

**APPLICATION FOR TAX
INCENTIVES**

**Town of Lancaster
Industrial Development Agency**

ELIGIBILITY QUESTIONNAIRE

Section I: Applicant Background Information

Please answer all questions. Use "None" or "Not Applicable" where necessary. Information in this application may be subject to public review under New York State Law.

A) Applicant Information-entity receiving benefit:

Applicant Name: Terrace BLVD RK LLC
Applicant Address: 571 Terrace Blvd
Phone: (716) 683-4196 Fax: (716) 646-0786
Website: _____ E-mail: _____
Federal ID#: 84-4961533
State and Year of Incorporation/Organization: 2020
List of stockholders, members, or partners of the Applicant: Kristen Robillard, MD
Michael Kane, MD
Will a Real Estate Holding Company be utilized to own the Project property/facility? Yes or No
What is the name of the Real Estate Holding Company: _____
Federal ID#: _____
State and Year of Incorporation/Organization: _____
List of stockholders, members, or partners of Applicant: _____

B) Individual Completing Application:

Name: Kristen Robillard, MD
Title: Managing Partner
Address: 571 Terrace Blvd Depew NY 14043
Phone: (716) 491-2972 Fax: (716) 646-0763
E-Mail: Kmrobillard@aol.com

C) Company Contact (if different from individual completing application):

Name: Judy Scheuneman
Title: Practice Manager
Address: 4855 Camp Rd Ste 100 Hamburg NY 14075
Phone: (716) 646-1084 ext 260 Fax: (716) 646-0763
E-Mail: office.manager@lakeshorepra.com

D) Company Counsel:

Name of Attorney: Brigid Maloney / Blaine Schwartz
Firm Name: Lippes Mathias
Address: 50 Fountain Plaza Ste 1700 BFI0, NY 14202
Phone: (716) 853-5100 Fax: (716) 853-5199
E-mail: bmaloney@lippes.com

E) Identify the assistance being requested of the Agency:

1. Exemption from Sales Tax Yes or No
2. Exemption from Mortgage Tax Yes or No
3. Exemption from Real Property Tax Yes or No
4. Assignment/Assumption of existing PILOT benefits Yes or No
5. Tax Exempt Financing* Yes or No
*(typically for not-for-profits & small qualified manufacturers)

F) Business Organization (check appropriate category):

Corporation Partnership
Public Corporation Joint Venture
Sole Proprietorship Limited Liability Company
Other (please specify) _____
Year Established: 2020
State in which Organization is established: New York

G) List all Stockholders, members, or partners with % of ownership greater than 20%:

<u>Name</u>	<u>% of ownership</u>
<u>Kristen Robillard MD</u>	<u>66</u>
<u>Michael Kane MD</u>	<u>33</u>

H) Applicant Business Description:

Describe in detail company background, products, customers, goods and services: medical
Practice - Building housing the medical practice

Estimated % of sales within Erie County: 100

Estimated % of sales outside Erie County, but within New York State: 0

Estimated % of sales outside New York State, but within the US: 0

Estimated % of sales outside the U.S. 0

(* Percentage to equal 100%)

I) What percentage of your total annual supplies, raw materials and vendor services are purchased from firms in Erie County. (You may be asked to provide supporting documentation of the estimated percentage of local purchases.)

100 %

ELIGIBILITY QUESTIONNAIRE

Section II: Project Description & Details

A) Location of proposed project facility:

Municipality or Municipalities of current operations: Depew

Will the proposed Project be located within the Municipality, or Municipalities identified above?

Yes or No

Where will the proposed Project be located: 571 Terrace Blvd
Address of the proposed Project: same

City Depew State NY Zip Code 14043

SBL Number: # 145 201. 104. 700-3-1. 100

Town/City/Village: Depew School District: Depew

Present Project Site Owner: Terrace Blvd RK, LLC
Kristen Robillard MD
Michael Kane, MD

Will the completion of the Project result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state OR in the abandonment of one or more plants or facilities of the project occupant located within the state?

Yes or No

If the Proposed Project is located in a different Municipality than the Municipality in which current operations are being undertaken, is it expected that any of the facilities in any other Municipality will be closed or be subject to reduced activity? N/A

Yes or No

If Yes, you will need to complete Section II (S) and Section IV of this Application.

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

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

Land: \$ _____ Buildings(s): \$ _____

** If available please include a copy of current tax bill. See Attached

Are Real Property Taxes current? Yes or No If no, please explain _____

Does the Applicant or a related entity currently hold fee title to the Project site? Yes or No

If No, indicate name of present owner of the Project Site: _____

Does Applicant or a related entity have an option/contract to purchase the Project site? Yes or No

Describe the present use of the proposed Project site: same, medical offices

B) Please provide narrative of project and the purpose of the Project (new build, renovations, and/or equipment purchases). Identify specific uses occurring within the Project. Describe any and all tenants and any/all end users: (This information is critical in determining Project eligibility).

