

**COUNTY OF CHAUTAUQUA
INDUSTRIAL DEVELOPMENT AGENCY**

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICATION OF:

Lutheran Housing Administrative Services Group Inc.

d/b/a Lutheran Senior Housing

APPLICANT NAME

Please respond to all questions in this Application for Financial Assistance (the "Application") by, as appropriate:

- filling in blanks;
- checking the applicable term(s);
- attaching additional text (with notation in Application such as SEE Schedule H, Item # 1, etc.); or
- writing "NA", signifying "not applicable".

All attachments responsive to questions found in this Application should be clearly labeled and attached as Schedule I to the Application. If an estimate is given, enter "EST" after the figure. One signed original and one photocopy of the Application (including all attachments) must be submitted.

The following amounts are payable to the County of Chautauqua Industrial Development Agency (the "Agency") at the time this Application is submitted to the Agency: (i) a \$1,000 non-refundable application fee (the "Application Fee"); and (ii) a \$1,000 expense deposit for the Agency's Transaction/Bond Counsel fees and expenses (the "Counsel Fee Deposit"). The Application Fee will not be credited against any other fees or expenses which are or become payable to the Agency in connection with this Application or the project contemplated herein (the "Project"). In the event that the subject transaction does not close for any reason, the Agency may use all or any part of the Counsel Fee Deposit, to defray the cost of Transaction/Bond Counsel fees and expenses with respect to the Project. In the event that the subject transaction does close, the Counsel Fee Deposit shall be credited against the applicable expenses incurred by the Agency with respect to the Project.

Every signature page comprising part of this Application must be signed by the Applicant or this Application will not be considered complete or accepted for consideration by the Agency.

The Agency's acceptance of this Application for consideration does not constitute a commitment on the part of the Agency to undertake the proposed Project, to grant any financial

assistance with respect to the proposed Project or to enter into any negotiations with respect to the proposed Project.

Information provided herein may be subject to disclosure under the New York Freedom of Information Law (New York Public Officers Law § 84 et seq.) (“FOIL”). If the Applicant believes that a portion of the material submitted with this Application is protected from disclosure under FOIL, the Applicant should mark the applicable section(s) or page(s) as “confidential” and state the applicable exception to disclosure under FOIL.

DATE

C. APPLICANT COUNSEL:

Firm name: Barclay Damon LLP

Address: 200 Delaware Avenue, Suite 1200
Buffalo, NY 14202

Primary
Contact: Mark R. McNamara, Esq Jean S. Everett, Esq.
Phone: (716) 566-1536 (202) 582-0601
Fax: (716) 846-1210 (202) 582-0602
E-Mail: mmcnamara@barclaydamon.com jeverett@barclaydamon.com

D. Principal stockholders, members or partners, if any (i.e., owners of 20% or more of equity/voting rights in Applicant):

Name	Percentage owned
<u>NA</u>	<u> </u> %
<u> </u>	<u> </u> %
<u> </u>	<u> </u> %

E. List parent corporation, sister corporations and subsidiaries, if any:

SEE Schedule I, Item #2

F. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing or incentives in the County of Chautauqua? If YES, describe:

YES xxx

NO

Lutheran Housing Realty Inc., Civic Facility Revenue Bond, Project Series 2005A, \$5,500,000

Lutheran Housing Realty Inc., Civic Facility Revenue Bond, Project Series 2005B, \$300,000

G. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities involved in any litigation or aware of any threatened litigation that would have a material adverse effect on the Applicant's financial condition or the financial condition of said principal(s)? If YES, attach details at Schedule I.

YES

NO xxx

H. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors? If YES, attach details at Schedule I.

YES ___

NO xxx

I. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, ever been convicted of any felony or misdemeanor (other than minor traffic offenses), or have any such related persons or principal(s) held positions or ownership interests in any firm or corporation that has been convicted of a felony or misdemeanor (other than minor traffic offenses), or are any of the foregoing the subject of a pending criminal proceeding or investigation? If YES, attach details at Schedule I.

YES ___

NO xxx

J. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, been cited for (or is there a pending proceeding or investigation with respect to) a civil violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, taxation, or other operating practices? If YES, attach details at Schedule I.

YES ___

NO xxx

K. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, delinquent or have any of the foregoing persons or entities been delinquent on any New York State, federal or local tax obligations within the past five (5) years? If YES, attach details at Schedule I.

YES ___

NO xxx

L. Complete the following information for principals (including, in the case of corporations, officers and members of the board of directors and, in the case of limited liability company, members and managers) of the Applicant:

<u>Name</u>	<u>Title</u>	<u>Other Business Affiliations</u>
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SEE Schedule I, Item #3

Do any of the foregoing principals hold elected or appointive positions with New York State, any political division of New York State or any other governmental agency? If YES, attach details at Schedule I.

YES xxx SEE Schedule I, Item #4 NO

Are any of the foregoing principals employed by any federal, state or local municipality or any agency, authority, department, board, or commission thereof or any other governmental or quasi-governmental organization?

YES NO xxx

M. Current operations at project location (if applicable):

1. (a) Location: 737 Falconer Street, Jamestown NY 14701
- (b) Number of Employees: Full-Time: 7 Part-Time: 8 (FTEs: 10.9 – 2016)*
- (c) Annual Payroll, excluding benefits: \$468,000 (2016)*
* including regular/routine contracted employees
- (d) Type of operation (e.g. manufacturing, wholesale, distribution, retail, etc.)
and products or services: Affordable/assistive senior living (SEE Schedule I, Item #8 for a full narrative)
- (e) Size of existing facility real property
(i.e., acreage of land): SEE Schedule I, Item #5
- (f) Buildings (number and square footage of each): SEE Schedule I, Item #6
- (g) Applicant's interest in the facility

FEE TITLE: xxx LEASE: OTHER (describe below):

N. Will the completion of the proposed Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the Project, from one area of the State of New York (but outside of Chautauqua County) to a location in Chautauqua County or in the abandonment of such a plant or facility located in an area of the State of New York outside of Chautauqua County? If YES, complete the attached Anti-Raiding Questionnaire (Schedule D).

