City of Utica Industrial Development Agency Application

The information required by this form is necessary to determine the eligibility of your project for IDA benefits. Please answer all questions; insert "NONE", or "NOT APPLICABLE", where necessary. If an estimate is given, put "EST." after the figure. Attach additional sheets if more space is needed for a response than is provided. Return three copies of this application to the City of Utica Industrial Development Agency.

All information contained in this form will be treated <u>confidentially</u>, to the extent permitted by law.

A project financed through this Agency involves the preparation and execution of significant legal documents. Please consult with an attorney before signing any documents in connection with the proposed project.

PART I

<u>Applicant</u>	Utica Sunset Associates LLC (TBF) / The Kelberman Center
Applicant's legal Na	Note: PILOT will need to be assignable to ultimate owner entity, which will be an LLC controlled by The Kelberman Center as Managing Member
Principal Address:	2608 Genesee Street
	Utica, NY 13502
Project Address:	2507-2513 Sunset Avenue
	Utica, NY 13502
Telephone Number	(s): 315-797-6241
Federal Identification	on Number:55-0901293 (The Kelberman Center)
Company IRS Filing	g Office Location:
Company Officer co	ompleting this application:
Name:Robert Myers F	Ph. D.
Title: Managing Memb	per/Executive Director
Phone:	celloffice
Robert.Myers@	ekelbermancenter.org

1.	A.	Is the applicant a:	
		() Corporation: If YES, Public () If a PUBLIC Corporation, on w	
		() Sole Proprietorship () Partnership () Subchapter S () DISC To-be-formed Limited (x) Other (specify) 501(c)(3) not-for-prof	
	B.	State of incorporation, if applicabl	e: New York
2.		Stockholders, Directors, Office	rs, Partners or Members
	A.	Provide the following information	in regard to principal stockholders or parties:
	<u>Name</u>	<u>e</u> <u>Home Address</u>	Percentage of <u>Ownership</u>
	The Kelbe	nset MM LLC erman Center see attached legal chart of ownership structure	Managing Member of the LLC Sole Member of the Managing Member
	B.	Provide the following information	n regard to officers and directors:
	Comp Office		ome Other Principal Business Affiliation

who will own 99.99% of the project.

The Kelberman Center Board of Directors is attached.

		any other entity by more than 50% common ownership? If also, indicate name of such entity and the relationship.
		No
	D.	Is the applicant affiliated with any other entity, directly or indirectly, other than as indicated in response to paragraph C above? If YES, please indicate name and relationship of such other entity and the address thereof:
		Upstate Caring Partners is the parent corporations of TKC, also a not-for-profit.
3.		Applicant's accountant
		Name and Title:
		Name of Firm:Flaherty Salmin CPAs
		Address: 2300 Buffalo Road, Building 200
		Rochester, NY 14624
		Telephone Number:585-279-0120 Email: _tflaherty@fs-cpa.com
4.		Applicant's attorney
		Name and Title:
		Name of Firm:Cannon Heyman & Weiss, LLP
		Address: 726 Exchange Street, Suite 500
		Buffalo, NY 14210
		Telephone: Email: Email:

Is the applicant or any of the persons listed in 2(A) above related, directly or indirectly, to

C.

5. **References** (Individuals and institutions in this section may be contacted) Α. Banking/Financial Institution: Account Officer/ Name of Address and **Institution Contact Person Phone Number NBT Bank** 270 Genesee St. Utica, NY John Buffa 158 Genesee St. Utica, NY Curt Wilson Adirondack Bank First Source Federal Credit Union 1600 Burrstone Rd. Utica, NY Mike Parsons B. Business suppliers (list three largest accounts) Address and Account Officer/ Terms of Annual Name of Dollar Supplier Phone Number Contact Person % Volume Sale C. Major customers (list three largest and show percentage of gross business obtained from each): Account Officer/ Terms of **Annual Dollar** Name of Address and Contact Person % Volume Phone Number Sale Customer NYS Office for Persons with Disabilities 44 Holland Ave, Albany, NY Contract \$4,300,000 State Office of Education 89 Washington Street, Albany, NY Contract \$2,200,000 School District Partnerships 41 schools across CNY Contracts \$280,000 6. **Business Description** Α. Describe nature of business and principal products and/or services: The Kelberman Center, with consulting developer Edgemere Development, proposes the new construction of 60 mixed-income rental apartments and 6,890 s.f. of office/program space to be occupied by TKC. The project will be a mixed-income, mixed-use community providing workforce housing for individuals and small families earning up to 80% Area Median Income. The project proposes to provide 12 units for individuals with intellectual/development disabilities.