Renovations of second and third Floor, as well as extensive site work to improve access and parking. Current tenant is Lakeshore Primary Care Associates.
Sub-tenant 1/2 day a week, Dr. Jeff DePerio.

Describe the reasons why the Agency's Financial Assistance is necessary and the effect the Project will have on the Applicant's business or operations. Focus on competitiveness issues, project shortfalls, etc. Your eligibility determination will be based in part on your answer (attach additional pages if necessary)

This is a medically under served area, Solo practitioner previously working there passed away suddenly. We were approached to take over building and practice in order to keep patient care in the community. Building is over 100 years old and has not updated in over 40 years. This is a huge undertaking. Please confirm by checking the box, below, if there is likelihood that the Project would not be undertaken but for the Financial Assistance provided by the Agency?

Yes or No We are currently well underway but to date to the large cost we are asking for assistance especially in light of Covid. If the Project could be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency: The cost is astronomical to keep the practice and the patients at this location in Depew. We undertook this project for the community.

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

If we are unable to sustain the medical practice at this location, we would need to relocate the practice.

C) Will Project include leasing any equipment? Yes or No

If Yes, please describe the equipment and lease terms:

D) Site Characteristics:

Will the Project meet zoning/land use requirements at the proposed location? Yes or No

Describe the present zoning/land use: Property class - 464 - Office Building

Describe required zoning/land use, if different: N/A

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

N/A

Is the proposed project located on a site where the known or potential presence of contaminants is complicating the development/use of the property? If yes, please explain:

E) Has a Phase I Environmental Assessment been prepared or will one be prepared with respect to the proposed project site? Yes or No If yes, please provide a copy.

new

F) Have any studies or assessments been undertaken with respect to the proposed project site that indicate the known or suspected presence of contamination that would complicate the site's development?

Yes or No. If yes, please provide copies of the study

G) Provide any additional information or details:

Phase II has been successfully completed.
Asbestos and underground tanks have been removed at a very considerable expense. Asbestos Removal

H) Select Project Type for all end users at project site (you may check more than one):

** Please check any and all end users as identified below.

* 24,675

** Will customers personally visit the Project site for either of the following economic activities? If yes with respect to either economic activity indicated below, complete the Retail Questionnaire contained in Section III of the Application.

Retail sales: Yes or No Services: Yes or No

For purposes of this question, the term "retail sales" means (i) sales by a registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the retail sale of tangible personal property (as defined in Section 1101(b)(4)(i) of the Tax Law), or (ii) sales of a service to customers who personally visit the Project.

- | | | | |
|----------------------------------|--------------------------|---------------------------------|--------------------------|
| Industrial | <input type="checkbox"/> | Back Office | <input type="checkbox"/> |
| Multi-Tenant | <input type="checkbox"/> | Civic Facility (not for profit) | <input type="checkbox"/> |
| Mixed Use | <input type="checkbox"/> | Equipment Purchase | <input type="checkbox"/> |
| Commercial | <input type="checkbox"/> | Retail | <input type="checkbox"/> |
| Acquisition of Existing Facility | <input type="checkbox"/> | Facility for Aging | <input type="checkbox"/> |
| Housing | <input type="checkbox"/> | | |

Other, please explain Medical office

NAICS Code: 531120 (available at www.naics.com/Search)

Lessors of Nonresidential Building

1) Project Information:

Estimated costs in connection with project:

- | | | |
|---|--|--|
| 1. Land and/or Building Acquisition: | <u>1</u> acres <u>10,000</u> square feet | \$ <u>450,000</u> (Appraisal was 350,000.00) |
| 2. New Building Construction: | <u>0</u> square feet | \$ <u>0</u> |
| 3. New Building Addition(s): | <u>0</u> square feet | \$ <u>0</u> |
| 4. Infrastructure Work: | (site plan) | \$ <u>202,525</u> |
| 5. Reconstruction/Renovation: | <u>6500</u> square feet | \$ <u>974,460</u> |
| 6. Manufacturing Equipment: | | \$ <u>0</u> |
| 7. Non-Manufacturing Equipment (furniture, fixtures, etc.): | | \$ <u>0</u> |
| 8. Soft Costs: (professional services, etc.): | Legal Architect | \$ <u>115,370</u> |
| 9. Other, Specify: | | \$ <u>0</u> |
| TOTAL Capital Costs: | | \$ <u>1,742,335</u> |

Project refinancing, estimated amount:
(for refinancing of existing debt only)

\$ 0 All new debt for construction costs

Have any of the above costs been paid or incurred as of the date of this Application: Yes or No
(CIDA benefits do not apply to expenses incurred prior to Board approval)

If Yes, describe particulars: Yes. We have pd. some architect bills & legal fees
We have paid 2 installments of the

