

### APPLICATION FOR FINANCIAL ASSISTANCE

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 appropriate notations, such as "see Schedule 2(A), etc."); or writing "N.A.", signifying "not applicable".

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 closes, the Counsel Fee Deposit shall be credited against the applicable expenses incurred by the Agency with respect to the Project.

Any approval of financial assistance will be effective for one year. If the subject transaction has not closed within that time, reapproval may be required, which may be conditioned upon payment of some, most or all of the Agency's expected administrative fee and attorneys' fees accrued on that date.

*Note:* Please contact the CCIDA Main Office @ (716) 661-8900 with any questions relative to the application content and/or process.

#### PART I: APPLICANT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 NY State Dept. of Labor Reg #: \_\_\_\_\_  
 Federal Employer ID #: \_\_\_\_\_  
 NAICS Code #: \_\_\_\_\_  
 NAICS Sector: \_\_\_\_\_  
 NAICS Industry: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Nature of business (goods to be sold, manufactured, assembled or processed, services rendered): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contact Name:** \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Business Type:**  
☐ Sole Proprietorship  
☐ General Partnership  
☐ Limited Partnership  
☐ Limited Liability Company  
☐ Privately Held Corporation  
☐ Publicly Held Corporation  
☐ Not-for-Profit Corporation

State/Year of Incorporation/Organization: \_\_\_\_\_  
 Qualified to do Business in New York  
 (Yes or No): \_\_\_\_\_

**Owners of 20% or more of Applicant:**  
 Name %

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### PART II: PROJECT

Address of proposed project facility:

\_\_\_\_\_  
 \_\_\_\_\_  
 Tax Map Parcel Number(s): \_\_\_\_\_

City/Town/Village(s): \_\_\_\_\_  
 School District(s): \_\_\_\_\_  
 Current Legal Owner: \_\_\_\_\_  
 Contract to purchase (Yes or No): \_\_\_\_\_  
 Date of purchase: \_\_\_\_\_  
 Purchase price: \$ \_\_\_\_\_

Present use of the Project site:

What are current real estate taxes on the Project site?

County/Town: \$ \_\_\_\_\_  
 City/Village: \$ \_\_\_\_\_  
 School: \$ \_\_\_\_\_

Are tax cert. proceedings currently pending with respect to the Project real property?

YES \_\_\_ NO \_\_\_

Proposed User(s)/Tenant(s) of the Facility  
 (Complete for each User/Tenant for additional User/Tenants of the Company, use space at the end of this section)

**Company Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Tax ID No.: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

% of facility to be occupied by User/Tenant:

\_\_\_\_\_  
 Relationship to the Applicant:

\_\_\_\_\_  
 \_\_\_\_\_

**OFFICERS OF APPLICANT**

Name:

Title:

_____	_____
_____	_____
_____	_____
_____	_____

**Owners of 20% or more of User/Tenant:**

Name

%

Corporate Title

_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT'S LEGAL COUNSEL:**

Firm name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type of Proposed Project (check all that apply):

- ☐ New Construction of a Facility  
Square footage: \_\_\_\_\_
- ☐ Addition to Existing Facility  
Square footage of existing facility: \_\_\_\_\_  
Square footage of addition: \_\_\_\_\_
- ☐ Renovation of Existing Facility  
Square footage of area renovated: \_\_\_\_\_  
Square footage of existing facility: \_\_\_\_\_
- ☐ Acquisition of Land/Building  
Acreage/square footage of land: \_\_\_\_\_  
Square footage of building: \_\_\_\_\_
- ☐ Acquisition of Furniture/Machinery/Equipment  
List principal items or categories:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list Affiliates/Parents/Subsidiary Entities to Applicant (attach organization chart if necessary)

\_\_\_\_\_

\_\_\_\_\_

Will the Project provide on-site child daycare facilities? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PART III. CAPITAL COSTS OF THE PROJECT**

A. Provide an estimate of Project Costs of all items listed below:

	<u>Item</u>	<u>Cost</u>
1.	Land and/or Building Acquisition:	\$ _____
2.	Building Demolition:	\$ _____
3.	Construction/Reconstruction/Renovation:	\$ _____
4.	Site Work:	\$ _____
5.	Infrastructure Work:	\$ _____
6.	Furniture, Equipment & Machinery Acquisition (not included in 3. above):	\$ _____
7.	Architectural/Engineering Fees:	\$ _____
8.	Applicant's Legal Fees:	\$ _____
9.	Financial Fees:	\$ _____
10.	Other Professional Fees:	\$ _____
11.	Other Soft Costs (describe): _____	\$ _____
12.	Other (describe): _____	\$ _____
	Total Project Costs:	\$ _____

