
APPLICATION FOR FINANCIAL ASSISTANCE

Oneida County Industrial Development Agency

153 Brooks Road
Rome, New York 13441-1405
(315) 338-0393 telephone
(315) 338-5694 fax

Shawna M. Papale, Executive Director

A non-refundable application fee of \$500.00 must be submitted at the time of application.

Please submit the original application and sixteen copies.

All applications must be submitted 10 days prior to meeting.

Champion Home Builders Co.-Titan Homes Plant

Name of Applicant

Number (to be provided by the agency)

Note to Applicant:

The information requested by this form is necessary to determine the eligibility of your project for Agency benefits. Please answer **all** questions, inserting "none" or "not applicable" where appropriate. If you are providing an estimate, please indicate by inserting "est" after the figure. Attach additional sheets if more space is needed for a response than is provided.

Return the original application and sixteen copies with a check in the amount of \$500.00 made payable to: **Oneida County Industrial Development Agency**, 153 Brooks Road, Rome, New York 13441-1405, Attn.: Shawna M. Papale, Executive Director.

All information contained in this application will be treated confidentially, to the extent permitted by law. Be advised that any action brought before the OCIDA is public information. All agenda's for the OCIDA are issued prior to full agency meetings and posted in public domain

By signing and submitting this Application, the Applicant acknowledges that it received a copy of the Uniform Tax Exemption Policy adopted by the Agency and Agency Memorandums pertaining to the benefits of projects financed through the Agency.

A project financed through the 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: Applicant Information

Note: In responding to the following questions, please keep in mind that the Applicant will be party to all of the documents and is the individual or entity which will receive the actual financial assistance from the Agency.

Applicant

- 1(a) Applicant's Legal Name: **Champion Home Builders Co.
Titan Homes Plant**
- 1(b) Principal Address: **951 Rt. 12 South, P. O. Box 177
Sangerfield, NY 13455-0177**
- 1(c) Telephone/Facsimile Numbers:
- | | | |
|-------|-------------------------|---------------------|
| | Sangerfield, NY: | Troy, MI |
| Voice | 315-841-4122 | 248-614-8221 |
| Fax | 315-841-3545 | 248-273-4230 |
-
- 1(d) Email Address: **ssalata@championhomes.net**
- 1(e) Federal Identification Number: **38-2744984**
- 1(f) Contact Person: **Steve Salata-Titan; Kevin Goethals-Corporate**
- 1(g) Is the Applicant a
- Corporation:
If yes, Public Private
If public, on which exchange is it listed?
 - Subchapter S
 - Sole Proprietorship
 - General Partnership
 - Limited Partnership
 - Limited Liability Corporation/Partnership
 - DISC
 - Other(specify) _____
- 1(h) State of Organization (if applicable): **Michigan**

Applicant's Stockholders, Directors and Officers (or Partners)

2(a) Provide the following information with respect to parties with 15% or more in equity holdings:

<u>Name</u>	<u>Home Address</u>	<u>Social Security No.</u>	<u>Percentage of Ownership</u>
Champion Enterprises, Inc.	755 W. Big Beaver Rd. Suite 1000 Troy, Michigan 48084	EIN# 38-2743168	100%

2(b) Is the Applicant, or any of the individuals listed in 2(a) above, related directly or indirectly to any other entity by more than 50% common ownership? If so, indicate name of such entity and the relationship.

Not applicable.

2(c) Is the Applicant affiliated with any other entity, directly or indirectly, other than as listed in the response to 2(a) above? If yes, please indicate name and relationship of such other entity and the address thereof:

Not Applicable.