Sources of Funds for Project Costs:

- | | | |
|--|---------------------|------------------------|
| Bank Financing | \$ <u>1,200,000</u> | Applied for SBL? Evans |
| Equity (excluding equity that is attributed to grants/tax credits) | \$ <u>450,000</u> | (Pd for bldg) |
| Tax Exempt Financing (if applicable) | \$ <u>0</u> | |
| Taxable Bond Issuance (if applicable) | \$ <u>0</u> | |
| Public Sources (include sum total of all state and federal Grants and tax credits) | \$ <u>0</u> | |
| Identify each state and federal grant/credit: | \$ <u>0</u> | |
| | | Bank Financing pending |
| Total Sources of Funds for Project Costs: | \$ _____ | |

Mortgage Recording Tax Exemption Benefit: Amount of mortgage that would be subject to mortgage recording tax:

Mortgage Amount (include sum total of construction/permanent bridge financing) \$ 1.2 million

Estimated Mortgage Recording Tax Exemption Benefit (product of mortgage Amount as indicated above multiplied by 3/4 of 1% or .0075): \$ 9,000.⁰⁰

Construction Cost Breakdown:

Total Cost of Construction (sum of 2, 3, 4, 5 and/or 7 in Question 1 above) \$ 11,769,850.06

Cost for Materials \$ _____

% sourced in Erie County 100 %

% sourced in New York State (including County/City/Town/Village) 100 %

Cost for Labor: \$ _____ See attached A-1A

Sales and Use Tax: Gross amount of Costs for goods and services that are subject to State and local Sales Tax and Use tax— said amount to benefit from the Agency's Sales and Use Tax exemption benefit:

\$ 150,000

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

\$ 13,125.00

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

Real Property Tax Benefit:

Identify and describe if the Project will utilize a real property tax exemption benefit OTHER THAN the Agency's PILOT benefit:

IDA PILOT Benefit: Agency staff will indicate the amount of PILOT Benefit based on estimated Project Costs as contained herein and anticipated tax rates and assessed valuation, including the annual PILOT Benefit abatement amount for each year of the PILOT benefit year and the sum total of PILOT Benefit abatement amount for the term of the PILOT as depicted in Section II(f) of the Application.

(new)

Percentage of Project Costs financed from Public Sector sources: Agency staff will calculate the percentage of Project Costs financed from Public Sector sources based upon Sources of Funds for Project Costs as depicted above in Section II(I) of the Application.

J) For proposed facility please indicate # of sq. ft for each of the uses outlined below:

*If company is paying for FFE (furniture, fixtures and equipment) for tenants, please include in cost breakdown

	Square Footage	Cost	% of Total Cost of Project
Manufacturing/Processing	—	—	
Warehouse	—	—	
Research & Development	—	—	
Commercial	—		
Retail (see Section III)	—		
Office	6,000	1,096,751	95%
Specify Other <u>Apt.</u>	2,000	80,234	5%

Furniture

4/12/2021

K) Utilities and services presently serving site. Provide name of utility provider:

Gas: NYSEG National Fuel

Electric: NYSEG Power: _____

Water: ECWA Size: _____

Sewer: Department of Public Works - Depew

Other (Specify) _____

L) If you are undertaking new construction or renovations, are you seeking LEED certification from the US Green Building Council? Yes or No.

M) If you answered yes to question above, what level of LEED certification do you anticipate receiving (Check applicable box) Standard Silver Gold Platinum

N) What is your project timetable (Provide dates):

1. Start date: acquisition or construction of facilities: October 2020
2. Completion of project facilities: 6/30/2021 estimated
3. Project occupancy – estimated starting date of operations: 7/1/2021 estimated

New

4. Have construction contracts been signed? Yes or No

5. Has Financing been finalized? Yes or No

O) Have site plans been submitted to the appropriate planning department for approval? Yes or No

If Yes, please provide the Agency with a copy of the related State Environmental Quality Review Act ("SEQR") Environmental Assessment Form that may have been required to be submitted along with the site plan application to the appropriate planning department. Please provide the Agency with the status with respect to any required planning department approval:

Has the Project received site plan approval from the planning department? Yes or No

If Yes, please provide the Agency with a copy of the planning department approval along with the related SEQR determination.