B. Estimated Sources of Funds for Project Costs:

	<u>Source</u>
1.	Tax-Exempt IDA Bonds: \$ _____
2.	Taxable IDA Bonds: \$ _____
3.	Conventional Mortgage Loans: \$ _____
4.	SBA or other Governmental Financing: \$ _____
	Identify: _____
5.	Other Public Sources (e.g., grants, tax credits): \$ _____
	Identify: _____
6.	Other Public Agency Loans: \$ _____
7.	Other Private Loans: \$ _____
8.	Equity Investment: \$ _____
	(Excluding equity attributable to grants/tax credits)
	Total Funding: \$ _____

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

C. Requested Financial Assistance

Tax-Exempt Bonds: \$ \_\_\_\_\_  
Taxable Bonds: \$ \_\_\_\_\_  
Estimated Value of Sales Tax Benefit: \$ \_\_\_\_\_  
(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: \$ \_\_\_\_\_  
(i.e., principal amount of mortgage loans  
loans multiplied by [1.25%])

Estimated CCIDA PILOT Property Tax Benefit:

Type: \_\_\_\_\_

Term: \_\_\_\_\_

Schedule Requested: \_\_\_\_\_

Deviation?      Yes\_\_\_\_      No\_\_\_\_

Will the proposed Project utilize a property tax exemption benefit other than from the Agency: \_\_\_\_\_  
(if so, please describe requested type, term and schedule)

Existing Total Annual Property Taxes on Land and Building: \$ \_\_\_\_\_

Estimated Additional Property Taxes on completed Project over the requested PILOT term (without Agency financial assistance): \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_

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.

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.

D.      Status of Expenses

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 \_\_\_\_

NO \_\_\_\_

E.      Existing Operations

Does the Applicant or any User(s)/Tenant(s) currently operate in the County? If YES, describe such operations, including whether the proposed Project will result in the relocation or abandonment of such other operation(s).

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#### **PART IV: COST-BENEFIT ANALYSIS**

Provide the current annual payroll in Chautauqua County. Then, estimate projected payroll in years 1, 2, 3, after completion of Project.

	<u>Present</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Full Time:	\$ _____	\$ _____	\$ _____	\$ _____
Part Time <sup>1</sup> :	\$ _____	\$ _____	\$ _____	\$ _____

If the Applicant presently operates in Chautauqua County, provide the current number of employees in the following occupations. Then, estimate the projected Full Time Equivalent ("FTE") employees as indicated following completion of the Project:

Current and Planned Occupations	Present Jobs <u>Per Occupation</u>	Est. FTEs Post-Completion:			Est. # of County Residents. by yr. 3
		<u>1 year</u>	<u>2 years</u>	<u>3 years</u>	
Management	_____	_____	_____	_____	_____
Professional	_____	_____	_____	_____	_____
Administrative	_____	_____	_____	_____	_____
Production	_____	_____	_____	_____	_____
Supervisor	_____	_____	_____	_____	_____
Laborer	_____	_____	_____	_____	_____
Independent Contractor <sup>2</sup>	_____	_____	_____	_____	_____
Other (describe)	_____	_____	_____	_____	_____

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 because of the proposed Project:

Category of Jobs to be Retained/Created:	Average Salary or Range of Salary:	Average Fringe Benefits or Range of Fringe Benefits:
Management		
Professional		
Administrative		
Production		
Supervisor		
Laborer		
Independent Contractor <sup>2</sup>		
Other		

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

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.

<sup>1</sup> 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).

<sup>2</sup> As used in this chart, this category includes employees of independent contractors.

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)?

\_\_\_\_\_ %

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

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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	\$ _____	_____	_____
Year 2	\$ _____	_____	_____
Year 3	\$ _____	_____	_____

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:

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

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

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? \_\_\_\_\_

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

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## PART V: QUESTIONS

Please answer the following questions. If an answer is "YES" to any question, please provide details in the space provided at the end of the section.

1. Would 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 such plants?

YES \_\_\_\_ NO \_\_\_\_

*\*\* If the answer is "No" please continue to question 3.*

2. If the answer is "Yes" please answer the two (2) following questions.

a. 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 \_\_\_\_

b. 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 \_\_\_\_

3. 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 \_\_\_\_ NO \_\_\_\_

4. 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.

YES \_\_\_\_ NO \_\_\_\_

5. 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)? If "yes" please complete and attach to the Application.