YES NO xxx

O. Has the Applicant considered moving to another state or another location within New York State? If YES, explain circumstances.

YES ___

NO xxx

P. Does any one supplier or customer account for over 50% of Applicant's annual purchases or sales, respectively? If YES, attach name and contact information for supplier and/or customer, as applicable:

YES ___

NO xxx

Q. Does the Applicant (including any related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, have any contractual or other relationship with the Agency or the County of Chautauqua? If YES, attach details at Schedule I.

YES xxx

NO ___

SEE Schedule I, Item #7

R. Nature of Applicant's business (e.g., description of goods to be sold, products manufactured, assembled or processed, services rendered):

Lutheran Senior Housing provides affordable/assistive senior living co-located on one campus offering a full continuum of senior services including a Skilled Nursing Facility, Medical Model Adult Day Health Care Program, Assisted Living Program, Outpatient PT, OT and ST services. (SEE Schedule I, Item #8 for a full narrative)

S. ANY RELATED PARTY PROPOSED TO BE A USER OF THE PROJECT:

Name: NA

Relationship to Applicant: _____

Provide the information requested in Questions A through S above with respect to each such party by attachment at Schedule I.

PART II. PROPOSED PROJECT

A. Types of Financial Assistance Requested:

- ✓ **Tax-Exempt Bonds**
 - Taxable Bonds
 - Refunding Bonds
 - Sales/Use Tax Exemption
- ✓ **Mortgage Recording Tax Exemption**
- ✓ **Real Property Tax Exemption**
 - Other (specify): _____

B. Type of Proposed Project (check all that apply and provide requested information):

- ✓ **New Construction of a Facility**
 - Square footage: 9,300 first floor Wellness Center
9,300 basement
- **Addition to Existing Facility**
 - Square footage of existing facility: _____
 - Square footage of addition: _____
- ✓ **Renovation of Existing Facility**
 - Square footage of area renovated: See list below. SF included in Schedule I, Item #6
 - Square footage of existing facility: See list below. SF included in Schedule I, Item #6

Renovations include the following:

- *Complete overhaul and rebuild of 8 elevators which have experienced malfunction and are critical for the movement of residents. 7 elevators are located in Lindgren buildings and 1 in Carlson Towers.*
- *Replacement of 7 Lindgren roofs including improvements to insulation and ventilation.*
- *Installation of air conditioning in the corridors of Brostrom Hall and Carlson Towers.*
- *Updating corridors in Brostrom Hall and Carlson Towers to include lighting, flooring and décor.*
- *Additional building repairs and upgrades needed to extend the useful lives of aged buildings.*

- **Acquisition of Land/Building**
 - Acreage/square footage of land: _____
 - Square footage of building: _____

✓ **Acquisition of Furniture/Machinery/Equipment**

List principal items or categories:

FFE related to the construction of the Wellness Center

Total \$350,000 with \$270,000 part of the tax-exempt financing

✓ **Other (specify):** _____

Other Capital Improvements Include:

- *Installation of fiber connectivity amongst the Lutheran Senior Housing buildings which will allow for the expansion of technology devices currently used in the "Smartments", provide resident connectivity, and also expand resident safety devices.*
- *Milling and resurfacing Aldren Avenue and various driveway/parking surfaces used by Lutheran Senior Housing.*
- *Sidewalk replacement and additional sidewalks to provide residents safe access around campus.*
- *Exterior lighting improvements to increase resident safety.*
- *Various landscaping updates including tree plantings, exterior activity spaces and building entrances.*

C. Briefly describe the purpose of the proposed Project, the reasons why the Project is necessary to the Applicant and why the Agency's financial assistance is necessary, and the effect the Project will have on the Applicant's business or operations:

SEE Schedule I, Item #8 narrative which answers Part II, Questions C-D-E-G-J-R-V

D. Is there a likelihood that the proposed Project would not be undertaken by the Applicant but for the granting of the financial assistance by the Agency? (If yes, explain; if no, explain why the Agency should grant the financial assistance with respect to the proposed Project)

YES xxx

NO _____

SEE Schedule I, Item #8 narrative which answers Part II, Questions C-D-E-G-J-R-V

E. If the Applicant is unable to arrange Agency financing or other Agency financial assistance for the Project, what will be the impact on the Applicant and the County of Chautauqua? Would the Applicant proceed with the Project without Agency financing or other Agency financial assistance? Describe.

SEE Schedule I, Item #8 narrative which answers Part II, Questions C-D-E-G-J-R-V

F. Location of Project:

Street Address: SEE Schedule I, Item #5 and Item #6 for a complete listing of project SBL(s) and addresses

Tax Map Section: _____ Block: _____ Lot: _____

Census Tract Number: _____

G. Present use of the Project site:

SEE Schedule I, Item #8 narrative which answers Part II, Questions C-D-E-G-J-R-V

H. (a) What are the current real estate taxes on the Project site? (If amount of current taxes is not available, provide assessed value for each):

General: SEE Schedule I, Item #5

School: SEE Schedule I, Item #5

(b) Are tax certiorari proceedings currently pending with respect to the Project real property? If YES, attach details at Schedule I including copies of pleadings, decisions, etc.

YES ___

NO xxx

I. Describe proposed Project site ownership structure (*i.e.*, Applicant or other entity):

Applicant

J. To what purpose will the building or buildings to be acquired, constructed or renovated be used by the Applicant? (Include description of goods to be sold, products to be manufactured, assembled or processed and services to be rendered.)

SEE Schedule I, Item #8 narrative which answers Part II, Questions C-D-E-G-J-R-V

K. If any space in the Project is to be leased to or occupied by third parties (*i.e.*, parties not related to the Applicant), or is currently leased to or occupied by third parties who will remain as tenants, provide the names and contact information for each such tenant, indicate total square footage of the Project to be leased to each tenant, and describe proposed use by each tenant:

NA

L. Provide, to the extent available, the information requested, in Part I, Questions A, B, D and O, with respect to any party described in the preceding response.