P) Is project necessary to expand project employment? Yes or No

Is project necessary to retain existing employment? Yes or No

Q) Employment Plan (specific to the proposed project location):

	Current # of Jobs at proposed location or to be relocated at project location	IF FINANCIAL ASSISTANCE IS GRANTED-project the number of FTE and PTE jobs to be RETAINED	IF FINANCIAL ASSISTANCE IS GRANTED-project the number of FTE and PTE jobs to be CREATED upon TWO Years after Project Completion	Estimate number of residents of the Labor Market Area in which the Project is located that will fill the FTE and PTE jobs to be created upon TWO years after project Completion**
Full time (FTE)	4 5	5	5	5
Part Time (PTE)				
Total ***	5	5	5	5

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

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

Ph...
4/13/2021
12/2021

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

Category of Jobs to be Retained and Created	Average Salary or Range of Salary	Average Fringe Benefits or Range of Fringe Benefits
Management	60,000	20,000
Professional	200,000	80,000
Administrative	40,000	20,000
Production	0	0
Other	0	0

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

	Address	Address	Address
Full time	5	571 Terrace Blvd. Depew -	
Part Time	0		
Total	5		

R) Will any of the facilities described above be closed or subject to reduced activity? Yes or No

** If any of the facilities described above are located within the State of New York, and you answered yes to the question, above, you must complete Section IV of this Application.

** Please note that the Agency may utilize the foregoing employment projections, among other items, to determine the Financial Assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction documents may include a covenant by the Applicant to retain the number of jobs and create the number of jobs with respect to the Project as set forth in this Application.

S) Is the Project reasonably necessary to prevent the Project occupant from moving out of New York State?

Yes or No

If yes, please explain and identify out-of-state locations investigated, type of assistance offered and provide supporting documentation if available:

T) What competitive factors led you to inquire about sites outside of New York State?

N/A

U) Have you contacted or been contacted by other Local, State and/or Federal Economic Development Agencies? Yes or No

If yes, please identify which agencies and what other Local, State and/or Federal assistance and the assistance sought and dollar amount that is anticipated to be received: _____

Section III: Retail Questionnaire

To ensure compliance with Section 862 of the New York General Municipal Law, the Agency requires additional information if the proposed Project is one where customers personally visit the Project site to undertake either a retail sale transaction or to purchase services.

Please answer the following:

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

Yes or No. If the answer is yes, please continue. If no, proceed to Section IV.

For purposes of Question A, the term "retail sales" means (i) sales by a registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the retail sale of tangible personal property (as defined in Section 1101(b)(4)(i) of the Tax Law), or (ii) sales of a service to customers who personally visit the Project.

B. What percentage of the cost of the Project will be expended on such facilities or property primarily used in making sales of goods or services to customers who personally visit the project? _____%. If the answer is less than 33% do not complete the remainder of the Retail Questionnaire and proceed to Section IV.

N/A

If the answer to A is yes AND the answer to Question B is greater than 33.33% indicate which of the following questions below apply to the project:

1. Will the Project be operated by a not-for-profit corporation? Yes or No
2. Is the Project location or facility likely to attract a significant number of visitors from outside the economic development region (list specific County or Economic Development Region) in which the Project will be located? Yes or No

If yes, please provide a third party market analysis or other documentation supporting your response.

3. Is the predominant purpose of the project to make available goods or services which would not, but for the Project, be reasonably accessible to the residents of the municipality within which the proposed project would be located because of a lack of reasonably accessible retail trade facilities offering such goods or services?

Yes or No If yes, please provide a third party market analysis or other documentation supporting your response.

4. Will the project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? Yes or No

If yes, explain We are continuing to keep the medical practice open

5. Is the project located in a Highly Distressed Area? Yes or No

Section IV: Inter-Municipal Move Determination

The Agency is required by state law to make a determination that, if completion of a Project benefiting from Agency Financial Assistance results in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, Agency Financial Assistance is required to prevent the project occupant from relocating out of the state, or is reasonably necessary to preserve the project occupant's competitive position in its respective industry.

Will the Project result in the removal of an industrial or manufacturing plant of the Project occupant from one area of the state to another area of the state?

Yes or No

Will the Project result in the abandonment of one or more plants or facilities of the Project occupant located within the state?

Yes or No

If yes to either question, explain how, notwithstanding the aforementioned closing or activity reduction, the Agency's Financial Assistance is required to prevent the Project from relocating out of the State, or is reasonably necessary to preserve the Project occupant's competitive position in its respective industry:

Does the Project involve relocation or consolidation of a project occupant from another municipality?

Within New York State Yes or No

Within Erie County Yes or No

If yes to either question, please, explain: _____

What are some of the key requirements the project occupant is looking for in a new site? (For example, minimum sq. ft., 12 foot ceilings, truck loading docks, etc.)

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

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

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

Please provide a list of properties considered, and the reason they were not adequate. (Some examples include: site not large enough, layout was inappropriate, did not have adequate utility service, etc.) Please include full address for locations.

Section V: Estimate of Real Property Tax Abatement Benefits and Percentage of Project Costs Financed From Public Sector Sources

** Section V of this Application will be: (i) completed by IDA Staff based upon information contained within the Application, and (ii) provided to the Applicant for ultimate inclusion as part of this completed Application.