YES \_\_\_\_ NO \_\_\_\_

*\*\* Applicants should consult **Exhibit B** in order to determine which version of the New York State Environmental Assessment Form must be submitted with this Application.*

6. Will customers personally visit the Project site for "retail sales" of Goods and/or Services? "Retail Sales" means (i) sales by a registered vendor under Article 28 of the Tax Law of the State primarily engaged in the retail sale of tangible personal property, as defined in section 1101(b)(4)(i) of the Tax Law of the State, or (ii) sales of a service to such customers.

Sales of Goods: YES \_\_\_\_ NO \_\_\_\_

Sales of Services: YES \_\_\_\_ NO \_\_\_\_

*\*\* If the answer to both is "No" please continue to the next page; if the answer to either is "Yes" please answer the four (4) remaining questions.*

a. 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?

\_\_\_\_\_%

b. 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 \_\_\_\_

c. 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 \_\_\_\_

d. 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 \_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CERTIFICATIONS AND ACKNOWLEDGMENTS OF THE APPLICANT

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.

### **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).



**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.

**EIGHTH:**

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).
- (B) Refundings/Assumptions/Modifications: 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.

Regardless of the success of this Application or whether the hoped-for Financial Assistance is realized, Applicant agrees to pay all costs in connection with any efforts by the Agency on behalf of the Applicant including any fees and expenses of the Agency's general counsel, bond counsel, and all applicable recording, filing or other related fees, taxes and charges upon receipt and review of the Application, securing necessary approvals, closing the necessary transaction, and/or terminating any transaction entered into by the Applicant and the Agency.

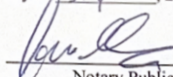
**NINTH:**

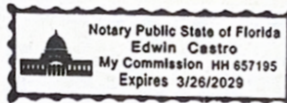
The Applicant authorizes the Agency to make inquiry of the United States Environmental Protection Agency, the New York State Department of Environmental Conservation or any other appropriate federal, state or local governmental agency or authority as to whether the Project site or any property adjacent 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.

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: Mateo Rendaifo  
Title: Trustee

Subscribed and affirmed to me this 30<sup>th</sup>  
day of July, 2025

  
Notary Public



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.

07/17/2025

DATE

## 845 Routes 5 &amp; 20, Irving, NY 14081

8/19/2025

						Current Total Tax Excludes Special Districts/Ad Valorem Levies/Chargebacks <sup>4</sup>
Current Assessed Value	Est. New Total Assessed Value <sup>3</sup>	Parcel IDs:	Current County Tax	Current Town/City/Village Tax	Current School Tax	
\$2,637,800	\$7,500,000	33.00-2-17,18,19,22,23,24,25,26,29	\$7,274	4146.6	\$22,405	\$33,826

### A. PILOT Estimate Table Worksheet

Dollar Value of Total New Construction and Renovation Costs (Total Project Cost)	Construction/Reconstruction/ Renovation Costs per Application	Estimated New Assessed Value on Improvements of Property Subject to IDA	County Tax Rate/\$1,000	Local Tax Rate (Town/City/Village)/\$1,000	School Tax Rate/\$1,000	Combined Tax Rate
\$42,199,744	\$15,000,000	\$4,862,200	11.909407	3.507548	18.876126	34.293081

[illegible]

### B. Sales Tax Exemption Benefit

Estimated Sales Tax exemption for facility construction	\$2,100,000
Estimated Sales Tax exemption for fixtures and equipment	combined with construction
Estimated duration of Sales Tax exemption:	12 months
Estimated Start Date	September/October 2025

### C. Mortgage Recording tax Exemption Benefit

Estimated value of Mortgage Recording Tax exemption	\$0
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#### D. Other Benefits

	N/A
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Total Estimated PILOT Savings	\$1,980,446
Sales Tax from Application	\$2,100,000
Mortgage Tax from Application	\$406,250
<b>SAVINGS</b>	<b>\$4,486,696</b>

<sup>1</sup>Estimated New Total Assessed Value = Average of Estimates Provided by Assessor to Client

<sup>2</sup>Assessor will not be using a dummy parcel. Current Tax will be fixed with a 2% escalator and PILOT applied to the current and increased assessments. PILOT does not reduce existing assessment, special district taxes, chargebacks or ad valorem levies.

<sup>4</sup> Several Parcels Currently Receiving Exemption on Section Roll 8 Until Next Tax Status Date  
All Estimates

## **Exhibit B**

### State Environmental Quality Review Act Compliance Checklist

The County of Chautauqua Industrial Development Agency (“CCIDA”), pursuant to the State Environmental Quality Review Act (“SEQRA”), must evaluate the environmental impacts of a project before deciding whether to undertake the project. The below checklist is intended to aid Applicants in determining which version of NYSDEC’s Environmental Assessment Form (“EAF”), available on NYSDEC’s website, to submit as a part of a complete application package to the CCIDA.