	B.	Describe the geogr	aphical market(s) served:	
		The project is located in the neighborhoods.	South Utica Neighborhood. The primary	market area is the City of Utica and surrounding
7.		Present location(s	s) of business operations	
	A.	List present location	n(s):	
		1. 2608 Genesee Street, l	Jtica, NY 13502	
		2. 50 Presidential Plaza, S	Suite 102, Syracuse, NY 13202	
		3. 1601 Armonry Drive, B	ldg A, Utica, NY 13501	
	B.	For what purpose is	s each of these used?	
		1. Office/Clinic		
		2. Office		
		3. Preschool		
	C.	For each of your information:	present locations which	are RENTED, provide the following
		Name of Landlord	Landlord's Address	Landlord's Telephone Number
		1.		
		2.		
		3.		
		Amount of Space	Annual Rental	Lease Termination Date
		1. 6,800 SF	\$70,000	2022
		2. 2,800 SF	\$50,000	Month to Month
		3. 6,500 SF	\$0	2021

FO	r each of your present	t locations which you <u>OVVN</u> , provide the	e following information:
	<u>Location</u>	Annual Mortgage Payment	Termination Date
1.	Chittenango IRA	\$59,430.12	12/27/28
2.	Sylvan Beach IRA	\$24,816	5/1/32
3.	Fayetteville IRA	\$31,848	10/1/33
	et which of your presenten: Present locations will not be va	t locations, if any, will be vacated if IDA a	approval for your project is
			
	ny of these locations v so:	will be sublet or sold, provide information	n concerning your ability to
	N/A		

<u>PART II</u>

Reasons for Project

Please explain in detail why you want to undertake this project:

The Kelberman Center (TKC), with consulting developer, Edgemere Development proposes the new construction of Kelberman at Sunset which will
create 60 units of affordable, workforce housing. In addition, the mixed-use facility will provide first-floor office space to be occupied by TKC. TKC provides
customized solutions, services and support of people affected by autism spectrum disorder. The project will target individuals and small families
earning up to 50%, 60% or 80% Area Median Income 12 units (20%) are proposed to target individuals with Intellectual/Developmental Disabilities.
Upon completion, TKC will offer a complete continuum of long term care solution, integrated alongside working professionals. The project will further TKC's
mission, and help to eliminate social isolation of people with autism. Finally, the project addresses Utica's Community Needs Assessment Goal of working w
private developers to build new units of quality, affordable, permanent, supportive housing, and assisting cost burdened individuals.

Why are you requesting the involvement of the IDA in your project?
Kelberman at Sunset will include financing from NYS Homes and Community Renewal and include low-income housing tax credits. The project
includes 25 units targeted to individuals and small families earning up to 50% AMI, 26 at 60% AMI and 9 at 80% AMI. In order to preserve the
affordability of the project, a PILOT agreement is required. Without a PILOT agreement, the project would not have the ability to offer rents at the proposed
— affordability.

How will the applicant's plans be affected if IDA approval is not granted?