PILOT Estimate Table Worksheet

Dollar Value of New Construction and Renovation Costs	Estimated New Assessed Value of Property Subject to IDA*	County Tax Rate/ 1000	Local Tax Rate (Town/City/Village)/1000	School Tax Rate/1000
1,176,985	1,176,985	4.171433	Village: 13.876836 Town: 7.97192100	18.06012700

*Apply equalization rate to value

PILOT Year	Payment Village	County PILOT Amount	Local PILOT Amount	School PILOT Amount	Total PILOT	Full Tax Payment w/o PILOT	Net Exemption
Freeze							
1	6,244.58	1872.14	882.35	8,127.0	17,136.13	30,022	12,891.87
2	11	11	11	11	11	11	11
3	11	11	11	11	11	11	11
4							
5							
6							
7							
8							
9							
10							
TOTAL	3,277.70	6,638.38	3,242.95	25,511.22	51,408.39	90,044.00	38,635.61

*Estimates provided are based on current property tax rates and assessment values

Percentage of Project Costs financed from Public Sector Table Worksheet:

Total Project Cost	Estimated Value of PILOT	Estimated Value of Sales Tax Incentive	Estimated Value of Mortgage Tax Incentive	Total of Other Public Incentives (Tax Credits, Grants, ESD Incentives, etc.)
1,176,985.00	38,675.00	64,618.00	9,000.00	0

Calculate %

(Est. PILOT + Est. sales Tax + Est. Mortgage Tax + Other) / Total Project Costs: 0.095 %

Section VI: Environmental Questionnaire

General Background Information

Address of Premises: 571 Terrace Blvd Depew NY 14043

Name and Address of Owner of Premises: Terrace Blvd RK, LLC

Describe the general features of the Premises (include terrain, location of wetlands, coastlines, rivers, streams, lakes, etc.) 571 Terrace Blvd Depew NY 14043
corner lot in residential area, brick building, built approx in 1900.

Describe the Premises (including the age and date of construction of any improvements) and each of the operations or processes carried out on or intended to be carried on at the Premises: _____

Describe all known former uses of the Premises: Court house, medical office

Does any person, firm or corporation other than the owner occupy the Premises or any part of it?
No

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

Have there been any spills, releases or unpermitted discharges of petroleum, hazardous substances, chemicals or hazardous wastes at or near the Premises? Yes or No

If yes, describe and attach any incident reports and the results of any investigations: _____

Has the Premises or any part of it ever been the subject of any enforcement action by any federal, state or local government entity, or does the preparer of this questionnaire have knowledge of: No

a) any current federal, state or local enforcement actions Yes or No

b) any areas of non-compliance with any federal, state or local laws, ordinances, rules or regulations associated with operations over the past 12 months? Yes or No

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

Has there been any filing of a notice of citizen suit, or a civil complaint or other administrative or criminal procedure involving the Premises? Yes or No

If yes, describe in detail: _____

Solid and Hazardous Wastes and Hazardous Substances

Does any activity conducted or contemplated to be conducted at the premises generate, treat or dispose of any petroleum, petroleum-related products, solid and hazardous wastes or hazardous substances? Yes or No

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

Have any federal, state or local permits been issued to the Premises for the use, generation and/or storage of solid and hazardous wastes? Yes or No

If yes, please provide copies of the permits.

Identify the transporter of any hazardous and/or solid wastes to or from the Premises: medical waste gets picked up by Biosan

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

Does or is it contemplated that there will occur at the Premises any accumulation or storage of any hazardous wastes on-site for disposal for longer than 90 days? Yes or No

If yes, please identify the substance, the quantity and describe how it is stored: _____

Discharge into Waterbodies

Briefly describe any current or contemplated industrial process discharges (including the approximate volume, source, type and number of discharge points). Please provide copies of all permits for such discharges: NA

Identify all sources of discharges of water, including discharges of waste water, process water, contact or noncontact cooling water, and stormwater. Attach all permits relating to the same. Also identify any septic tanks on site Is any waste discharged into or near surface water or groundwaters? NONE

If yes, please describe in detail the discharge including not only the receiving water's classification, but a description of the type and quantity of the waste: _____

Air Pollution

Are there or is it contemplated that there will be any air emission sources that emit contaminants from the Premises? Yes or No

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

Are any of the air emission sources permitted? Yes or No

If yes, attach a copy of each permit.

Storage Tanks

List and describe all above and underground storage tanks at the Premises used to store petroleum or gasoline products, or other chemicals or wastes, including the contents and capacity of each tank. Please also provide copies of any registrations/permits for the tanks.

Have there been any leaks, spills, releases or other discharges (including loss of inventory) associated with any of these tanks? Yes or No

If yes, please provide all details regarding the event, including the response taken, all analytical results or reports developed through investigation (whether internal or external), and the agencies which were involved. Removed Underground tanks phase II completed

Polychlorinated Biphenyls ("PCB" or "PCB") And Asbestos

Provide any records in your possession or known to you to exist concerning any on-site PCBs or PCB equipment, whether used or stored, and whether produced as a byproduct of the manufacturing process or otherwise. Have there been any PCB spills, discharges or other accidents at the Premises?