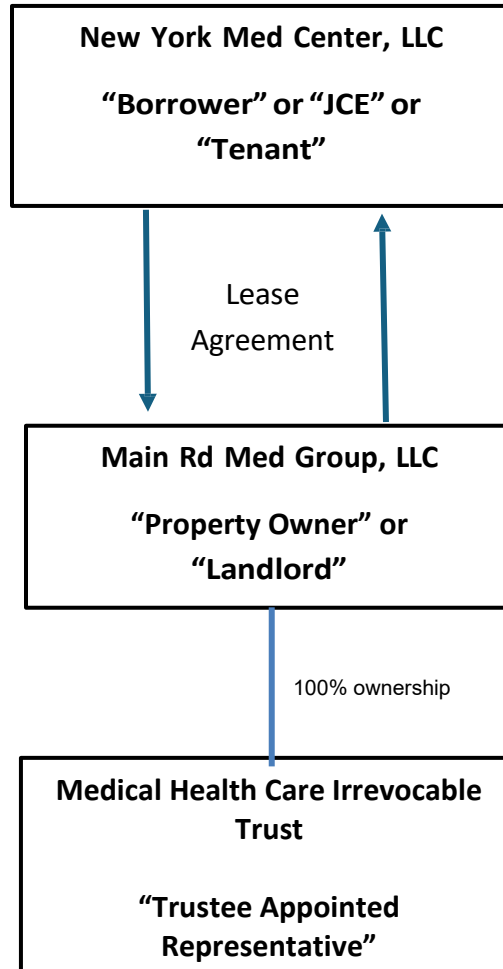
If one or more of the below items applies to the project, then a Full EAF must be prepared for submission. If none of the below items apply, then a Short EAF may be submitted. Please note that the below list is not exhaustive, and Applicants who have completed a short EAF may be required to fill out a Full EAF upon review of the project information by the CCIDA. Applicants should consult with their engineers and consultants to aid them in preparing the EAF.

Does the project involve:

- ☐ activities, other than the construction of residential facilities, that meet or exceed any of the following thresholds:
  - a project or action that involves the physical alteration of 10 acres?
  - a project or action that would use ground or surface water in excess of 2,000,000 gallons per day?
  - parking for 500 vehicles?
  - a facility with more than 100,000 square feet of gross floor area?
- ☐ the expansion of existing nonresidential facilities that meet or exceed any of the following thresholds:
  - a project or action that involves the physical alteration of 5 acres?
  - a project or action that would use ground or surface water in excess of 1,000,000 gallons per day?
  - parking for 250 vehicles?
  - a facility with more than 50,000 square feet of gross floor area?
- ☐ activities which meet at least one of the criteria in **both** Columns A **and** B below:
  - Column A:
    - occurring wholly or partially within an agricultural district certified by Agriculture and Markets?
    - occurring wholly or partially within, or substantially contiguous to, any historic building, structure, facility, site or district or prehistoric site that is listed on the State or National Register of Historic Places, or has been determined by the Commissioner of the Office of Parks, Recreation and Historic Preservation to be eligible for listing?
    - occurring wholly or partially within or substantially contiguous to any publicly owned or operated parkland, recreation area or designated open space, including any site on the Register of National Natural Landmarks?
  - Column B:
    - activities, other than the construction of residential facilities, that meet or exceed any of the following thresholds:
      - a project or action that involves the physical alteration of 2.5 acres?
      - a project or action that would use ground or surface water in excess of 500,000 gallons per day?
      - parking for 125 vehicles?
      - a facility with more than 25,000 square feet of gross floor area?
    - the expansion of existing nonresidential facilities that meet or exceed any of the following thresholds:
      - a project or action that involves the physical alteration of 1.25 acres?
      - a project or action that would use ground or surface water in excess of 250,000 gallons per day?
      - parking for 63 vehicles?
      - a facility with more than 12,500 square feet of gross floor area?



NEW YORK MEDICAL CENTER  
845 RT 5 AND 20  
IRVING, NY 14081



Parcel ID	Location Address	Acreage
064689-33.00-2-17	879 Rt 5 & 20 Irving, NY 14081	1.5
064689-33.00-2-18	845 Rt 5 & 20 Irving, NY 14081	5.2
064689-33.00-2-19	12644 Seneca St Irving, NY 14081	1.7
064689-33.00-2-22	V/L Southerland Rd Irving, NY 14081	3.5
064689-33.00-2-23	682 Southerland Rd Irving, NY 14081	3.6
064689-33.00-2-24	V/L Rt 5 & 20 Irving, NY 14081	1
064689-33.00-2-25	V/L Rt 5 & 20 Irving, NY 14081	1.6
064689-33.00-2-26	V/L Rt 5 & 20 Irving, NY 14081	5.2
064689-33.00-2-29	V/L Southerland Rd Irving, NY 14081	9.6
<b>TOTALS:</b>		<b>32.9</b>

