

## NOTICE OF PUBLIC HEARING

Pursuant to Article 18-A of NYS General Municipal Law, the Erie County Industrial Development Agency (the “Agency”) will hold a public hearing on May 29, 2026, at 9:00 a.m. at the Town of Cheektowaga, Town Council Chamber, located at 4401 Broadway, Cheektowaga, NY 14227, regarding:

BHSC LANDLORD, LLC, and/or Individual(s) or Affiliate(s), Subsidiary(ies), or Entity(ies) formed or to be formed on its behalf (the “Company”), has submitted an application to the Agency (a copy of which is on file at the office of the Agency) requesting the Agency to undertake a certain project (the “Project”) consisting of: (i) the acquisition by the Agency of a leasehold interest in certain property located on 157 Cleveland Drive, Town of Cheektowaga, Erie County, New York and all other lands in the County of Erie where, by license or easement or other agreement, the Company or its designees are making improvements that benefit the Project (the “Land”), (ii) the acquisition and renovation on the Land of an approximately 50,000+/- square-foot historic school and convent facility to be utilized for expansion of its public school-funded special education services for children with developmental challenges and special needs (the “Improvements”), and (iii) the acquisition by the Company in and around the Improvements of certain items of machinery, equipment and other tangible personal property (the “Equipment”; and, together with the Land, and the Improvements and the Existing Improvements, the “Facility”). The Facility will be initially owned and operated by the Company.

The Agency will acquire a leasehold interest in the Facility and lease the Facility back to the Company. The Company will operate the Facility during the term of the lease. At the end of the lease term, the leasehold interest will be terminated. The Agency contemplates that it will provide financial assistance to the Company for qualifying portions of the Project in the form of sales and use tax exemption benefits, mortgage recording tax exemption benefits, and real property tax abatement benefits consistent with the policies of the Agency.

A representative of the Agency will be present at the above-stated time and place to present a copy of the Application and hear and accept written and oral comments from all persons with views in favor of or opposed to the proposed financial assistance. This public hearing is being live-streamed and made accessible on the Agency’s website at [www.ecidany.com](http://www.ecidany.com). Written comments may be submitted at this public hearing, submitted on the Agency’s website, or delivered to the Agency at 95 Perry Street-Suite 403, Buffalo, NY 14203 until the comment period closes at 4:00 p.m. on June 23, 2026. The project application is available for public inspection at the Agency’s offices Monday through Friday (excluding public holidays) from 9:00 a.m. until 4:00 p.m.

This public hearing is being conducted in accordance with Subdivision 2 of Section 859-a of the New York General Municipal Law.



## BHSC SAG

[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>	Buffalo Hearing & Speech Center- Childhood Education
<b>Project Summary</b>	Historic former St. Aloysius Gonzaga school renovated to house an early intervention program for Buffalo Hearing and Speech Center.
<b>Applicant Name</b>	Buffalo Hearing and Speech Center, on behalf of a to-be formed for-profit subsidiary. Please see the provided and very complex HTC Diagram supplied by our counsel.
<b>Applicant Address</b>	50 E. North Street
<b>Applicant Address 2</b>	
<b>Applicant City</b>	Buffalo
<b>Applicant State</b>	New York
<b>Applicant Zip</b>	14203
<b>Phone</b>	(716) 855-8318
<b>Fax</b>	(716) 855-4229
<b>E-mail</b>	sams@savarinocompanies.com
<b>Website</b>	www.askbhsc.org
<b>NAICS Code</b>	624190

#### Business Organization

**Type of Business**

Corporation

**Year Established**

1953

**State**

New York

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

[No] Minority Owned

[No] Woman Owned

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

[No] NYS Certified

[No] Erie Country Certified

### Individual Completing Application

**Name** Samuel J. Savarino  
**Title** CEO- Savarino Construction Services LLC  
**Address** 500 Seneca Street  
**Address 2** Suite 505  
**City** Buffalo  
**State** New York  
**Zip** 14204  
**Phone** (716) 491-8991  
**Fax** (716) 332-5959  
**E-Mail** sams@savarinocompanies.com