Media Any ir	man at Sunset is the new construction of 60 one- and two-bedroom apartments for individuals and small families earning up to 80% Area in Income. If IDA approval is not granted, TKC will have to explore other options of tax abatement in order to preserve the project's affordability. crease in real estate taxes would need to be offset by an increase in rents and limit the range of affordability and jeopardize serving residents tellectual/developmental disabilities. Additionally, NYS HCR seeks local leverage and PILOT is an example of support. A PILOT also helps control ing costs so the project can remain affordable.
	se confirm by checking the box, below, if there is likelihood that the Project would not be undertaken or the Financial Assistance provided by the Agency?
	X Yes or ☐ No
	Project could be undertaken without Financial Assistance provided by the Agency, then provide a ment in the space provided below indicating why the Project should be undertaken by the Agency:
	ated above, the project would attempt to receive tax abatement elsewhere but absent any tax relief, it is possible the project will become economically ible as currently contemplated.
Iden	tify the assistance being requested of the Agency (select all that apply):
1.	Exemption from Sales Tax Yes or _x No
2.	Exemption from Mortgage Tax Yes or _x_ No
3.	Exemption from Real Property Tax Yes or No
4.	Tax Exempt Financing * Yes orX No * (typically for not-for-profits & small qualified manufacturers)

A. Type of Project

Check category or categories best describing your project (O - Owner) and all end-users (T – Tenant(s)) and the square footage of each:

	Manufacturing		sf
	Industrial (Assembly or Service)		sf
	Research and Development		sf
	Warehousing		sf
	Commercial		sf
	Pollution Control		sf
O,T	Housing	63,240	sf
	Back Office		sf
	Facility for Aging		sf
	Multi-Tenant		sf
	Retail		sf
	Recreational		sf
O,T	Other (specify) Office Space/community facility	6,890	sf
	Total	70,130	sf

B. <u>Description of Proposed Project</u>

Check all appropriate categories which apply to the proposed project:

1. Acquisition of land	YES(x)	NO()
2. Acquisition of existing building	YES(X)	NO()
3. Renovations to existing building	YES()	NO()
4. Construction of addition to existing building	YES()	NO()
5. Demolition	YES(X)	NO()
6. Construction of a new building	YES(x)	NO()
7. Acquisition of machinery and/or equipment	YES()	NO()
8. Installation of machinery and/or equipment	YES()	NO()
9. Other (specify)	YES()	NO()

_				_		_
C.	\\\\hat ia tha	Zonina	classification	of the	proposed	aita?
U.	vviial is life	ZUHHIU	Classification	OI LITE	DIODOSEG	SILE!

Planned Development Extraordinary (PDE)

D.			e was the site most ressembly, etc.)?	ecently used (e.g. light r	manufacturing, heavy
	Rece	ent uses include me	edical facility, adult day care center a	and offices	
E.		tion(s) 3 Sunset Avenue	Street Address	Number of Floors 4	Square Footage per Floor 1st - 18,911 2nd - 4th - 17,073
F.	Is the	site in an E	mpire Zone? () Yes (x)	No	
	Is the	business E	mpire Zone certified at th	nis location: () Yes (×) N	0
	Attac	h a copy of t	he last Business Annual	Report filed.	
			-	ne boundary of a Centra Yes (x) No	l New York Regional
G.	1.	(including r		lity to be acquired, cons other existing structures of available.	
	The proworkfor parking and 4%	oject consists of the ce apartments and . The project propo	e demolition of the existing, blighting approximately 6,890 SF of office/proses to provide 12 units for individual and within the project. Amenities will i	acres of land and an existing, vacant structure and new construction of 60 ogram space for the Kelberman Centers with intellectual/developmental disanclude community room, common lau	one- and two-bedroom, affordable, er, greenspace, and on-site bilities, as well as 10% ADA
	2.	describe th	tion or renovation worle work in detail.	c on this project has al	ready begun, please
	3.	What is the	e estimated useful life of	the:	
		a. Faci	lity: ^{50 years}		
		b. Equ	ipment: N/A		

and pu	f this equipment has already been purchased or ordered, please attach all ir rchase orders and list amounts paid and dates of expected delivery as we escription:
variand	onstruction or operation of the proposed project will require any local ordinate to be obtained or requires a permit or prior approval of any state or federal and the contract of the contrac
	oject received site plan approval in May 2018. The site is zoned PDE and the project is an allowable use. SHPO en received. The project will require NEPA approval. No other local ordinances or variances are anticipated at the
•	describe the effect. Important: please attach Environmental Assessment F plication
The sho	ort form EAF is attached to the application. As part of site plan approval, SEQR negative declaration was receive
	related real estate holding company, partnership or other entity be involved thip structure of the Transaction? YES(×) NO() If YES, please e