Main Rd Med Group LLC



## Market Demand for Treatment & Care

### Market Need

Mental illnesses are common in the United States. In 2023, a survey by Mental Health America found that more than 50 million Americans are experiencing a mental illness. Of those with a mental health condition or concern, only 45% received mental health services in the past year.<sup>2</sup>

Studies show that half of all mental disorders begin by age 14 and three-quarters present by age 24. Meanwhile, of adults with any mental disorder in a one-year period, 14.4% have one disorder, 5.8% experience two disorders, and 6% experience three or more.<sup>3</sup> These rates of prevalence, high enough among the general population, can be even higher for at-risk communities such as veterans, the LGBTQ community, minority races and ethnicities, and women, as well as individuals experiencing stressful life events.

The COVID-19 pandemic negatively impacted the state of America's mental health, with four in 10 adults reporting symptoms of anxiety or depressive disorder, up from one in 10 in 2019.<sup>4</sup> KFF Health Tracking Poll indicated that adults had specific negative impacts on their mental health and well-being as of July 2020; approximately 36% had trouble sleeping, 32% had difficulty eating, 12% increased alcohol or substance abuse, and 12% had worsening chronic conditions due to stress and worry related to COVID-19. Isolation and unemployment caused by the pandemic only exasperated these conditions.

Communities of color were disproportionately impacted by the pandemic. Forty-eight percent of Black adults and 46% of Hispanic or Latino adults reported symptoms of anxiety or a depressive disorder, compared to only 41% of white adults.<sup>5</sup> Annually, more individuals of color report mental illness, with

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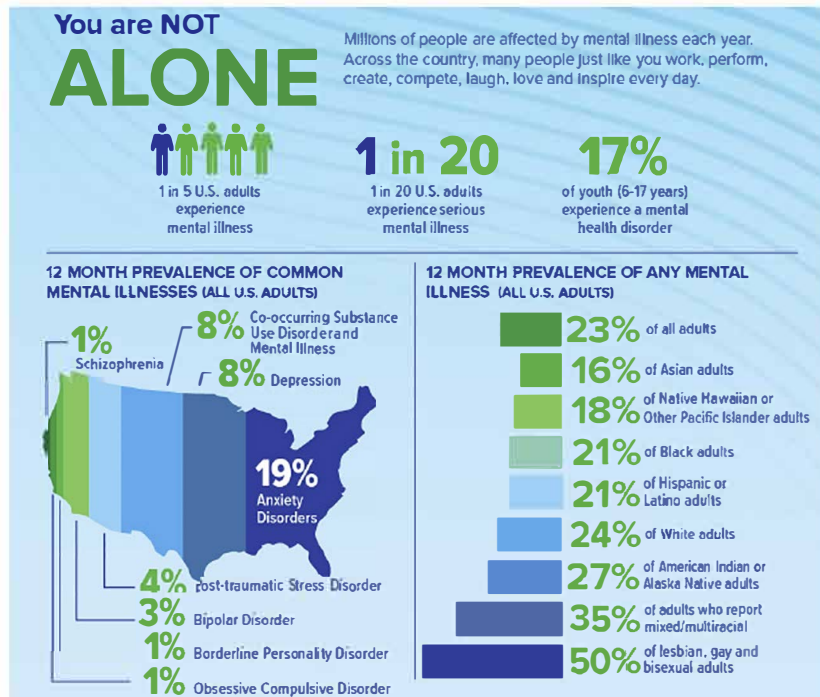
<sup>2</sup> Mental Health America. "The State of Mental Health in America" Source: <https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf>

<sup>3</sup> Mental Health First Aid. 5 Surprising Mental Health Statistics. February 2019. Source: <https://www.mentalhealthfirstaid.org/2019/02/5-surprising-mental-health-statistics/>

<sup>4</sup> Panchal, Nirmita. "The Implications of COVID-19 for Mental Health and Substance Use" February 10, 2021. Source: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

<sup>5</sup> Panchal, Nirmita. "The Implications of COVID-19 for Mental Health and Substance Use" February 10, 2021. Source: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

higher prevalence of mental illness among individuals of American Indian or Alaska Native adults and mixed race/multiracial individuals. The following infographic reflects these findings.<sup>6</sup>



In addition to negatively impacting communities of color, the pandemic also created a negative impact on the mental health of less affluent individuals. Approximately 35% of households earning less than \$40,000 stated COVID had a major negative impact on their mental health.<sup>7</sup> According to the Centers for Disease Control, 8.7% of Americans with incomes below the poverty level report severe psychological distress. Low-income communities frequently experience insecurity about food, housing, and income.<sup>8</sup>