### Company Contact- Authorized Signer for Applicant

**Contact is same as individual completing application** Yes  
**Name** Joseph Cozzo  
**Title** CEO  
**Address** 50 E. North Street  
**Address 2**  
**City** Buffalo  
**State** New York  
**Zip** 14023  
**Phone** (716) 885-8318  
**Fax**  
**E-Mail** jcozzo@askbhsc.org

### Company Counsel

**Name of Attorney** Timmon Favaro  
**Firm Name** Cannon Heyman Weiss LLP  
**Address** 726 Exchange Street  
**Address 2** Suite 500  
**City** Buffalo  
**State** New York  
**Zip** 14210  
**Phone** (716) 856-1700  
**Fax** (716) 856-2311  
**E-Mail** tfavaro@chwattys.com

Benefits Requested (select all that apply.)

<b>Exemption from Sales Tax</b>	Yes
<b>Exemption from Mortgage Tax</b>	Yes
<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%.**

Buffalo Hearing & Speech Center is a New York State not-for-profit entity governed by a volunteer board of directors. It is a long-running Western New York nonprofit founded in 1953 and is a respected provider of hearing, speech, communication, literacy, autism, and special education services for children, adults, and families. It serves more than 11,000 people a year and says it has helped more than 250,000 people since its founding. For the purposes of this project, BHSC will form a for-profit subsidiary, which is necessary in order to facilitate the syndication of other beneficial use of tax credits, which the non-profit cannot monetize itself because it does not have federal and state tax liability.

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

(\*Percentage to equal 100%)

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

80

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

Buffalo Hearing & Speech Center will ensure its contractor and construction manager utilize Erie County vendors as subcontractors, suppliers, and vendors where practical, and will add contract language to that effect.

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

### Project Location

**Address of Proposed Project Facility**

157 Cleveland Drive

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

Cheektowaga

**School District of Project Site**

Cheektowaga Central School District

**Current Address (if different)**

170 Rosewood Terrace

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

Cheektowaga

**SBL Number(s) for proposed Project****What are the current real estate taxes on the proposed Project Site**

Zero

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

Land

\$ 0

Building(s)

\$ 0

If available include a copy of current tax receipt.

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

Yes

**If no please explain**

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

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

Yes

**If No, indicate name of present owner of the Project Site****Does Applicant or related entity have an option/contract to purchase the Project site?**

Yes

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

157 Cleveland Drive is a vacant former school building and convent.

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

The acquisition and renovation of both a historic school building and a convent building at the St. Aloysius Gonzaga RC Church Campus will allow Buffalo Hearing and Speech Center to centralize and expand its public school-funded special education services for children with developmental challenges and special needs, while preserving historic buildings. BHSC intends to purchase the historic former St. Aloysius Gonzaga School to renovate and house its Early Childhood Education program, for which there is a growing need. A new passenger elevator, entry ramp, and ground-floor stairs will improve accessibility. The existing heating and ventilation systems will be completely replaced with new roof-mounted gas-fired HVAC units serving each wing of the building, supplemented by dedicated exhaust fans for all toilet rooms and specialty spaces such as the art room; the new system is designed to provide fresh air exchange and temperature control throughout all three floors. Plumbing work is equally extensive: every toilet, urinal, sink, drinking fountain, mop sink, and water heater in the building will be removed and replaced with new code-compliant fixtures, and the gas service, water service, and associated piping will be replaced and upgraded to include a new backflow prevention device and a new gas meter. The kitchen area on the ground floor will receive a new dishwasher, prep sink, and associated plumbing. A new fire sprinkler system will be installed throughout the building to bring it into compliance with current fire protection codes. The electrical systems will be entirely replaced with new panelboards, wiring, and a full complement of new LED lighting throughout classrooms, corridors, restrooms, the gymnasium/auditorium, cafeteria, and offices. Proper wiring and routing for up-to-date technology will also be added. The building will receive new flooring throughout (a mix of vinyl composition tile, ceramic tile, carpet, and terrazzo, depending on the space), along with fresh paint, acoustic ceiling tile, ceramic tile in restrooms, and updated signage for every room in the building, including ADA-compliant restroom and wayfinding signs.

