



## APS Manufacturing & Warehouse

### Section I: Applicant Background Information

#### Applicant Information - Company Receiving Benefit

<b>Project Name</b>	Athenex Pharma Solutions
<b>Applicant Name</b>	Group V Real Estate, Inc.
<b>Applicant Address</b>	2457 Wehrle Drive
<b>Applicant Address 2</b>	
<b>Applicant City</b>	Williamsville
<b>Applicant State</b>	New York
<b>Applicant Zip</b>	14221
<b>Phone</b>	716-633-9933
<b>Fax</b>	716-633-9933
<b>E-mail</b>	maryp@casilioco.com
<b>Website</b>	www.casilioco.com
<b>Federal ID#</b>	
<b>NAICS Code</b>	
<b>Will a Real Estate Holding Company be utilized to own the Project property/facility</b>	Yes
<b>What is the name of the Real Estate Holding Company</b>	Group V Real Estate, Inc.
<b>Federal ID#</b>	
<b>State and Year of Incorporation/Organization</b>	New York
<b>List of stockholders, members, or partners of Real Estate Holding Company</b>	Mary Powell, Pat Casilio, Peter Casilio, Paul J Casilio, Phil Casilio

#### Individual Completing Application

<b>Name</b>	Mary Powell
<b>Title</b>	President
<b>Address</b>	2457 Wehrle Drive
<b>Address 2</b>	
<b>City</b>	Williamsville
<b>State</b>	New York
<b>Zip</b>	14221

<b>Phone</b>	716-633-9933
<b>Fax</b>	716-633-9937
<b>E-Mail</b>	<a href="mailto:maryp@casilioco.com">maryp@casilioco.com</a>

Company Contact (if different from individual completing application)

**Name** Mary Powell  
**Title** President  
**Address** 2457 Wehrle Drive  
**Address 2**  
**City** Williamsville  
**State** New York  
**Zip** 14221  
**Phone** 1-716-633-9933  
**Fax** 1-716-633-9937  
**E-Mail** maryp@casilioco.com

Company Counsel

**Name of Attorney** Paul J Casilio, Esq.  
**Firm Name**  
**Address** 2457 Wehrle Drive  
**Address 2**  
**City** Williamsville  
**State** New York  
**Zip** 14221  
**Phone** 1-716-633-9933  
**Fax** 1-716-633-9937  
**E-Mail** paulc@casilioco.com

Identify the assistance being requested of the Agency

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

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

Business Organization

**Type of Business** Corporation  
**Type of Ownership**  
**Year Established** 1992  
**State of Organization** New York

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

**Please include name and % of ownership.**

There are five stockholders all with equal ownership interest of 20%.

### Applicant Business Description

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

Group V Real Estate, Inc. ("Group V") founded in 1992 by the Casilio is a real estate development and holding company. The company origin dates back to 1965 when founded by the late Pat Casilio as a commercial, industrial and institutional construction management and real estate company. Today the Casilio group of companies are composed of professional construction estimators, project managers, real estate analysts, real estate brokers and financiers. Group V's tenant is Athenex Pharma Solutions, Inc. a division of Athenex, Inc. ("Tenant"). The information presented below was supplied by Athenex Pharma Solutions, Inc., Tenant

<b>Estimated % of sales within Erie County</b>	2%
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<b>Estimated % of sales outside Erie County but within New York State</b>	13%
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<b>Estimated % of sales outside New York State but within the U.S.</b>	85%
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<b>Estimated % of sales outside the U.S.</b>	0%
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(\*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**

Vendor services for Athenex Pharma Solutions are all from Erie County. Raw materials are from outside US with the exception of gases or lab supplies such as gloves, hairnets, gowns, bottles (plastic).

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

### Project Location

#### **Municipality or Municipalities of current operations**

Newstead, New York

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

Yes

#### **In which Municipality will the proposed project be located**

Newstead, New York

#### **Address**

11342 Main Street, Town of Newstead, New York 14001

#### **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 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 Retail Section of this application)

#### **SBL Number for Property upon which proposed Project will be located**

60.00-1-13.3

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

County and Town Tax 2017 - \$6,731.41, Clarence Central School District, Town of Newstead Taxes 2017-2018 - \$12,417.91

#### **Assessed value of land**

\$58,200

#### **Assessed value of building(s)**

\$733,800

#### **Are Real Property Taxes current?**

Yes

#### **If no please explain**

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

Town of Newstead

#### **School District of Project Site**

Clarence Central School District

#### **Does the Applicant or any related entity currently hold fee title to 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**

The proposed project site, 18,500 square feet at 11342 Main Street, Newstead, NY, has been occupied by Athenex Pharma

Solutions f/k/a QuaDPharma ("Tenant") since 2011. Athenex Pharma Solutions manufactures small batch pharmaceuticals.