Yes or No

If yes, relate all the circumstances: asbestos removed from 2nd & 3rd floor and windows.

Do the Premises have any asbestos containing materials? Yes or No

If yes, please identify the materials: first floor tiles plan to address when remodeling first floor in future.

Section VII: Adaptive Reuse Projects

Are you applying for tax incentives under the Adaptive Reuse Program? Yes or No

If no, please skip to Section VIII.

What is the age of the structure (in years)? 120 years (approx)

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

If vacant, number of years vacant: _____

If underutilized, number of years underutilized: unknown > 10 years

Describe the use of the building during the time it has been underutilized: medical practice (only using 2000 sq feet)

Is the structure currently generating insignificant income? (Insignificant income is defined as income that is 50% or less than the market rate income average for that property class) Yes or No

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

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

	Number of Units	Sq. Ft. Range Low to High	Rent Range Low to High
1 Bedroom	_____	_____	_____
2 Bedroom	_____	_____	_____
3 Bedroom	<u>1</u>	<u>2200</u>	<u>\$500 - 2000.00</u>
Other	_____	_____	_____

Does the site have historical significance? Yes or No

Are you applying for either State/Federal Historical Tax Credit Programs? Yes or No

If yes, provide estimated value of tax credits.

Briefly summarize the financial obstacles to development that this project faces without Lancaster IDA or other public assistance, please provide the Lancaster IDA with documentation to support the financial obstacles to development (you will be asked to provide cash flow projections documenting costs, expenses and revenues with and without IDA and other tax credits included indicating below average return on investment rates compared to regional industry averages).

Briefly summarize the demonstrated support that you intend to receive from local government entities. Please provide Lancaster IDA with documentation of this support in the form of signed letters from these entities. Please indicate other factors that you would like Lancaster IDA to consider such as: structure or site presents significant public safety hazard and or environmental remediation costs, site or structure is located in a distressed census tract, structure presents significant costs associated with building code compliance, site has historical significance, site or structure is presently delinquent in property tax payments.

Section VIII: Senior Citizen Rental Housing Projects

Are you applying for tax incentives under the Senior Rental Housing policy? Yes or No
If no, please skip to Attachment F.

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

N/A
|
|

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

Is the project consistent with the applicable municipal master plan? Yes or No

If yes, please provide a narrative identifying the master plan (by name) and describing how the project aligns with the plan details: Town of Lancaster / Villages of Lanc. & Depew. DW Mayor Peterson, see attached.

Does the project advance efforts to create a walkable neighborhood and community in proximity to important local amenities and services? Yes or No

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

Has a market study shown that there is a significant unmet need in the local community or specific neighborhood where seniors are unable to find appropriate housing opportunities? Yes or No

Is the project located in an area (defined as a 1-5 mile radius of the project site) where there are significant local resident populations that are at or below the median income level? Yes or No

If yes, please describe how you made this determination based upon census tract and other relevant third party data: 2009 poorest area in Buffalo area

Does the project provide amenities that are attractive to seniors and differentiates the project from standard market rate housing? Yes or No

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

Are there impediments that hinder the ability to conventionally finance this project and /or negatively impact the project's return on investment? Yes or No

If yes, please briefly summarize the financial obstacles to development that this project faces without IDA or other public assistance. Please provide the IDA with documentation to support the financial obstacles to development (you will be asked to provide cash flow projections documenting costs, expenses and revenues with and without IDA and other tax credits included indicating below average return on investment rates compared to regional industry averages). _____

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

Yes or No

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

TOWN OF LANCASTER INDUSTRIAL DEVELOPMENT AGENCY
INDUCEMENT RESOLUTION POLICY

A non-refundable application fee of five hundred (\$500.00) must accompany all applications submitted to the LIDA. This fee is deductible from the LIDA Administrative Fee at closing. The Administrative Fee is generally a one time, lump sum fee not to exceed one percent (1%) of the cost of the project which benefits LIDA ownership or other assistance, payable at Closing. If a sales tax letter is required prior to Closing, one quarter of the Administrative Fee, is payable at that time, with the remaining three quarters of the Administrative Fee due at Closing. For Installment Sale transactions, the entire administrative fee is payable at the time of the issuance of the sales tax letter.

Terrace Blvd RK, LLC

(Company Name)

Kristen Robillard, MD

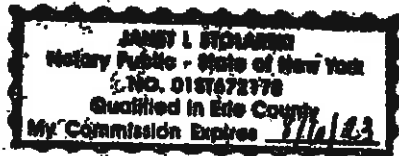
(Owner/Partner/CEO)

Sworn to before me this

day of 19 March, 20 21

Janet L. Stolarski

Notary Public



Lakeshore Primary Care Assoc.