**Municipality or Municipalities of current operations**

Cheektowaga

**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?**

No

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

**If the Project could be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency:**

The Historic Tax Credit investment is a necessary component of capital funding. This will result in a five-year compliance period, subjecting the project's improvement costs to sales tax. This would add both operating and capital costs, which would challenge the project's feasibility.

**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)**

Support from ECIDA is required for the project's feasibility. Buffalo Hearing & Speech Center is utilizing Federal and NYS Historic Tax Credit investments, which require it to establish a for-profit subsidiary to obtain third-party investments. Please see the provided and very complex HTC Diagram supplied by our counsel.

**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?**

Unable to secure a permanent facility for the operation that is currently in leased premises. Unable to expand operations and serve the growing and unmet community need for BHSC's services.

**Will project include leasing any equipment?**

No

If yes, please describe equipment and lease terms.

Site Characteristics

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

Yes

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

NFTA Route 32-Amherst operates between the Black Rock Riverside Transit Hub and the Walden Galleria Mall. It can be caught at a nearby stop on Century Road; this bus route runs every 20-45 minutes on weekdays. NFTA Route 6-Sycamore connects downtown Buffalo with the Walden Galleria area. It runs down Cleveland Drive approximately every 30 minutes on weekdays.

**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.**

June 15, 2026

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

Yes

**Describe the present zoning/land use**

R- Residential (confirmed this is accurate)

**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?**

Yes

**If yes, please explain**

Phase I Environmental Assessment is expected in 30 days.

**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?**



No

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

<BLANK>

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

Will project result in significant utility infrastructure cost or uses No

What is the estimated project timetable (provide dates).

Start date : acquisition of equipment or construction of facilities

6/27/2026

End date : Estimated completion date of project

8/2/2027

Project occupancy : estimated starting date of occupancy

8/2/2027

Capital Project Plan / Budget

Estimated costs in connection with Project

1.) Land and/or Building Acquisition

\$ 825,000

50,000 square feet

5 acres

2.) New Building Construction

\$ 0

square feet

3.) New Building addition(s)

\$ 0

square feet

4.) Reconstruction/Renovation

\$ 5,800,000

50,000 square feet

5.) Manufacturing Equipment

\$ 0

6.) Infrastructure Work

\$ 0

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

\$ 100,000

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

\$ 413,000

9.) Other Cost

\$ 2,124,225

<b>Explain Other Costs</b>	Interest, legal, financing fees, HTC investor cost, and developer fee.
<b>Total Cost</b>	\$ 9,262,225

Construction Cost Breakdown:

<b>Total Cost of Construction</b>	\$ 5,800,000 (sum of 2, 3, 4 and 6 in Project Information, above)
<b>Cost of materials</b>	\$ 2,610,000
<b>% sourced in Erie County</b>	80%

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>	\$ 2,610,000
<b>Estimated State and local Sales and Use Tax Benefit (product of 8.75% multiplied by the figure, above):</b>	\$ 228,375

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

<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>	Yes
<b>If Yes, describe particulars:</b>	\$100,000 (soft costs)

Sources of Funds for Project Costs:

<b>Equity (excluding equity that is attributed to grants/tax credits):</b>	\$ 2,000,000
<b>Bank Financing:</b>	\$ 4,127,940
<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>	\$ 2,134,285
<b>Identify each state and federal grant/credit: (ie Historic Tax Credit, New Market Tax Credit, Brownfield, Cleanup Program, ESD, other public sources)</b>	\$2,500,000 (Historic Tax Credits)
<b>Total Sources of Funds for Project Costs:</b>	\$8,262,225
<b>Have you secured financing for the project?</b>	Yes

Mortgage Recording Tax Exemption Benefit:

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

<b>Mortgage Amount (include sum total of construction/permanent/bridge financing).</b>	7,000,000
<b>Lender Name, if Known</b>	

<b>Estimated Mortgage Recording Tax Exemption Benefit (product of mortgage amount as indicated above multiplied by 3/4 of 1%):</b>	\$52,500
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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?**

Yes

**Will project include leasing any equipment?**

No

If yes, please describe equipment and lease terms.