NA

M. Does the proposed Project meet zoning/land use requirements at proposed location?

YES xxx NO

1. Describe present zoning/land use: RC: Multi-Family Residential and Professional Office District
2. Describe required zoning/land use, if different: NA
3. If a change in zoning/land use is required, please provide details/status of any request for change of zoning/land use requirements: NA

N. Does the Applicant, or any related entity or person, currently hold a lease or license on the Project site? If YES, please provide details and a copy of the lease/license.

YES NO xxx

O. Does the Applicant, or any related entity or person, currently hold fee title to (i.e. own) the Project site?

YES xxx (Applicant) NO

If YES, indicate:

- (a) Date of purchase: Lands have been in Lutheran ownership for decades with some over 100 years. All buildings have been developed and built by Lutheran. Therefore, no purchases are necessary for this project.
- (b) Purchase price: NA
- (c) Balance of existing mortgage, if any: NA
- (d) Name of mortgage holder: NA
- (e) Special conditions: NA

If NO, indicate name of present owner of Project site: _____

P. Does the Applicant or any related person or entity have an option or a contract to purchase the Project site and/or any buildings on the Project site?

YES NO xxx

If YES, attach copy of contract or option at Schedule I and indicate:

- (a) Date signed: _____
- (b) Purchase price: \$ _____
- (c) Closing date: _____

Is there a relationship legally or by virtue of common control or ownership between the Applicant (and/or its principals) and the seller of the Project (and/or its principals)?
If YES, describe:

YES ____ NO ____ NA xxx

Q. 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 attached Retail Questionnaire (Schedule E).

Sales of Goods: YES ____ NO xxx Sales of Services: YES ____ NO xxx

R. Describe the social and economic conditions in the community where the Project site is or will be located and the impact of the proposed Project on the community (including impact on infrastructure, transportation, fire and police and other government-provided services):

SEE Schedule I, Item #8 narrative which answers Part II, Questions C-D-E-G-J-R-V

S. Identify the following Project parties (if applicable):

Architect: Clark Patterson Lee
 Engineer: Clark Patterson Lee
 Contractors: To Be Determined via Bid Process

T. Will the Project be designed and constructed to comply with Green Building Standards? (if YES, describe the LEED green building rating that will be achieved):

YES ____ NO xxx

U. Is the proposed Project site located on a Brownfield? (if YES, provide description of contamination and proposed remediation)

YES ____ NO xxx

V. Will the proposed Project produce a unique service or product or provide a service that is not otherwise available in the community in which the proposed Project site is located?

YES xxx

NO _____

SEE Schedule I, Item #8 narrative which answers Part II, Questions C-D-E-G-J-R-V _____

W. Is the proposed Project site currently subject to an IDA transaction (whether through the Agency or otherwise)? If yes, explain.

YES _____

NO xxx

PART III. CAPITAL COSTS OF THE PROJECT

A. Provide an estimate of cost of all items listed below:

	<u>Item</u>	<u>Cost</u>
1.	Land and/or Building Acquisition	\$0
2.	Building Demolition	\$52,000
3.	Construction/Reconstruction/Renovation	\$3,916,300
4.	Site Work	\$869,900
5.	Infrastructure Work	\$123,000
6.	Architectural/Engineering Fees	\$258,500
7.	Applicant's Legal Fees	\$included in soft costs
8.	Financial Fees	\$included in soft costs
9.	Other Professional Fees	\$14,600
10.	Furniture, Equipment & Machinery Acquisition (not included in 3. above)	\$350,000
11.	Other Soft Costs (describe)	
	CCIDA – Bond Issuance Fee	\$63,000
	CCIDA – Bond Counsel	\$40,000
	Lutheran – Counsel	\$35,000
	Bank Holder's Financial Advisory Fee	\$31,500
	Bank Holder's Counsel	\$27,000
	Title Insurance, Appraisal, Other Fees	\$33,000
12.	Other (describe)	
	Permits, Fees, Other Misc.	\$7,650
	Refinance Existing Debt	\$1,150,000
	Total	\$6,971,450

B. Estimated Sources of Funds for Project Costs:

a.	Tax-Exempt IDA Bonds:	\$6,300,000
b.	Taxable IDA Bonds:	\$0
c.	Conventional Mortgage Loans:	\$0
d.	SBA or other Governmental Financing:	\$0
e.	Other Public Sources (e.g., grants, tax credits):	\$0
f.	Other Public Agency Loans:	\$0
g.	Other Private Loans:	\$0
h.	Equity Investment - Lutheran: (excluding equity attributable to grants/tax credits)	\$671,450

TOTAL **\$6,971,450**

Capitalized interest will be paid by Lutheran directly.

What percentage of the total project costs are funded/financed from public sector sources: 0%

- C. Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application? If YES, describe particulars on a separate sheet.

YES xxx (SEE Schedule I, Item #9) NO

- D. Are items of working capital, moving expenses, work in progress, or stock in trade included in the proposed uses of the bond proceeds (if applicable)? If YES, provide details:

YES NO NOT APPLICABLE xxx

- E. Will any of the funds to be borrowed through the Agency's issuance of bonds, if applicable, be used to repay or refinance an existing mortgage, outstanding loan or an outstanding bond issue? If YES, provide details:

YES xxx NO NOT APPLICABLE

In 2015, LSH had a balloon payment due on a prior construction mortgage. LSH used its line of credit at M&T Bank to pay this balloon payment. The balance of \$820,000 will be refinanced with this borrowing. In addition, a \$330,000 mortgage with Northwest Savings Bank which is related to prior construction of the applicants project location will be refinanced.

- F. Has the Applicant made any arrangement for the marketing or the purchase of the bonds or the provision of other third party financing (if applicable)? If YES, indicate with whom (subject to Agency approval) and provide a copy of any term sheet or commitment letter issued with respect to such financing.