(Sublessee Name)

Kristen Robillard, MD

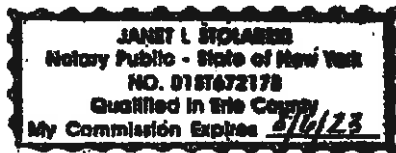
(Owner/Partner/CEO)

Sworn to before me this 19

day of March, 20 21

Janet L. Stolarski

Notary Public



**TOWN OF LANCASTER INDUSTRIAL DEVELOPMENT AGENCY
FEE SCHEDULE**

Application Fee: At the time of application for approval by the Agency of any transaction there shall be a non-refundable application fee of Five Hundred Dollars (\$500). If the request is for refinancing of an existing Project of the Agency where no public hearing is required, this Application Fee will be applied as an offset against all or a portion of the Agency Administrative Fee Due.

For an extension of an inducement, each extension of six months shall require payment of one quarter of the Agency Administrative Fee.

Agency Administrative Fees:

1. New Projects

The Agency Administrative Fee for new Projects shall be 1% of the dollar amount of the Project as determined by the Agency. One quarter of the Agency Administrative Fee or .25% must be received by the Agency prior to the issuance of a Sales Tax Letter by the Agency except for installment sale transactions when the entire Agency Administrative Fee of 1% is due at time of the issuance of the Sale Tax Letter. The balance of the Agency Administrative Fee or .75% shall be due on the closing of the transaction.

2. Refinacings

The Agency Administrative Fee for refinacings shall be \$500 plus one percent (1%) of any new money being financed.

By way of illustration, if the Agency authorized a Project with a Project Cost of \$1,200,000, the initial Agency Administrative Fee payable would have been a total of \$12,000 with .25% or \$3,000 due at the time of the sales tax letter and \$9,000 payable at the closing. For purpose of illustration, we will assume that the Project was financed through bonds or a note and mortgage in the principal amount of \$1,000,000. At the end of five years, the Lessee comes to the Agency for assistance in refinancing the Project with a new borrowing of \$1,300,000. The Lessee will have to advise the Agency of the outstanding principal balance remaining on the bond or note. For purpose of illustration, we will assume that the principal balance has been reduced by \$100,000 leaving a remaining principal balance of \$900,000. The Lessee would have to pay an Agency Administrative Fee of 1% on the amount over the original \$1,200,000 authorized and for which the Agency Administrative Fee was paid or 1% of \$100,000 (\$1,000) plus an administrative fee of 1% on the difference between the \$1,000,000 originally borrowed and the remaining principal balance or 1% of

\$100,000 (\$1,000) because that amount would also constitute new money. This would be in addition to the \$500 refinancing fee for a total Agency Administrative Fee of \$2,500.

3. Sublease Approvals

The Agency fee for approval of a new sublease for the entire Project shall be \$500.

4. Approval of Lease Assignment and Assumptions

The Agency Administrative Fee for approval of Lease Assignments and Assumptions shall be one quarter percent (.25%) of Agency Administrative Fee which would have been due if the Project was a new Project but reduced by the percentage of the benefit already received with respect to real property tax abatement.

By way of illustration, if it is assumed that the Agency provided a ten-year real property tax abatement as set forth below

Year	Tax Paid	Abatement
2013	10%	90%
2014	10%	90%
2015	10%	90%
2016	20%	80%
2017	20%	80%
2018	20%	80%
2019	30%	70%
2020	30%	70%
2021	30%	70%
2022	30%	70%

Total Abatement

7.9 years of abatement

If after year 2018, an application was received requesting that the Agency approve the assignment and assumption of the lease agreement, four years of abatement are remaining. If you add up the percentage of abatement for each year the total remaining abatement is 2.8 years of abatement. The fee would be 0.25% of the percentage remaining of the real property tax abatement (2.8 divided by 7.9 = 0.354430380 x 0.25% or 0.0025 times the original Project Cost) Assuming the original Project Cost was \$1,000,000, the fee at the time of the original Project would have been \$10,000. The fee for the assignment and assumption would be \$1,000,000 x 0.0025 x 0.354430380 = \$886.08.

Additional Fees

Additional costs associated with meeting the Agency's current environmental policy are the responsibility of the Applicant.

If the Project Application is withdrawn or does not close, the Applicant is responsible for any costs, including Agency Counsel Fees, incurred by the Agency on behalf of the Project.

Agency Counsel Fees

<u>Bond/Mortgage/Lease Project Cost</u>	<u>Legal Fee</u>
Up to \$750,000	\$5000*
\$750,001 to \$1,500,000	\$7,500
\$1,500,001 to \$3,000,000	\$10,000
\$3,000,001 to \$5,000,000	\$12,500
\$5,000,001 to \$10,000,000	\$15,000
Over \$10,000,000	\$20,000 minimum with additional legal fees payable based upon the circumstances and work involved

* With respect to legal fees for Projects up to \$750,000, this Legal Fee would include only two drafts of documents. In addition, if due to delays caused by the Lessee or the Lender, the closing is delayed beyond a sixty day period from the date of the first draft, additional time may also be billed by Agency Counsel in his or her discretion. If further drafts are required or the closing is unreasonably delayed, additional time shall be billed at the hourly rate then in effect for Agency Counsel for the additional time only.