Add	ress: _	283 Genesee Street
		Utica, NY 13501
Tele	phone	e Number:
2.	If th	ne applicant already owns the project site, indicate:
	a.	date of purchase:N/A
	b.	purchase price:
3.	If th	ne project site is mortgaged, please indicate:
	a.	balance of mortgage:N/A
	b.	holder of mortgage:
dire	ctly or	relationship, legally, by virtue of common control, or through related persons, indirectly, between the applicant and the present owner of the project site? YES If YES, please explain:
		npany currently a tenant in the building to be occupied? NO (×)
YES		
	you pl	anning to use/develop the entire proposed facility?

With regard to the present owner of the project site, please give:

M.

1.

If NO,	give th	e following	information	with	respect to	present t	enants:

1. <u>Pr</u>	resent Tenant						
a.	Name of <u>Business</u>	Floors <u>Occupied</u>	Square Feet Occupied	Nature <u>Busin</u> e	e of Tenant's		
	<u>Dadinood</u>	<u>Оссаріса</u>	<u>Оссиріси</u>	Buoin	<u> </u>		
	N/A						
b.	Which of th jobs will be		ts will be vacatiı	ng upon your	initial use of tl	ne facility? Ho	ow many
	Name of Fi	<u>rm</u>	<u>Jobs</u>	Square Foot	age Now Occ	<u>cupied</u>	
	N/A						
C.	For those t	tenants who v	vill remain after	your initial o	occupancy of	the site, pro	vide the
	following tra			•	. ,	•	
	Name of	Term	n of Renew	<i>v</i> al	Square Foot	tage	
	<u>Tenant</u>	Leas	<u>Option</u>	<u>S</u>	Now Occupi	<u>ed</u>	
	N/A						
	Are any of	the above ten	ants related to t	he owner of t	he facility?	VES () NO	()
	-				_		
d.		cant will be occ es, please list	supying the pren	nises of any o	of the tenants	listed in (c) wh	nen their
	•	cs, picase list.	•				
	N/A						
							 .
e.	Please prov	vide copies of	all present leas	e(s) at the pr	oposed proje	ct site.	
	N/A	-		·			

Currently vacant
Will financing by the Agency for the Project result in the removal or abandonment of a or other facility of the applicant or any related entity presently located in another area State of New York? YES () NO (x)
If the answer is YES, please explain briefly the reasons for the move.
Is the proposed project reasonably necessary to discourage the project occupant removing such other plant or facility to a location outside the State of New York? YES()NO()N/A
Is the proposed project reasonably necessary to preserve the competitive position project occupant in its respective industry? YES () NO () $_{\mbox{\scriptsize N/A}}$
If any of the parties who will be tenants in this project are related to or affiliated wi applicant, please identify them:
The Kelberman Center will occupy approximately 6,890 SF of office/program space.

Purchase Agreement is attached

2. Employment *

a. List your present employment in the City of Utica, if any, and an estimate of the employment at the <u>proposed facility</u> at the end of two years. NOTE: New York State considers Full Time employment as 35 hours or more. Full-time jobs, plus the combination of two or more part-time jobs that, when combined together, constitute the equivalent hours of a full-time position (35 or more hours).

Employment	Current # of applicant's jobs at/or to be located at proposed project location	Number of FTE jobs to be RETAINED	Number of FTE jobs to be CREATED two years after project completion	Estimate number of residents in Labor Market Area that will fill projected jobs two years after project completion
Full-Time (FTE)	0	0	12	12

The Labor Market Area consists of the following counties: Oneida, Lewis, Herkimer, Otsego, Madison and Oswego

b. Characterize the labor force to be associated with this project location according to the following categories:

Category	Current	Avg Salary or Salary Range	Avg Fringe Benefits or Range
Officers			
Sales/Supervisory			
Clerical			
Plant/Production			
Other (specify)	12	28,000 - 35,000	6,720 - 8,400

c. Estimate the Annual Payroll for the employees associated with the project location.