YES xxx NO NOT APPLICABLE

SEE Schedule I, Item #10 for term sheet from M&T Bank

G.	Construction Cost Breakdown:		
	Total Cost of Construction:	\$5,311,200	(sum of 2-5 and 10 in Question A above)
	Cost for materials:	\$2,849,000	
	Cost for labor:	\$1,978,000	
	Cost for "other":	\$484,200	

The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to undertake and document the total amount of capital investment as set forth in this Application.

PART IV. COST/BENEFIT ANALYSIS

- A. If the Applicant presently operates in Chautauqua County, provide the current annual payroll. Estimate projected payroll at the Project site in First Year, Second Year and Third Year after completion of the Project:

	<u>Present</u>	<u>First Year</u>	<u>Second Year</u>	<u>Third Year</u>
Full-time:	\$278,000	\$278,000	\$278,000	\$278,000
Part-time: ¹	\$190,000	\$240,000	\$240,000	\$240,000

List the average salaries or provide ranges of salaries for the following categories of jobs (on a full-time equivalency basis) projected to be retained/created in Chautauqua County as a result of the proposed Project:

<u>Category of Jobs to be Retained:</u>	<u>Average Salary or Range of Salary:</u>	<u>Average Fringe Benefits or Range of Fringe Benefits</u>
Management	\$75,000-\$110,000	26-30%
Professional	\$40,000-\$60,000	26-30%
Administrative	\$22,000-\$30,000	26-30%
Independent Contractor ²	\$24,000-\$70,000	NA
Other:		
Clinical/Case Mgmt	\$30,000-\$40,000	26-30%
Maintenance Mech	\$23,000-\$30,000	26-30%
Housekeeping	\$20,000-\$25,000	26-30%

<u>Category of Jobs to be Created:</u>	<u>Average Salary or Range of Salary:</u>	<u>Average Fringe Benefits or Range of Fringe Benefits</u>
Management		
Professional		
Administrative		
Independent Contractor ³	\$30,000-\$45,000	NA
Other		
Clinical/Case Mgmt	\$30,000-\$40,000	26-30%
Housekeeping	\$20,000-\$25,000	26-30%

¹ NOTE: The Agency converts part-time jobs into FTE's for evaluation and reporting purposes by dividing the number of part-time jobs by two (2).

² As used in this chart, this category includes employees of independent contractors.

³ As used in this chart, this category includes employees of independent contractors.

The Agency may utilize the foregoing employment projections and the projections set forth in Schedule C, among other things, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to retain the number of jobs, types of occupations and amount of payroll with respect to the Project set forth in this Application.

- B. (i) Will the Applicant transfer current employees from existing location(s)? If YES, describe, please describe the number of current employees to be transferred and the location from which such employees would be transferred:

YES _____

NO xxx

- (ii) Describe the number of estimated full time equivalent construction jobs to be created as a result of undertaking the project, to the extent any:

20-24 FTEs (\$1,978,000 labor)

- C. What, if any, is the anticipated increase in the dollar amount of production, sales or services following completion of the Project?

\$175,000

What percentage of the foregoing amount is subject to New York sales and use tax?

0% - Applicant is exempt from NY sales tax and services are generally not subject to sales tax

What percentage of the Applicant's total dollar amount of production, sales or services (including production, sales or services rendered following completion of the Project) are made to customers outside the economic development region (i.e., Western New York)?

0% - All revenue is generated in Chautauqua County

Describe any other municipal revenues that will result from the Project (excluding the above and any PILOT payments):

Electric, Sewer, Water, Trash, Permit/Application Fees

D. What is the estimated aggregate annual amount of goods and services to be purchased by the Applicant for each year after completion of the Project and what portion will be sourced from businesses located in Chautauqua County and the State:

	<u>Amount</u>	<u>% Sourced in Chautauqua County</u>	<u>% Sourced in State</u>
Year 1	\$775,000	50-65%	65-80%
Year 2	\$775,000	50-65%	65-80%
Year 3	\$775,000	50-65%	65-80%

E. Describe, if applicable, other benefits to the Chautauqua County anticipated as a result of the Project, including a projected annual estimate of additional sales tax revenue generated, directly and indirectly, as a result of undertaking the project:

The completed project will create 1.5 FTEs and retain 10.90 FTEs in Chautauqua County with an estimated payroll of \$518,000. In addition, Lutheran uses local vendors, suppliers and contractors whenever possible. Lutheran's 165 residents also shop in Chautauqua County and utilize medical and other services, which contribute to the economy.

F. Estimated Value of Requested Financial Assistance:

Estimated Value of Sales Tax Benefit: NA – applicant is sales tax exempt
 (i.e., gross amount of cost of goods and services that are subject to state and local sales and use taxes multiplied by [8.0%])

Estimated Value of Mortgage Tax Benefit: \$78,750
 (i.e., principal amount of mortgage loans multiplied by [1.25%])

Estimated Property Tax Benefit: \$0 – All parcels are currently tax exempt

Will the proposed Project utilize a property tax exemption benefit other than from the Agency: All parcels are currently tax exempt
 (if so, please describe)

Term of PILOT Requested: 22 Years (2 years construction plus 20 years bond)

Existing Property Taxes on Land and Building: All parcels are currently tax exempt

Estimated Property Taxes on completed Project: All parcels are currently tax exempt
 (without Agency financial assistance) SEE Schedule I, Item #5

**The independent living community is currently exempt from real property taxes as a charitable organization; the certainty conferred by the requested PILOT agreement with a 22 year term is an essential condition for the applicant to be able to undertake and finance the project.*

NOTE: Upon acceptance of this Application by the Agency, the Agency's staff will create a PILOT schedule and indicate the estimated amount of PILOT Benefit/Cost utilizing anticipated tax rates and assessed valuation, make an estimate of the allocation of PILOT payments among the affected tax jurisdictions, and attach such information as Exhibit A hereto.