**Please provide narrative of the proposed project and the purpose of the proposed 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)**

Group V Real Estate, Inc. ("Landlord") is seeking assistance for its Tenant, Athenex Pharma Solutions a division of Athenex, Inc. The proposed project is an 8,000 square foot addition on to an existing 18,500 square foot facility at 11342 Main Street, Newstead, New York ("Athenex Pharma Project")

**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:**

The Athenex Pharma Project is a necessary expansion for Athenex, Inc. and Athenex Pharma Solutions to continue the manufacturing of small batch pharmaceuticals. The Athenex Pharma Project will serve to retain 55 FTE with anticipated growth of an additional 25 FTE. The assistance is important as the Athenex Pharma Project is subject to a contingent agreement between Landlord and Tenant based on final project cost. Project savings assist in the aforementioned objective.

**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)**

Project cost and operating expenses are important to the success of any business. The Athenex Pharma Project is subject to an agreement between Landlord and Tenant (the "Parties" or "Party") with said agreement being contingent upon the acceptance of final project cost by both Parties. The ECIDA's assistance will provide the opportunity to achieve the Athenex Pharma Project's goals within the agreement.

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

Yes

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

The assistance is important as the Athenex Pharma Project is subject to a contingent cost acceptance and financing agreement between Landlord and Tenant. The Parties have agreed to an upside cost and expense which if not achieved either Party may terminate the agreement to expand at the Project site.

**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**

I-2 Industrial District

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

Same

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

None, all approvals have been granted by the Town of Newstead.

**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?**

When possible.

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.

<b>Yes Manufacturing</b>	<b>No Multi-Tenant</b>	<b>No Mixed Use</b>
<b>No Acquisition of Existing Facility</b>	<b>No Commercial</b>	<b>No Facility for the Aging</b>
<b>No Housing</b>	<b>No Back Office</b>	<b>No Civic Facility (not for profit)</b>
<b>No Equipment Purchase</b>	<b>No Retail</b>	<b>No Other</b>



Project Information

**Estimated costs in connection with project**

**Land and/or Building Acquisition**

\$ 0 square feet acres

**New Building Construction**

\$ 0 square feet

**New Building addition(s)**

\$ 600,000 8,000 square feet

**Infrastructure Work**

\$ 250,000

**Renovation**

\$ 500,000 square feet

**Manufacturing Equipment**

\$ 0

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

\$ 0

**Soft Costs: (professional services, etc.)**

\$ 167,500

**Other Cost**

\$ 0

**Explain Other Costs**

Financing cost, architectural fees.

**Total Cost**

\$ 1,517,500

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

\$ 385,000

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

Yes

**If Yes, describe particulars:**

8.) Soft Costs, Architectural and Engineering - \$49,500

Sources of Funds for Project Costs:

**Equity (excluding equity that is attributed to grants/tax credits):**

\$

**Bank Financing:**

\$ 1,902,500

**Tax Exempt Bond Issuance (if applicable):**

\$ 0

**Taxable Bond Issuance (if applicable):**

\$ 0

**Public Sources (Include sum total of all state and federal grants and tax credits):**

\$ 0

**Identify each state and federal grant/credit:**

**Total Sources of Funds for Project Costs:**

\$1,902,500

**Has a financing preapproval letter or loan commitment letter been obtained?**

No

Mortgage Recording Tax Exemption Benefit:

**Estimated Mortgage Amount (Sum total of all financing – construction and bridge).**

**\*Amount of mortgage, if any, that would be subject to mortgage recording tax.**

\$ 1,902,500

**Lender Name, if Known**

**Estimated Mortgage Recording Tax Exemption Benefit (% of estimated mortgage amount stated above):**

\$19,025

Construction Cost Breakdown:

**Total Cost of Construction**

\$ 1,350,000

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

**Cost for materials**

\$ 675,000

**% sourced in Erie County**

100%

**% sourced in State**

100% (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**

\$ 675,000

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

\$ 59,063

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:**

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

		<b>Cost</b>	<b>% of Total Cost</b>
<b>Manufacturing/Processing</b>	8,000 square feet	\$ 850,000	100
<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>	square feet	\$ 0	0
<b>Specify Other</b>	18,500 square feet	\$ 500,000	100

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

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**

3/1/2018

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

12/31/2018

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

1/1/2019

**Have construction contracts been signed?**

No

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

Yes

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

Yes

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

Yes

**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 FINANCIAL ASSISTANCE IS GRANTED – project the number of FTE and PT jobs to be RETAINED	IF FINANCIAL ASSISTANCE IS GRANTED – project the number of FTE and PT jobs to be CREATED upon TWO years after Project completion	Estimate number of residents of the Labor Market Area in which the Project is located that will fill the FTE and PT jobs to be created upon TWO Years after Project Completion **
Full time	0	55	25	0
Part time	0	0	0	0
Total	0	55	25	

\*\* The Labor Market Area includes the Counties of Erie, Niagara, Genesee, Cattaraugus, Wyoming and Chautauqua. For the purposes of this question, please estimate the number of FTE and PT jobs that will be filled, as indicated in the third column, by residents of the Labor Market Area, in the fourth column.