Employment Plan (Specific to the proposed project location)

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

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

	<b>Current # of jobs at proposed project location or to be relocated at project location</b>	<b>If financial assistance is granted – project the number of FT and PT jobs to be retained</b>	<b>If financial assistance is granted – project the number of FT and PT jobs to be created upon 24 months (2 years) after Project completion</b>	<b>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 **</b>
<b>Full time</b>	47	47	18	18
<b>Part time</b>	47	47	0	0
<b>Total</b>	94	94	18	

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>	7	\$ 76,022	\$ 13,684	0	\$ 0	\$ 0
<b>Professional</b>	53	\$ 51,077	\$ 9,194	47	\$ 32,277	\$ 5,808
<b>Administrative</b>	5	\$ 49,089	\$ 8,836	0	\$ 0	\$ 0
<b>Production</b>	0	\$ 0	\$ 0	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>	65			47		

\*\* 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>	50 E. North Street, Buffalo NY 14203	42 Sunset Boulevard, Angola NY 14006	
<b>Full time</b>	137	18	0
<b>Part time</b>	17	2	0
<b>Total</b>	154	20	0

Payroll Information

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

5,730,694

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

52,657

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

32,268

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

52,742

**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>	37,332	<b>To (Full Time)</b>	65,847
<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**

157 Cleveland Drive Cheektowaga, NY 14215

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

St. Aloysius Gonzaga RC Church 157 Cleveland Drive Cheektowaga, NY 14215

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

Existing school building.

#### **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**

Two portions of the school, circa 1947 and 1957.

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

Elementary school facility and convent.

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

No

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

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

No

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

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

No

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

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

No

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

### Solid And Hazardous Wastes And Hazardous Substances

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

No

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

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

No

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

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

n/a

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

n/a

**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?**

Yes

**If yes, please identify the materials**

RBM Study uploaded.

## 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** Buffalo Hearing and Speech Center  
**Address** 50 E. North Street, Buffalo, NY 14203  
**Contact Person** Joseph Cozzo, CEO  
**Phone** (716) 885-8318  
**Fax** (716) 885-1354  
**E-Mail** jcozzo@askbhsc.org  
**Federal ID #** 16-0776186  
**SIC/NAICS Code** 624190- Other Individual and Family Services

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

## Section VII: Adaptive Reuse

**What is the age of the structure (in years)?** 80

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

Yes

**What is the age of the structure (in years)?** 80

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

Yes

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

1

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

5

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

It was used for Cub Scout meetings and bingo events.

**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)**

No

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

**Does the site have historical significance?**

Yes

**If yes, please indicate historical designation**

See uploaded NPS application and approval notice.

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

Yes

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

\$2,134,285.00

**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)**

Property tax makes the operating cost infeasible. Sales tax on materials poses stress on the capital budget. The fee for the program and its services is fixed. The amount of investment from permanent financing for the project is the maximum that Buffalo Hearing & Speech Center can afford to pay. If not for the PILOT and tax exemptions, the project would need to be downsized or would not be feasible. Either prospect would leave the community with unmet needs for services provided to children.

**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**

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

The abatement of hazardous building materials is required, which introduces a cost hardship.

**Indicate census tract of project location**

102

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

This adaptive reuse project transforms an existing abandoned building in an active residential neighborhood into a much-needed Early Childhood Education program for children with special needs.

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

National Park Service standards must be met, which limits LEED options.

## 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

170 Rosewood Terrace

### City/Town

Cheektowaga

### State

New York

### Zip Code

14225

**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?**

Yes

**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:**

Exiting the leased premises at the end of the term of the lease.

**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.)**

Existing school classrooms and an appropriate location to serve the existing population as well as new students.

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

Yes

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

Buffalo Hearing & Speech Center has determined this is an optimal location for the children its serves all over Erie County in size, layout, and location.

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

The current facility is leased by Buffalo Hearing & Speech Center, so the landlord will rent it to a new tenant.

**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.**

The current space is leased by BHSC. Its facilities are outdated and too small, and they provide an insufficient number of classrooms for the growing needs of Erie County families with special-needs students.

## Section IX: Housing

Project **DOES NOT** include residential rental housing units.

## **Section X: 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 XI: 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