- G. Describe and estimate any other one-time municipal revenues (not including fees payable to the Agency) that the Project will create:

Permits, application fees and inspections estimated at \$10,000

PART V. PROJECT SCHEDULE

A. If applicable, has construction/reconstruction/renovation work on the Project begun? If YES, indicate the percentage of completion:

- | | | | | |
|----|-------------------------------|----------------|---------------|-------------------|
| 1. | (a) Site clearance | YES ___ | NO <u>xxx</u> | _____ % complete |
| | (b) Environmental Remediation | YES ___ | NO <u>xxx</u> | _____ % complete |
| | (c) Foundation | YES ___ | NO <u>xxx</u> | _____ % complete |
| | (d) Footings | YES ___ | NO <u>xxx</u> | _____ % complete |
| | (e) Steel | YES ___ | NO <u>xxx</u> | _____ % complete |
| | (f) Masonry | YES ___ | NO <u>xxx</u> | _____ % complete |
| | (g) Interior | YES ___ | NO <u>xxx</u> | _____ % complete |
| | (h) Other (describe below): | YES <u>xxx</u> | NO ___ | _____ 8% complete |

For the Wellness Center, Lutheran Senior Housing has started the following:

- Architectural and Engineering
- Environmental Assessments
- Drilling/Sampling
- Surveying
- Installation of Temporary Fiber
- Third Party Construction Cost Estimation

For other project scope, Lutheran Senior Housing has started and completed the following:

- Replacement of Carlson Tower Roof
- Replacement of all 7 Lindgren Roofs
- Partial paving of Aldren Avenue and small parking area
- Partial curb and sidewalk repairs

2. If NO to all of the above categories, what is the proposed date of commencement of construction, reconstruction, renovation, installation or equipping of the Project?

NA

B. Provide an estimate of time schedule to complete the Project and when the first use of the Project is expected to occur:

October – November 2017	CCIDA Approval
December 2017 – January 2018	Bid Wellness Center and Select Contractors
January 2018	Bond Closure
January 2018 – May 2018	Elevator Repairs
April 2018 – August 2019	Wellness Center Construction
April 2018 – July 2018	A/C Carlson/Brostrom Corridors
July 2018 – December 2018	Carlson/Brostrom Corridor Updates
June 2019 – September 2019	Fiber/Lighting/Paving/Sidewalks
June 2019 – September 2019	Landscaping
October 2019 – November 2019	Finalize Projects/Begin Use of Project

PART VI. ENVIRONMENTAL IMPACT

A. What is the expected environmental impact of the Project? (Complete the attached Environmental Assessment Form (Schedule G)).

Proposed action will not result in any significant adverse environmental impacts
SEE Schedule G for the Environmental Assessment Form

B. Is an environmental impact statement required by Article 8 of the N.Y. Environmental Conservation Law (i.e., the New York State Environmental Quality Review Act)?

YES _____

NO xxx

C. Please be advised that the Agency may require at the sole cost and expense of the Applicant the preparation and delivery to the Agency of an environmental report in form and scope satisfactory to the Agency, depending on the responses set forth in the Environmental Assessment Form. If an environmental report has been or is being prepared in connection with the Project, please provide a copy.

D. The Applicant authorizes the Agency to make inquiry of the United States Environmental Protection Agency, the New York State Department of Environmental Conservation or any other appropriate federal, state or local governmental agency or authority as to whether the Project site or any property adjacent to or within the immediate vicinity of the Project site is or has been identified as a site at which hazardous substances are being or have been used, stored, treated, generated, transported, processed, handled, produced, released or disposed of. The Applicant will be required to secure the written consent of the owner of the Project site to such inquiries (if the Applicant is not the owner), upon request of the Agency.

THE UNDERSIGNED HEREBY CERTIFIES, under penalties of perjury, that the answers and information provided above and in any schedule, exhibit or statement attached hereto are true, accurate and complete, to the best of the knowledge of the undersigned.

Name of

Applicant: **Lutheran Housing Administrative Services Group Inc.**

Signature:  10/5/17

Name: Thomas E. Holt

Title: President/CEO

Date: _____

Sworn to before me this 5th
day of October, 2017

Gwendolyn C. Axelson
Notary Public

**CERTIFICATIONS AND ACKNOWLEDGMENTS
OF THE APPLICANT**

FIRST:

The Applicant hereby certifies that, if financial assistance is provided by the Agency for the proposed project, no funds of the Agency (i) shall be used in connection with the Project for the purpose of preventing the establishment of an industrial or manufacturing plant or for the purpose of advertising or promotional materials which depict elected or appointed government officials in either print or electronic media, (ii) be given to any group or organization which is attempting to prevent the establishment of an industrial or manufacturing plant within the State

SECOND:

The Applicant hereby certifies that no member, manager, principal, officer or director of the Applicant or any affiliate thereof has any blood, marital or business relationship with any member of the Agency (or any member of the family of any member of the Agency).

Except as follows, Kim Peterson is a Board Member of Lutheran and Hans Auer provides investment management services to one of the applicant's affiliates, Lutheran Social Services of Upstate New York, Inc.

THIRD:

The Applicant hereby certifies that neither the Applicant nor any of its affiliates, nor any of their respective partners, members, shareholders or other equity owners (other than equity owners of publicly-traded companies), nor any of their respective employees, officers, directors, or representatives (i) is a person or entity with whom United States persons or entities are restricted from doing business under regulations of the Office of Foreign Asset Control (OFAC) of the Department of the Treasury, including those named on OFAC's Specially Designated and Blocked Persons List, or under any statute, executive order or other governmental action, or (ii) has engaged in any dealings or transactions or is otherwise associated with such persons or entities.

FOURTH:

The Applicant hereby acknowledges that the Agency shall obtain and hereby authorizes the Agency to obtain credit reports and other financial background information and perform other due diligence on the Applicant and/or any other entity or individual related thereto, as the Agency may deem necessary to provide the requested financial assistance.

FIFTH:

The Applicant hereby certifies, under penalty of perjury, that each owner, occupant or operator that would receive financial assistance with respect to the proposed Project is in substantial compliance with applicable federal, state and local tax, worker protection and environmental laws, rules and regulations.