Currently	End of Year One	End of Year Two
\$ 0	\$ 264,600	\$ 378,000

^{*} Company/Applicant will be required to submit Annual Project Monitoring Reports (attached) along with a copy of the NYS 45ATT (four quarters) for a minimum of five (5) years for any commercial project and ten (10) years for any industrial/manufacturing project, or for the length of UIDA involvement in the project. Annual Project Monitoring Reports will be compared to employment counts as stated above and companies whose reported counts fall below those levels above will be subject to the Agency's Recapture Provisions Policy.

Sources of Funds for Project Costs:		% of Total project costs
Bank Financing:	\$	56%
Equity (excluding equity attributed to grants/tax credits)	\$	
Tax Exempt Bond Issuance (if applicable)	\$	
Taxable Bond Issuance (if applicable)	\$	
Public Sources (Include sum total of all state and federa grants and tax credits)	al \$	100%
Identify each state and federal grant/credit:		
NYS HCR - 9% Low-Income Housing Tax Credit Equity/SLIHC	13,540,501	
NYS HCR - Community Investment Fund	1,980,128	
OPWDD \$	1,803,716	
NYS HCR - Housing Trust Fund	2,400,000	
NYSERDA/City of Utica	\$60,000/\$300,000	
Total Sources of Funds for Project Costs:	\$ _20,084,344	100%
Have any of the above costs been paid or incurred as o X Yes or No. If Yes, describe particulars: Minor prede		
Mortgage Recording Tax Exemption Benefit: Amour mortgage recording tax:	nt of mortgage that woul	d be subject to
Mortgage Amount (include sum total of construction/per	rmanent/bridge financinឲຸ	g): \$
Estimated Mortgage Recording Tax Exemption Benefit Amount as indicated above multiplied by 0.75%)		\$

Please Note: The New York State General Municipal Law was recently amended to reflect that industrial development agencies are not exempt from the additional mortgage recording tax of .25% that is assessed to properties that are located within a regional transportation district. Oneida County is located within the Central New York Regional Transportation District; as such, all UIDA projects will be exempt from .75% of mortgage recording tax, but must pay .25% of mortgage recording tax, which will be directed to the Transportation District.

3. Estimated Project Cost

Acquisition of Land

Listed the costs necessary for the construction, acquisition or renovation of the project (this should <u>NOT</u> include working capital needs, moving expenses, work in progress, stock in trade, applicant's debt repayment, real estate broker fees or your legal fees):

Acquisition of Building(s)	\$_359,910
Renovation Costs	\$
New Construction of Buildings	\$14,291,550
Machinery and Equipment (other than furniture costs)	\$
Furniture and Fixtures	\$
Installation Costs	\$
Architectural/Engineering Fees	\$_684,250
Fees (other than your own counsel and brokerage fees)	\$_2,757,905
Interest on Interim Financings	\$_780,064
Other (specify)Reserves/Working Capital	\$_403,597
Construction Contingency	\$ 717,078
Total Project Cost	\$19,077,068
	for goods and services that are subject to State and efit from the Agency's Sales and Use Tax exemption
\$	
Estimated State and local Sales and Use Tarabove):	x Benefit (product of 8.75% multiplied by the figure,
Φ	

4. Real Estate Taxes

List separately the proposed project's Real Estate Taxes and/or Assessed Value as it applies to land and building:

Project's	Real Estate Taxes	Assessed Value
Land(s)	\$	\$
Building(s)	\$	\$
Total	\$	\$

Calcu	ulate th	ne value of the PILOT exemption anticipated for the project described:
\$		
5. <u>Project</u>	t Sche	<u>dule</u>
	Indic	ate the estimated dates for the following:
	a.	Construction commencement: September 2019
	b.	Construction completion: December 2020
	C.	Project financing: List the dates and in what amounts the estimated funds will be required:
	NYS F	ICR Low-Income Housing Tax Credits - Anticipated 2nd Quarter 2019
		HCR Loans - Anticipated 2nd Quarter 2019 OPWDD Financing - Anticipated 4th Quarter 2018
	Fina	ncing for the estimated \$20,084,344 will be secured prior to construction start.
	d.	Indicate the name of the incorporated municipality in which the facility will be located and the applicant's (or any related entity's) estimated capital expenditures in such municipality during the past three years:

e. What do you expect the applicant's (or any related entities) capital expenditures to be in the above municipality during the next three years (including this project):