Legal Fees for refinancings shall be based upon the dollar amount refinanced in accordance with the above schedule. In the case of minor amendments of the prior loan documents, Agency Counsel Fees shall be charged on a time basis at the hourly rate then in effect for Agency Counsel. Agency Counsel shall determine whether the amendment to the prior loan documents is a minor amendment in his or her sole reasonable discretion.

<u>Installment Sale Transactions</u>	<u>Legal Fees</u>
Up to \$750,000	\$3,000*
\$750,001 to \$1,500,000	\$5,000
\$1,500,001 to \$3,000,000	\$7,500

Over \$3,000,000

\$10,000 minimum with
additional legal fees payable
based upon the circumstances
and work involved

* With respect to legal fees for Projects up to \$750,000, this Legal Fee would include only two drafts of documents. In addition, if due to delays caused by the Lessee or the Lender, the closing is delayed beyond a sixty day period from the date of the first draft; additional time may also be billed by Agency Counsel in his or her discretion. If further drafts are required or the closing is unreasonably delayed, additional time shall be billed at the hourly rate then in effect for Agency Counsel for the additional time only.

Legal Fees for Assignment and Assumptions shall be on a time basis.

In addition to counsel fees, disbursement of up to \$1,000 will be added to each closing. If additional transcripts above the normal amount are required (5 for lease only and 7 for bond or mortgage transactions), they will be billed to reflect the additional copy cost and the additional binding costs and may exceed the \$1,000 total.

The above Fees Policies have been reviewed and accepted by the applicant


Initial Here

Attachment 2: Local Labor Workforce Certification

INTENTIONALLY OMMITTED

Attachment 3: LIDA Sublease Approval Form

TOWN OF LANCASTER INDUSTRIAL DEVELOPMENT AGENCY
SUBLEASE APPROVAL FORM
SUB-TENANT QUESTIONNAIRE - TO BE COMPLETED BY PROPOSED TENANT

1. COMPANY NAME: Lakeshore Primary Care Associates
 2. PRIMARY CONTACT: Judy Scheunemann
 3. TITLE: Practice manager
 4. COMPANY PRESIDENT / GENERAL MANAGER:
NAME: Kristen Robillard TITLE: Managing Partner
 5. COMPANY SIC (MACIS) CODE: _____
 6. BUSINESS DESCRIPTION (Describe in detail company background, products, customers, goods and services): medical practice-taking care of patients
 7. HISTORY OF COMPANY: est. 2000
 8. DOES THIS OCCUPANCY CONSTITUTE A RELOCATION? Yes _____ No
 9. IF YES, WHERE IS COMPANY PRESENTLY RELOCATING FROM? (City, State or Province, Country)
Address: _____
City: _____ State: _____ Zip: _____
- a.) Is location to Lancaster necessary to: (Check one or both if applicable)
- Discourage your company from moving out of New York State? No
 - To remain competitive within your industry? Yes, provide care to patients
- (If either or both are checked, please provide a specific, detailed explanation as attachment on company letterhead)
- b.) In regard to current location, does your company: Own: _____ Lease:
- c.) If leased, when does the lease expire? 10 years
- d.) If owned, what will become of the facility? _____

e.) Have local economic development officials in the municipality where the company is currently located been contacted about alternative sites within that municipality?

YES _____ NO X

f.) If yes, what was the outcome? _____

g.) If no, why not? We do not want to relocate.

10. WILL THIS LANCASTER LOCATION BE YOUR COMPANY'S HEADQUARTERS?

YES _____ NO X

If no, where is the Company's Headquarters located (City, State or Province, Country)?

CITY Hamburg STATE / PROVINCE N.Y.

11. CURRENT NUMBER OF EMPLOYEES:

FULL TIME: 50+ PART TIME: _____

12. ESTIMATED NUMBER OF FUTURE EMPLOYEES (WITHIN TWO (2) YEARS):

FULL TIME: 5-10 PART TIME: _____

13. NUMBER OF EMPLOYEES THAT LIVE IN:

LANCASTER UNKNOWN BUFFALO _____

OTHER ERIE COUNTY _____ OUTSIDE ERIE COUNTY _____

14. APPROXIMATE PERCENTAGE OF PRODUCTS / SERVICES EXPORTED:

OUTSIDE ERIE COUNTY BUT WITHIN NEW YORK STATE 0

WITHIN THE REST OF THE U.S. _____

CANADA _____ INTERNATIONAL _____