SIXTH:

The Applicant hereby acknowledges that the submission to the Agency of any knowingly false or knowingly misleading information may lead to the immediate termination of any financial assistance and the recapture from the Applicant of an amount equal to all or any part of any tax exemption claimed by reason of the Agency's involvement in the Project.

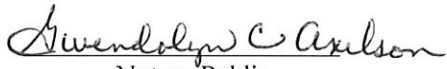
SEVENTH:

The Applicant hereby certifies that, as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the General Municipal Law, including, but not limited to, the provisions of Section 859-a and Section 862(1) thereof.

Name of
Applicant: **Lutheran Housing Administrative Services Group Inc.**

By: 
Name: Thomas E. Holt
Title: President/CEO

Subscribed and affirmed to me this 5th
day of October, 20 17


Notary Public

GWENDOLYN C. AXELSON, #01AX5011387
Notary Public, State of New York
Qualified in Chautauque County
My Commission Expires April 19, 20 19

**CERTIFICATION AND AGREEMENT
WITH RESPECT TO FEES AND COSTS**

Capitalized terms used but not otherwise defined in this Certification and Agreement shall have the meanings assigned to such terms in the Application.

The undersigned, being duly sworn, deposes and says, under penalties of perjury, as follows: that I am the chief executive officer or other representative authorized to bind the Applicant named in the attached application for financial assistance ("Application") and that I hold the office specified below my signature at the end of this Certification and Agreement, that I am authorized and empowered to deliver this Certification and Agreement and the Application for and on behalf of the Applicant, that I am familiar with the contents of said Application (including all schedules, exhibits and attachments thereto), and that said contents are true, accurate and complete to the best of my knowledge and belief.

The grounds of my belief relative to all matters in the Application that are not based upon my own personal knowledge are based upon investigations I have made or have caused to be made concerning the subject matter of this Application, as well as upon information acquired in the course of my duties and from the books and records of the Applicant.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that the Applicant hereby releases the County of Chautauqua Industrial Development Agency, its members, officers, servants, attorneys, agents and employees (collectively, the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend (with counsel selected by the Agency) and hold the Agency harmless from and against any and all liability, damages, causes of actions, losses, costs or expenses incurred by the Agency in connection with: (A) examination and processing of, and action pursuant to or upon, the Application, regardless of whether or not the Application or the financial assistance requested therein are favorably acted upon by the Agency, (B) the acquisition, construction, reconstruction, renovation, installation and/or equipping of the Project by the Agency, and (C) any further action taken by the Agency with respect to the Project; including, without limiting the generality of the foregoing, (i) all fees and expenses of the Agency's general counsel, bond counsel, economic development consultant, real property tax valuation consultant and other experts and consultants (if deemed necessary or advisable by the Agency), and (ii) all other expenses incurred by the Agency in defending any suits, actions or proceedings that may arise as a result of any of the foregoing. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails within a reasonable or specified period of time to take reasonable, proper or requested action or withdraws, abandons, cancels, or neglects the Application or if the Applicant is unable to find buyers willing to purchase the total bond issue required or is unable to secure other third party financing or otherwise fails to conclude the Project, then upon presentation of an invoice by the Agency, its agents, attorneys or assigns, the Applicant shall pay to the Agency, its agents, attorneys or assigns, as the case may be, all fees and expenses reflected in any such invoice.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that each of the Agency's general counsel, bond counsel, economic development consultant, real property tax valuation consultant and other experts and consultants is an intended third-party beneficiary of this Certification and Agreement, and that each of them may (but shall not be obligated to) enforce the provisions of the immediately preceding paragraph, whether by lawsuit or otherwise, to collect the fees and expenses of such party or person incurred by the Agency (whether or not first paid by the Agency) with respect to the Application.

Upon successful closing of the required bond issue or other form of financing or Agency assistance, the Applicant shall pay to the Agency an administrative fee set by the Agency (which amount is payable at closing) in accordance with the following schedule:

- (A) All Initial Transactions - One-Hundred basis points (1.00%) of total project costs
 - a. This fee applies to all Initial Transactions except for certain small solar or wind energy systems or farm waste energy systems under RPTL §487, for which the Agency collects no fee (other than Counsel fees).
- (C) Refundings – The Agency fee shall be determined on a case-by-case basis.
- (D) Assumptions – The Agency fee shall be determined on a case-by-case basis.
- (E) Modifications – The Agency fee shall be determined on a case-by-case basis.

The Agency's bond counsel fees and expenses are payable at closing and are based on the work performed in connection with the Project.

The Agency's bond counsel's fees, general counsel fee and the administrative fees may be considered as a cost of the Project and included as part of any resultant financing, subject to compliance with applicable law.

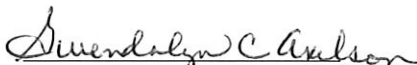
Upon the termination of the financing of the Project, Applicant agrees to pay all costs in connection with any conveyance by the Agency to the Applicant of the Agency's interest in the Project and the termination of all related Project documents, including the fees and expenses of the Agency's general counsel, bond counsel, and all applicable recording, filing or other related fees, taxes and charges.

I further acknowledge and agree on behalf of the Applicant that, in the event the Agency shall have used all of its available tax-exempt bond financing allocation from the State of New York, if applicable, and shall accordingly be unable to obtain an additional allocation for the benefit of the Applicant, the Agency shall have no liability or responsibility as a result of the inability of the Agency to issue and deliver tax-exempt bonds for the benefit of the Applicant.