\$14,341,550

The City of Utica

f.	If the applicant or any related entity has previously secured the benefit of tax exempt financing in the City of Utica, whether through IDA, the New York Job Development Authority or any other entity, please explain (indicate date, location of financed facility, and outstanding balance):
	N/A
g.	Has the applicant or any related entity received the benefit of tax exempt financing anywhere within the United States within the past 90 days or is the applicant or any related entity contemplating the receipt of such financing assistance within the next 90 days? YES () NO (x) if YES, please explain.
6. <u>Project Financ</u>	ing Efforts
BON	THE APPLICANT'S RESPONSIBILITY TO SECURE A PURCHASER FOR IDADS ISSUED IN CONJUNCTION WITH THIS PROJECT. Below are a series of tions relating to your efforts to secure financing for your project if IDA approval is ed.
	pplicant contacted any bank, financial/lending institution or private investor in regard cing for this project? YES()NO (x)If YES, please give details:
The project	et is not seeking IDA bonds.

	you obtained a financial commitment for this project? YES () NO (×)
1	. If YES, please briefly describe this commitment and attach related corresponde
_	
_	
2	. If NO, please explain how you will be able to finance this project:
	The project is applying to NYS Homes and Community Renewal in October 2018. The project is requesting state and federal
	ow-income housing tax credits and loan funds to round out project financing. The project applied to NYS OPWDD for capita and rental assistance and awards have yet to be announced. In addition, City of Utica HOME funds have been requested.
_	
	there any other governmental agencies that you have contacted concerning fina
	there any other governmental agencies that you have contacted concerning fina stance in regard to your proposed project? YES (x) NO () If YES, please ex
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- - -	Stance in regard to your proposed project? YES (X) NO () If YES, please expected the project is seeking HOME funds from the City of Utica, federal and state low-income housing tax credits and loan funds NYS OPWDD rental assistance and capital, and a NYSERDA grant.
- - -	stance in regard to your proposed project? YES (x) NO () If YES, please expected the project is seeking HOME funds from the City of Utica, federal and state low-income housing tax credits and loan funds NYS OPWDD rental assistance and capital, and a NYSERDA grant. . Will the applicant's obligations be guaranteed, and if so, by whom?
- - -	The project is seeking HOME funds from the City of Utica, federal and state low-income housing tax credits and loan funds NYS OPWDD rental assistance and capital, and a NYSERDA grant. . Will the applicant's obligations be guaranteed, and if so, by whom? Yes - the partnership's operating agreement and regulatory agreement will memorialize the Kelberman Center's guaranteed.
- - -	stance in regard to your proposed project? YES (x) NO () If YES, please expected the project is seeking HOME funds from the City of Utica, federal and state low-income housing tax credits and loan funds NYS OPWDD rental assistance and capital, and a NYSERDA grant. . Will the applicant's obligations be guaranteed, and if so, by whom?
assis	The project is seeking HOME funds from the City of Utica, federal and state low-income housing tax credits and loan funds NYS OPWDD rental assistance and capital, and a NYSERDA grant. Will the applicant's obligations be guaranteed, and if so, by whom? Yes - the partnership's operating agreement and regulatory agreement will memorialize the Kelberman Center's guarant of completion of the project and affordability period.
assis	The project is seeking HOME funds from the City of Utica, federal and state low-income housing tax credits and loan funds NYS OPWDD rental assistance and capital, and a NYSERDA grant. . Will the applicant's obligations be guaranteed, and if so, by whom? Yes - the partnership's operating agreement and regulatory agreement will memorialize the Kelberman Center's guaranteed.

- E. Financial Information (Attach the Following).
 - 1. Financial Statements for the last three fiscal years.
 - 2. Pro forma Balance Sheet as at start of operations at project site.
 - 3. Projected Profit and Loss Statements for first two years of operation at project site.
 - 4. Projected "Cash Flow" Statement, by quarters, for first year of operation at project site.