\*\*\*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).

Salary and Fringe Benefits for Jobs to be Retained and Created:

<b>Category of Jobs to be Retained and Created</b>	<b># of Employees Retained and Created</b>	<b>Average Salary for Full Time</b>	<b>Average Fringe Benefits for Full Time</b>	<b>Average Salary for Part Time (if applicable)</b>	<b>Average Fringe Benefits for Part Time (if applicable)</b>
<b>Management</b>	11	\$ 98,124	\$ 24,531	\$ 0	\$ 0
<b>Professional</b>	17	\$ 76,651	\$ 19,163	\$ 0	\$ 0
<b>Administrative</b>	12	\$ 40,850	\$ 10,213	\$ 0	\$ 0
<b>Production</b>	32	\$ 45,119	\$ 11,280	\$ 0	\$ 0
<b>Independent Contractor</b>	0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Other</b>	8	\$ 42,797	\$ 10,700	\$ 24,960	\$ 0

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

<b>Address</b>	Conventus 1001 Main St. Suite 600 Buffalo, NY 14203			
<b>Full time</b>	24	0	0	
<b>Part time</b>	15	0	0	
<b>Total</b>	39	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**

\$ 3,500,000

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

\$ 60,633

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

\$ 0

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

\$ 65,186

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

\$ 24,960

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

<b>From (Full Time)</b>	\$ 60,633	<b>To (Full Time)</b>	\$ 65,186
<b>From (Part Time)</b>	\$ 0	<b>To (Part Time)</b>	\$ 24,960

**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: 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**                      Athenex Pharma Solutions  
**Address**                                11342 Main Street, Newstead, New York 14001  
**Contact Person**                      Rob Keem  
**Phone**                                    1-716-417-6606  
**Fax**  
**E-Mail**                                    rkeem@athenex.com  
**Federal ID #**  
**SIC/NAICS Code**

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 projet site	SIC or NAICS-also briefly describe type of business, products services, % of sales in Erie Co.
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## Section IV: Tenant Information

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

**Tenant Name**

Athenex Pharma Solutions, LLC

**Property Address:**

11342 Main Street

**City/Town/Village**

Newstead, New York 14001

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

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

26,500

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

100

**Are terms of lease:**

NET

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

**Estimated date of occupancy**

1/1/2019

## **PART 2 TO BE COMPLETED BY PROPOSED TENANT**

**Company Name:**

Athenex Pharma Solutions, LLC

**Local Contact Person:**

Rob Keen

**Title:**

Plant Manager

**Current Address:**

11342 Main Street, Newstead, NY

**Phone:**

(716) 417-6606

**Fax:**

**E-Mail:**

rkeem@athenex.com

**Website:**

www.athenexsolutions.com

**Company President/General Manager:**

Jeffrey Yordon

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

**Full-Time:**

0

**Part-Time:**

0

**Total:**

**Do you anticipate increasing employment within the next two years?**

If yes, how many additional employees moving to new project location?



**Full-Time:**

25

**Part-Time:**

0

**Total:**

25

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

Athenex Pharma Solutions serves the pharmaceutical industry that relates to small-scale, pre-commercial, and commercial manufacturing. Athenex Pharma Solutions services developers of innovative technology, sponsors of personalized and orphans medicines and smaller-market but important drug therapies. A global bio-pharmaceutical dedicated to the discovery, development and commercialization of novel therapies for the treatment of cancer.

Attach additional information as necessary.

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

Founded in 2010, Athenex Pharma Solutions formerly QuaDPharma, LLC was acquired by one of its early customers, Kinex Pharmaceuticals. The company was later acquired by Athenex, Inc. and re-branded Athenex Pharma Solutions in 2016. Athenex, Inc. is a publicly traded company (NASDAQ: ATNX).

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

26,500 square feet upon project completion.

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

Athenex Pharma Solutions currently leases 18,500 square feet and the project location.

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

The increase in square footage (8,000 square foot addition) is necessary for Athenex Pharma Solutions to continue its growth and operation at the Project location.