Name: Thomas E. Holt
Title: President/CEO

Subscribed and affirmed to me this 5th
day of October, 2017


Notary Public

GWENDOLYN C. AXELSON, #01AX5011387
Notary Public, State of New York
Qualified in Chautauqua County
My Commission Expires April 19, 2019

TABLE OF SCHEDULES:

<u>Schedule</u>	<u>Title</u>	<u>Complete as Indicated Below</u>
A.	Tax-Exempt Bond Manufacturing Questionnaire	If Applicant checked “YES” in Part I, Question F of Application, if applicable
B.	New York State Financial and Employment Requirements for Industrial Development Agencies	All applicants
C.	Guidelines for Access to Employment Opportunities	All applicants
D.	Anti-Raiding Questionnaire	If Applicant checked “YES” in Part I, Question N of Application
E.	Retail Questionnaire	If Applicant checked “YES” in Part II, Question Q of Application
F.	Applicant’s Financial Attachments, consisting of: <ol style="list-style-type: none"> 1. Applicant’s financial statements for the last two fiscal years (unless included in Applicant’s annual reports). 2. Applicant’s annual reports (or Form 10-K’s) for the two most recent fiscal years. 3. Applicant’s quarterly reports (Form 10-Q’s) and current reports (Form 8-K’s) since the most recent Annual Report, if any. 4. In addition, attach the financial information described above in items F1, F2, and F3 of any anticipated Guarantor of the proposed transaction, if different than the Applicant, including the personal financial statement of any anticipated Guarantor that is a natural person. 	All applicants
G.	Environmental Assessment Form	All applicants
H.	Form NYS-45-MN	All applicants
I.	Other Attachments	As required

NOT APPLICABLE

Schedule A

TAX-EXEMPT BOND MANUFACTURING QUESTIONNAIRE

(To be completed by the Applicant if the Applicant checked "YES" in Part I, Question F of the Application for Financial Assistance, if applicable).

Please complete the following questions for each facility to be financed. Use additional pages as necessary.

1. Describe the production process which occurs at the facility to be financed.

2. Allocate the facility to be financed by function (expressed in square footage) (e.g., production line, employee lunchroom, offices, restrooms, storage, warehouse, loading dock, repair shop, parking, research, sales, etc.) and location in relation to production (e.g., same building, adjacent land or building, off-site, etc.). Please attach blueprints of the facility to be financed.

<u>FUNCTION</u>	<u>LOCATION</u>	<u>SQ. FOOTAGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL

3. Of the space allocated to offices above, identify by function (e.g., executive offices, payroll, production, etc.) and location in relation to production (e.g., same building, adjacent land or building, off-site, etc.).

<u>FUNCTION</u>	<u>LOCATION</u>	<u>SQ. FOOTAGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL

N/A

4. Of the space allocated to storage or warehousing above, identify the square footage and location of the areas devoted to storage of the following:

<u>SQ. FOOTAGE</u>	<u>LOCATION</u>
Raw Materials used for production of manufactured goods	_____
Finished product storage	_____
Component parts of goods manufactured at the facility	_____
Purchased component parts	_____
Other (specify)	_____
	TOTAL _____

5. List raw materials used at the facility to be financed in the processing of the finished product(s).

6. List finished product(s) which are produced at the facility to be financed.

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true and correct.

Name of Applicant: _____

Signature: _____

Name: _____

Title: _____

Date: _____

**NEW YORK STATE FINANCIAL AND EMPLOYMENT REPORTING
REQUIREMENTS FOR INDUSTRIAL DEVELOPMENT AGENCIES**

- A. Pursuant to applicable law, the Agency requires the completion of an Initial Employment Plan (see Schedule C) and a year-end employment plan status report, both of which shall be filed by the County of Chautauqua Industrial Development Agency (the "Agency") with the New York State Department of Economic Development. The Project documents will require the Applicant to provide such report to the Agency on or before March 1 of the succeeding year, together with such employment verification information as the Agency may require.

Except as otherwise provided by collective bargaining agreements, the Applicant agrees to list any new employment opportunities with the New York Department of Labor Community Services Division and the administrative entity of the service delivery area created by the Federal Job Training Partnership Act (P.L. 97-300), or any successor statute thereto (the "JTPA Entities"). In addition, except as otherwise provided by collective bargaining agreements, the Applicant, where practicable, will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for such new employment opportunities.

- B. The Applicant will be required to file annually a statement with the New York State Department of Taxation and Finance and the Agency of the value of all sales or use tax exemptions claimed in connection with the Project by reason of the involvement of the Agency.
- C. The following information must be provided for all bonds issued, outstanding or retired during the year:

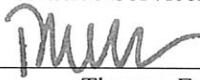
Name, address and owner of the project; total amount of tax exemptions granted (broken out by state and local sales tax, property taxes, and mortgage recording tax); payments in lieu of taxes made; total real estate taxes on the Project prior to exemption; number of jobs created and retained, and other economic benefits realized.

Date of issue; interest rate at end of year; bonds outstanding at beginning of year; bonds issued during year; principal payments made during year; bonds outstanding at end of year; federal tax status; and maturity date(s).

Failure to provide any of the aforesaid information will be constitute a DEFAULT under the Project documents to be entered into by the Agency and the Applicant in connection with the proposed Project.

Please sign below to indicate that the Applicant has read and understood the above and agrees to provide the described information on a timely basis.

Name of Applicant: **Lutheran Housing Administrative Services Group Inc.**

Signature: 
Name: Thomas E. Holt
Title: President/CEO
Date: 10/5/17

GUIDELINES FOR ACCESS TO EMPLOYMENT OPPORTUNITIES

INITIAL EMPLOYMENT PLAN

Prior to the expenditure of bond proceeds or the granting of other financial assistance, the Applicant shall complete the following initial employment plan:

Applicant Name: Lutheran Housing Administrative Services Group Inc.
 Address: 737 Falconer Street, Jamestown NY 14701
 Type of Business: Affordable/Assistive Senior Living
 Contact Person: Thomas E. Holt, President/CEO Tel. No.: (716) 665-8128

Please complete the following table describing the projected full-time equivalent employment plan for the proposed Project following receipt of financial assistance:

<u>Current and Planned Occupations</u>	<u>Present Jobs Per Occupation</u>	<u>Estimated Number of Full Time Equivalent Jobs After Completion of the Project:⁴</u>			<u>Estimate of Number of Residents of the Chautauqua County that would fill such jobs by the third year</u>
		<u>1 year</u>	<u>2 years</u>	<u>3 years</u>	
Management	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>100%</u>
Professional	<u>0.5</u>	<u>0.5</u>	<u>0.5</u>	<u>0.5</u>	<u>100%</u>
Administrative	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>	<u>100%</u>
Independent Contractor	<u>2.0</u>	<u>2.5</u>	<u>2.5</u>	<u>2.5</u>	<u>100%</u>
Other (describe)					
Clinical/Case Management	<u>2.5</u>	<u>3.0</u>	<u>3.0</u>	<u>3.0</u>	<u>100%</u>
Maintenance Mech	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>	<u>100%</u>
Houskeeping	<u>1.5</u>	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>	<u>100%</u>

Please indicate the number of temporary construction jobs anticipated to be created in connection with the acquisition, construction and/or renovation of the Project:

20-24 FTEs (\$1,978,000 labor)

⁴ NOTE: Convert part-time jobs into FTE's for evaluation and reporting purposes by dividing the number of part-time jobs by two (2).

Please indicate the estimated hiring dates for the new jobs shown above and any special recruitment or training that will be required:

Fall of 2019 upon project completion. No special recruitment or training will be required.

Are the Applicant's employees currently covered by a collective bargaining agreement?

YES _____

NO xxx

IF YES, Union Name and Local: _____

Please note that the Agency may utilize the foregoing employment projections, among other things, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to retain the above number of jobs, types of occupations and amount of payroll with respect to the proposed project.

Attached hereto as Schedule H is a true, correct and complete copy of the Applicant's most recent Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return (Form NYS-45-MN). Upon request of the Agency, the Applicant shall provide such other or additional information or documentation as the Agency may require with respect to the Applicant's current employment levels in the State of New York.

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

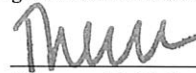
Name of
Applicant: Lutheran Housing Administrative Services Group Inc.

Signature: _____

Name: _____

Title: _____

Date: _____



Thomas E. Holt

President/CEO

10/19/17

NOT APPLICABLE

Schedule D

ANTI-RAIDING QUESTIONNAIRE

(To be completed by Applicant if Applicant checked "YES" in Part I, Question N of the Application for Financial Assistance)

A. Will the completion of the Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant or of a proposed user, occupant or tenant of the Project, from an area in New York State (but outside of Chautauqua County) to an area within Chautauqua County?

YES _____ NO _____

If the answer to Question A is YES, please provide the following information:

Address of the to-be-removed plant or facility or the plants or facilities from which employees are relocated: _____

Names of all current users, occupants or tenants of the to-be-removed plant or facility: _____

B. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant, or of a proposed user, occupant or tenant of the Project, located in an area of the State of New York other than in Chautauqua County?

YES _____ NO _____

If the answer to Question B is YES, please provide the following information:

Addresses of the to-be-abandoned plants or facilities: _____

Names of all current occupants of the to-be-abandoned plants or facilities: _____

C. Has the Applicant contacted the local industrial development agency at which its current plants or facilities in New York State are located with respect to the Applicant's intention to move or abandon such plants or facilities?

YES _____

NO _____

If the answer to Question C is YES, please provide details in a separate attachment.

IF THE ANSWER TO EITHER QUESTION A OR B IS "YES", ANSWER QUESTIONS D AND E.

D. Is the Project reasonably necessary to preserve the competitive position of the Applicant, or of a proposed user, occupant or tenant of the Project, in its industry?

YES _____

NO _____

E. Is the Project reasonably necessary to discourage the Applicant, or a proposed user, occupant or tenant of the Project, from removing such plant or facility to a location outside of the State of New York?

YES _____

NO _____

IF THE ANSWER TO EITHER QUESTION D OR E IS "YES", PLEASE PROVIDE DETAILS IN A SEPARATE ATTACHMENT.

Accordingly, the Applicant certifies that the provisions of Section 862(1) of the General Municipal Law will not be violated if financial assistance is provided by the Agency for the proposed Project.

NOTE: If the proposed Project involves the removal or abandonment of a plant or facility of the Applicant, or a proposed user, occupant or tenant of the Project, within the State of New York, notification will be made by the Agency to the chief executive officer(s) of the municipality or municipalities in which such plant or facility was located.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant: _____

Signature: _____

Name: _____

Title: _____

Date: _____

NOT APPLICABLE

Schedule E

RETAIL QUESTIONNAIRE

(To be completed by Applicant if Applicant checked either "YES" in Part II, Question Q of the Application for Financial Assistance)

- A. Will any portion of the Project (including that portion of the cost to be financed from equity or sources other than Agency financing) consist of facilities or property that are or will be primarily used in making retail sales to customers who personally visit the Project?

YES _____

NO _____

For purposes of Question A, the term "retail sales" means (i) sales by a registered vendor under Article 28 of 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. If the answer to Question A is YES, what percentage of the cost of the Project (including that portion of the cost to be financed from equity or sources other than Agency financing) will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project?

_____ %

- C. If the answer to Question A is YES, and the amount entered for Question B is greater than 33.33%, indicate whether any of the following apply to the Project:

1. Is the Project likely to attract a significant number of visitors from outside the economic development region (i.e., Western New York) in which the Project is or will be located?

YES _____

NO _____

2. 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 city, town or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services?

YES _____

NO _____

3. Will the Project be located in one of the following: (a) an area designated as an empire zone pursuant to Article 18-B of the General Municipal Law; or (b) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (i) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of the households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates?

YES _____

NO _____

If the answer to any of the subdivisions 1 through 3 of Question C is YES, attach details.

D. If the answer to any of the subdivisions 2 through 3 of Question C is YES, will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? If YES, attach details.

YES _____

NO _____

E. State percentage of the Applicant's annual gross revenues comprised of each of the following:

Retail Sales: _____%

Services: _____%

F. State percentage of Project premises utilized for same:

Retail Sales: _____%

Services: _____%

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant: _____

Signature: _____

Name: _____

Title: _____

Date: _____

APPLICANT'S FINANCIAL ATTACHMENTS

See next pages for 2015/2016 Audited Financial Statements