REPRESENTATIONS AND CERTIFICATION BY APPLICANT

The undersigned requests that this Application be submitted for review to the City of Utica Industrial Development Agency (the "Agency") and its Board of Directors.

Approval of the Application can be granted solely by this Agency's Board of Directors. The undersigned acknowledges that Applicant shall be responsible for all costs incurred by the Agency and its counsel in connection with the attendant negotiations whether or not the transaction is carried to a successful conclusion.

The Applicant further understands and agrees with the Agency as follows:

- 1. **Annual Sales Tax Filings**. In accordance with Section 858-b(2) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the Applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the Applicant and all consultants or subcontractors retained by the Applicant.
- 2. Annual Employment Reports. The Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the Applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site as well as tax benefits received with the action of the Agency. Failure to provide such reports as provided in the transaction documents will be an Event of Default under the Lease (or Leaseback) Agreement between the Agency and Applicant. In addition, a Notice of Failure to provide the Agency with an Employment Report may be reported to Agency board members, said report being an agenda item subject to the Open Meetings Law.
- 3. **Absence of Conflict of Interest**. The Applicant has consulted the Agency website of the list of the Agency members, officers and employees of the Agency. No member, officer, or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as herein after described (if none, state "none"):
- 4. **Hold Harmless**. Applicant hereby releases the Agency and its members, officers, servants, agents and employees from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the Project described therein or the tax

exemptions and other assistance requested therein are favorably acted upon by the Agency, (B) the Agency's acquisition, construction and/or installation of the Project described therein and (C) any further action taken by the Agency with respect to the Project; including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, 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 Agency or the Applicant are unable to reach final agreement with respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all costs incurred by the Agency in the processing of the Application, including attorneys' fees, if any.

- 5. The Applicant acknowledges that the Agency has disclosed that the actions and activities of the Agency are subject to the Public Authorities Accountability Act signed into law January 13, 2006 as Chapter 766 of the 2005 Laws of the State of New York.
- 6. The Applicant acknowledges that the Agency is subject to New York State's Freedom of Information Law (FOIL). Applicant understands that all Project information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.
- 7. The Applicant acknowledges that it has been provided with a copy of the Agency's recapture policy (the "Recapture Policy"). The Applicant covenants and agrees that it fully understands that the Recapture Policy is applicable to the Project that is the subject of this Application, and that the Agency will implement the Recapture Policy if and when it is so required to do so. The Applicant further covenants and agrees that its Project is potentially subject to termination of Agency financial assistance and/or recapture of Agency financial assistance so provided and/or previously granted.
- 8. The Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:
 - § 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would 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, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.
- 9. The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
- 10. The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemption claimed by reason of the Agency's involvement the Project.

- 11. The Applicant confirms and hereby acknowledges that as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) of the New York General Municipal Law.
- 12. The Applicant and the individual executing this Application on behalf of the Applicant acknowledge that the Agency will rely on the representations made herein when acting on this Application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

STATE OF NEW YORK)
Robert Myers , being first duly sworn, deposes and says:
1. That I am the Executive Director (Corporate Office) of The Kelberman Center The (Applicant) and that I am duly authorized on behalf of the Applicant to bind the Applicant.
2. That I have read the attached Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete. (Signature of Officer)
Subscribed and affirmed to me under penalties of perjury this 5 day of December, 2018. NINA M. WALLACE Notary Public, State of New York No. 01 WA6163455 Qualified in Oneida County (Notary Public) NINA M. WALLACE Notary Public State of New York No. 01 WA6163455 Qualified in Oneida County My Commission Expires 3/26/20
If the application has been completed by or in part by other than the person signing this application for the applicant please indicate who and in what capacity:
By:
Name: Christopher Rowand
Title: Consulting Developer
Date:

Return the original application and six copies with a check in the amount of \$250.00 made payable to: Utica Industrial Development Agency, 1 Kennedy Plaza, Utica, New York, Attn.: Jack N. Spaeth, Executive Director.