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

No

**Where is company relocating from?**

**Address:**

N/A Athenex Pharma Solutions is not relocating

**City/Town/Village:**

**State:**

**Zip:**

**If yes, please provide reason for move; i.e. larger/smaller facility required, competitive position, lease expiration, etc.**

N/A

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

N/A

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

1/1/2013

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

No

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

**Is location necessary to:**

**Discourage your company from moving out of New York State**

Yes

**Maintain your company's competitiveness within the industry:**

Yes

( if yes is checked on one or both please provide specific explanation as an attachment on company letterhead )

**Will tenant/user's use of the project involve the sales of goods OR services to customers who personally visit the facility**

No

**If the answer is YES, are sales taxes collectible under Article 28 of the Tax Law of the State of New York on sales of these goods**

No

**Were local economic development officials contacted about the availability of alternative sites within the community you are leaving?**

No

**If yes, who was contacted and what was the outcome?**

**If no, why not?**

The Project is an expansion to an existing location.

**Will present location be your company's headquarters?**

Yes

**If No, Where is the location of HQ:**

**City:**

**State:**

**Form Completed By:**

Rich Nassar

**Relationship to Company:**

VP of Operations

## **Section V: Environmental Questionnaire**

### General Background Information

**Address of Premises** 11342 Main Street, Newstead, New York 14001

**Name and Address of Owner of Premises** Group V Real Estate, Inc., 2457 Wehrle Drive, Williamsville, New York 14221

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

The Project site is a level terrain and is not located near a wetlands, coastline, river, stream or major body of water.

**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 original building (18,500 square feet) was constructed in 1991.

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

Current use is the manufacturing of small batch pharmaceuticals. Prior to 2011, the Project site was used for offices.

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

Yes

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

Athenex Pharma Solutions, tenant.

**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**

Solid Waste: Includes general office and non-hazardous manufacturing materials. Non-hazardous Pharmaceutical Waste: Includes non-hazardous pharmaceutical materials. Hazardous Waste: Includes small quantities hazardous pharmaceuticals and associated manufacturing/QC/R&D materials.

**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**

Hazardous/Non-Haz Pharmaceutical Wastes-Clean Harbors Environmental Services owned facilities Solid Wastes-Waste Management Services owned facility.

**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**

N/A

**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**

Sanitary waste is the only discharge at the Project site. Said waste is discharged into the properties septic system.

**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**

Sanitary waste only to the septic tank.

#### 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**

N/A

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

<BLANK>

**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 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**

N/A

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

No

**If yes, please identify the materials**

## **Section VI: 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:**

N/A

**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.)**

N/A

**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?**

<BLANK>

**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 Current facility is not to be abandoned.

**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 VII: 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 vacant, number of years vacant. 0

If underutilized, number of years underutilized. 0

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

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 \$

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

	Number of Units	Sq. Ft. Range Low to High	Rent Range Low to High
1 Bedroom	0	0	\$ 0
2 Bedroom	0	0	\$ 0
3 Bedroom	0	0	\$ 0
Other	0	0	\$ 0

Does the site have historical significance? <BLANK>

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

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 VIII: Senior Citizen Rental Housing Projects**

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

No

**Has the project received written support from the city, town or village government in which it is located?**

<BLANK>

**Describe the location of the project as it relates to the project's proximity to the town / village / city center or to a recognized hamlet.**

**Is the project consistent with the applicable municipal master plan?**

<BLANK>

**If yes, please provide a narrative identifying the master plan (by name) and describing how the project aligns with the plan details**

**Does the project advance efforts to create a walkable neighborhood and community in proximity to important local amenities and services?**

<BLANK>

**If yes, please provide a narrative describing the walkable nature of the project including access seniors would have to specific neighborhood amenities.**

**Has a market study shown that there is a significant unmet need in the local community or specific neighborhood where seniors are unable to find appropriate housing opportunities?**

<BLANK>

**Is the project located in an area (defined as a 1 – 5 mile radius of the project site) where there are significant local resident populations that are at or below the median income level?**

<BLANK>

**If yes, please describe how you made this determination based upon census tract and other relevant third party data.**

**Does the project provide amenities that are attractive to seniors and differentiates the project from standard market rate housing?**

<BLANK>

**If yes, please describe these amenities (examples may include: community rooms, social / recreational activity areas, senior-oriented fixtures and safety amenities, security systems, call systems, on site medical services)**

**Are there impediments that hinder the ability to conventionally finance this project and /or negatively impact the project's return on investment?**

<BLANK>

**If yes, please briefly summarize the financial obstacles to development that this project faces without IDA or other public assistance. Please provide the IDA 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)**

**Will the project target (and maintain during the incentive period) a minimum 50% occupancy rate of senior citizens whose income is at or below 60-80% of the median income for Erie County?**

<BLANK>

**If yes, please describe provide a narrative citing key facts that substantiate this finding.**

## Section IX: 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>