## Substance Abuse

Substance abuse, which can be a comorbidity with mental health issues, impacts 15.3% of Americans. Addiction, substance abuse, and overdose deaths have increased dramatically over the past few years. In 2021, more than 106,000 Americans died from drug-involved overdoses, of which 80,411 were caused by an opioid. In 2021, the number of Americans who died from a drug overdose was more than six times the number in 1999. More than 75% of overdose deaths involved an opioid. More than 220 Americans die

<sup>6</sup> National Alliance on Mental Illness. "Mental Health by the Numbers" Source: <https://www.nami.org/mhstats>

<sup>7</sup> Panchal, Nirmita. "The Implications of COVID-19 for Mental Health and Substance Use" February 10, 2021. Source: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

<sup>8</sup> Anxiety & Depression Association of America. "Low-Income" Source: <https://adaa.org/find-help/by-demographics/low-income>

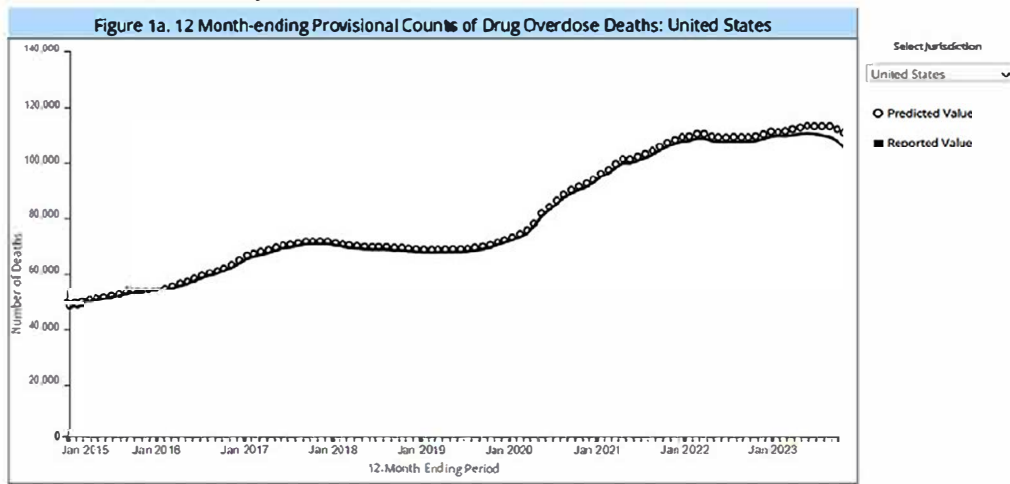


each day from an opioid overdose.<sup>9</sup> Today, synthetic opioids, such as fentanyl, are responsible for a rising number of overdose deaths.

In the 12 months ending in October 2023, 105,303 Americans had died of a drug overdose. While deaths from overdose declined slightly from the projected number, as shown on the following chart, the number of overdose deaths has generally increased since 2021.<sup>10</sup>

### 12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: March 3, 2024



In Chautauqua County, where New York Med Center, LLC is located, 30.9 people out of 100,000 died from opioids in 2020, compared to 21.8 people out of 100,000 for the rest of the state. As shown on the following chart, these deaths have been increasing both within the county and the state over the past decade.<sup>11</sup>

### Opioid Deaths Crude Rate per 100,000, 2010-2020

Source: New York State Department of Health, Opioid Data Dashboard and County Opioid Quarterly Reports

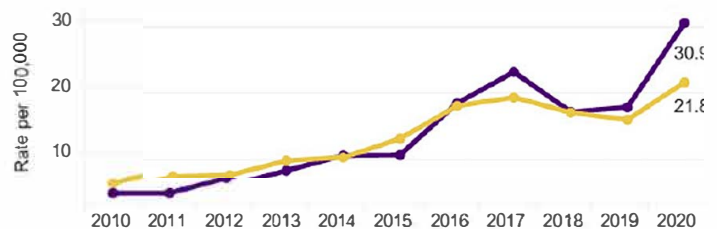
[https://webb1.health.ny.gov/SASStoredProcess/quest?program=/EBI/PHIG/apps/opioid\\_dashboard/op\\_dashboard&p=it&ind\\_id=op51](https://webb1.health.ny.gov/SASStoredProcess/quest?program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=it&ind_id=op51) and

<https://www.health.ny.gov/statistics/opioid/>  
An asterisk (\*) indicates the rate is unstable.

