<b>E-Mail</b>	NickDAngelo@eaton.com
<b>Federal ID #</b>	
<b>SIC/NAICS Code</b>	336413

SS

## 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. **If no, proceed to the next section.**

## 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**

10 Cobham Dr

**City/Town**

Orchard Park

**State**

New York

**Zip Code**

14127

**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?**

No

**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