\*Opioid overdose deaths in Chautauqua County in 2020: 40

Opioid Death Rate per 100,000 Population

County to Rest of State	2017	2018	2019	2020
Chautauqua	23.4	17.3	18.0	30.9 ▲
(ROS)	19.5	17.2	16.1	21.8 ▲



<sup>9</sup> Centers for Disease Control and Prevention. "Understanding the Opioid Overdose Epidemic" Source: <https://www.cdc.gov/opioids/basics/epidemic.html>

<sup>10</sup> Centers for Disease Control and Prevention. "National Vital Statistics System" Source: Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data (cdc.gov)

<sup>11</sup> New York State Department of Health. Chautauqua County Substance Use Disorder Key Indicators. Source: [chautauqua\\_county\\_key\\_sud\\_indicators\\_06152022.pdf](https://www.health.ny.gov/statistics/opioid/) (ny.gov)

In addition to a rise in opioid overdose deaths, the number of emergency department visits related to opioids within the county has also skyrocketed. As shown on the following chart, in 2020, 158.3 per 100,000 people in Chautauqua County received emergency room treatment, compared to 55 per 100,000 people in the rest of the state.<sup>12</sup>

#### Opioid Emergency Department (ED) Visits, 2016-2020

Source: New York State Department of Health, Opioid Data Dashboard and County Quarterly Reports

[https://webbi1.health.ny.gov/SASStoredProcess/guest?\\_program=%2FEBI%2FPHIG%2Fapps%2Fopioid\\_dashboard%2Fopioid\\_dashboard&p=it&ind\\_id=op53](https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fopioid_dashboard%2Fopioid_dashboard&p=it&ind_id=op53) and <https://www.health.ny.gov/statistics/opioid/>

An asterisk (\*) indicates the rate is unstable, while (s) indicates that the data do not meet reporting criteria.



## Industry Analysis

### Current State of the Industry

The *Mental Health and Substance Abuse Treatment* industry is experiencing significant strain, primarily due to the exacerbation of the mental health crisis and the opioid epidemic during the pandemic. Outpatient mental health clinics are struggling to meet the unprecedented demand for mental health services, resulting in an overburdened infrastructure. The undersized behavioral health workforce is a critical bottleneck, preventing the expansion needed to address the growing number of individuals seeking treatment. Despite these challenges, the industry has maintained steady revenue growth, with a current valuation of \$32.6 billion and employing 326,000 people across 16,460 businesses.<sup>13</sup> Market research firm IBISWorld breaks down the major revenue categories and sources of payment within this industry.

<sup>12</sup> New York State Department of Health. Chautauqua County Substance Use Disorder Key Indicators. Source: [chautauqua\\_county\\_key\\_sud\\_indicators\\_06152022.pdf](#) (ny.gov)

<sup>13</sup> Bocker, Marley. "Mental Health & Substance Abuse Clinics in the US." Nov. 2023. Source: IBISWorld.com

Mental Health &amp; Substance Abuse Clinics in the US

## Products & Services Segmentation

Industry revenue in 2023 broken down by key product and service lines.



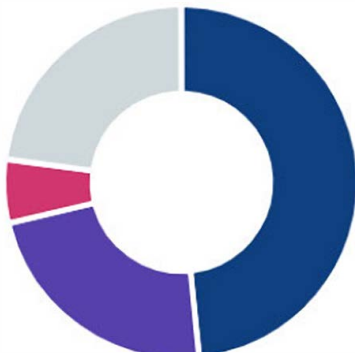
- Outpatient treatment services for mental disorders only (\$14.7bn) 45.0%
- Outpatient treatment for substance-use disorders only (\$3.4bn) 10.4%
- Outpatient treatment for co-occurring disorders (\$3.3bn) 10.2%
- Other services (\$11.2bn) 34.4%

IB|SWorld

Mental Health &amp; Substance Abuse Clinics in the US

## Major Market Segmentation

Industry revenue in 2023 broken down by key markets



- Government payers (\$15.8bn) 48.4%
- Private payers (\$7.5bn) 22.9%
- Out-of-pocket payments (\$1.9bn) 5.8%
- All other sources of revenue (\$7.5bn) 22.9%

IB|SWorld

## Forecast of Trends

Looking ahead, the *Mental Health and Substance Abuse Treatment* industry is expected to continue its trajectory of growth, albeit at a slightly slower pace. Revenue is projected to grow at a compound annual

growth rate (CAGR) of 2.9% from 2023 to 2028, compared to 3.1% from 2018 to 2023.<sup>14</sup> Employment in the industry is also expected to increase, with a forecasted CAGR of 3.4% over the next five years. Business establishments within the sector are anticipated to grow at a CAGR of 4.8%, reflecting ongoing expansion efforts despite existing workforce limitations. Wage growth, while still positive, is expected to decelerate slightly, increasing at a rate of 3.3% annually from 2023 to 2028.<sup>15</sup>

## Forces Impacting the Industry

The Substance Abuse and Mental Health Services Administration (SAMHSA) plays a pivotal role by allocating billions in funding to support mental health services, clinic development, and workforce enhancement. This financial support is critical for maintaining and expanding access to care. Additionally, the industry operates within a complex regulatory environment, with federal and state regulations dictating operational parameters. Internally, the shortage of a qualified behavioral health workforce is a significant challenge, hindering the ability of clinics to meet the rising demand for services. The interplay of these external and internal forces shapes the industry's capacity to grow and respond to the evolving mental health landscape.

## Competitive Analysis

The number of *Mental Health and Substance Abuse Treatment* establishments in New York accounts for 5.4% of the 23,827 establishments within the national industry while also generating 6.9% of the total national industry's revenue of \$32.6 billion, ranking New York second in the nation for the number of establishments and for industry revenue.<sup>16</sup>

### Establishments in New York

Mental Health & Substance Abuse Clinics in New York			Mental Health & Substance Abuse Clinics in the US		
#2 in Highest Establishments					
1,282	5.3% ▲	4.9% ▲	23,827	6.6% ▲	4.7% ▲
Establishments (2024)	Annual Growth (2019-24)	Annual Growth (2024-29)	Establishments (2023)	Annual Growth (2018-23)	Annual Growth (2023-28)

### Revenue in New York

<sup>14</sup> Bocker, Marley. "Mental Health & Substance Abuse Clinics in the US." Nov. 2023. Source: IBISWorld.com

<sup>15</sup> Bocker, Marley. "Mental Health & Substance Abuse Clinics in the US." Nov. 2023. Source: IBISWorld.com

<sup>16</sup> Bocker, Marley. "Mental Health & Substance Abuse Clinics in the US." Nov. 2023. Source: IBISWorld.com

**Mental Health & Substance Abuse Clinics in New York**

#2 in Highest Revenue

6.9% of state's GDP

**\$2.2bn**Revenue  
(2024)**2.1%** ▲Annual Growth  
(2019-24)**3.1%** ▲Annual Growth  
(2024-29)**Mental Health & Substance Abuse Clinics in the US****\$32.6bn**Revenue  
(2023)**3.1%** ▲Annual Growth  
(2018-23)**2.9%** ▲Annual Growth  
(2023-28)

The Project will face competition from existing operators providing inpatient and outpatient healthcare, as well as specializing in addiction treatment, near Irving, New York. A majority of potential competitors for the Project are located in Buffalo or the surrounding metropolitan area. These competitors operate multiple recovery centers or rehabilitation housing. The Medical Center's most direct competitors are overviewed below. A map of their location relative to the Project follows.

**Horizon Health Services | [Horizon-health.org](https://horizon-health.org)**

- **Overview:** Horizon Health Services has more than 20 locations within Erie, Niagara, and Genesee counties, as well as provides telehealth services for individuals living in the state of New York. Horizon provides treatment, recovery, and support services to children, adolescents, adults, and families affected by mental health and substance use disorders. The company provides counseling, specialty care, stabilization and medically supervised withdrawal detoxification, intensive residential substance use rehabilitation, and medication-assisted treatment for substance use.

**Best Self Behavioral Health | [bestselfwny.org](https://bestselfwny.org)**

- **Overview:** Best Self Behavioral Health operates multiple outpatient clinics for children, families, young adults, and adults struggling with addiction, behavioral health, and homelessness. Best Self Behavioral Health operates Renaissance Addiction Services, which provides residential treatment programs and operates 47 beds in West Seneca, New York. The company also operates the Lighthouse Women's Residence, which provides a supportive recovery environment for pregnant and parenting women with their children while providing treatment for substance-free lifestyles.

**Caz Recovery | [Cazenoviarecovery.org](https://cazenoviarecovery.org)**

- **Overview:** Operating in Western New York, Caz Recovery provides residential care for individuals with substance use disorders. The company offers rehabilitation care and ongoing individual or group counseling. Caz Recovery additionally provides medication assisted treatments to patients. The company operates 10 residential recovery homes for individuals undergoing treatment.

New York Med Center, LLC's location is reflected in red on the following map, while locations operated by Horizon Health are shown in blue; Caz Recovery's locations are in green; and Best Self Behavioral Health are reflected in purple. A site not located on the map below is a proposed fifty-four-unit senior housing development in nearby Silver Creek. This future site would not impact the Project's available beds model as it is a single service facility dedicated to senior long-term housing for seniors.