Applicant's Counsel and Accountant

3(a). Applicant's Attorney

Name/Title: Jenny H. Kim, Associate Counsel
Firm: Corporate Legal Department- In House
Address: 755 W. Big Beaver Road, Suite 1000
Troy, MI 48084
Telephone/Fax: (248) 614-8214 (Telephone)
(248) 273-4268 (Facsimile)

3(b) Applicant's Accountant

Name/Title: _____
Firm: Ernst & Young LLP
Address: 777 Woodward Avenue, Suite 1000
Detroit, MI 48226
Telephone/Fax: (313) 628-8480 (Telephone)
(866) 298-0087 (Facsimile)

Business Description

4(a) Describe the nature of your business and principal products and/or services. Attach additional sheets if necessary.

Titan Homes is a manufacturer of HUD, MOD and Canadian manufactured homes. We are the leading producer of affordable housing in New York and New England.

Part II: Project Information

5(a) Explain your project in detail. This description should include explanation of all activities which will occur due to this project. Attach additional sheets if necessary.

Applicant is requesting an extension of the Payment-in-Lieu of Tax Agreement currently in effect and dated June 1, 1999, between Applicant and the Agency (the "PILOT"). Specifically, the Applicant requests that the benefits received under the PILOT be extended for an additional five years due to the profound decrease in business due to the economic downturn.

Reasons for Project

6(a) Please explain in detail why you want to undertake this project.

Applicant believes that an extension of the current PILOT program, i.e., the continuance of the current Pilot Payments as discussed in 5(a) above, is needed to control expenses and reduce layoffs.

6(b) Why are you requesting the involvement of the Agency in your project?

The parties to the PILOT are the Agency and the Applicant.

6(c) How will the Applicant's plans be affected if Agency approval is not granted?

If the Agency's approval is not granted, it will make it more difficult to compete and may jeopardize the long-term viability of the plant.

6(d) Is the proposed project reasonably necessary to discourage the Applicant from removing such other plant or facility to a location outside the State of New York?
[] Yes [X] No If yes, please explain briefly.

Is the proposed project reasonably necessary to preserve the competitive position of the Applicant in its respective industry? [X] Yes [] No If yes, please explain briefly.

As stated in 6(a) and (c) above, without the ability to control costs, not only will our competitive position be questionable but the long-term viability of the plant will be questionable as well.

6(e) Will financing by the Agency result in the removal or abandonment of a plant or other facility of the applicant or any related entity presently located in another area of New York State?

Yes No If yes, please explain briefly the reason for the move.

6(f) Has the Applicant or any related entity previously secured financial assistance in Oneida County (whether through the Agency, the Empire State Development Corporation, or any other entity)? Yes No

If yes, please explain (indicate date of benefit, location of facility and outstanding balance).

Variable Rate Demand Industrial Development Revenue Bonds issued on June 1, 1999, in the amount of \$6,820,000.

6(g) Has the Applicant or any related entity secured financial assistance anywhere within the United States within the last 90 days or does the Applicant or any related entity anticipate receiving financial assistance within the next 90 days? Yes No
If yes, please explain.

6(h) Check all categories best describing the type of project:

Manufacturing

Industrial Assembly or Service

Research and Development

Warehousing

Commercial or Recreational

Pollution Control (specify) _____

Other (specify) _____

6(i) Check all categories best describing the **scope of the project**:

- Acquisition of land
- Acquisition of existing building
- Renovations to existing building
- Construction of addition to existing building
- Demolition of existing building
- Construction of a new building
- Acquisition of machinery and/or equipment
- Installation of machinery and/or equipment
- Other (specify) Extension of the PILOT

6(j) Please indicate the financial assistance you are requesting of the Agency, and provide the estimated value of said assistance.

Assistance	Estimated Value
<input checked="" type="checkbox"/> Real Property Tax Abatement	\$44,000/year
<input type="checkbox"/> Mortgage Tax Exemption	\$ _____
<input type="checkbox"/> Sales and Use Tax Exemption	\$ _____
<input type="checkbox"/> Issuance by the Agency of Tax Exempt Bonds	\$ _____

Part III: Facility Information

Facility (Physical Information) If multiple locations please provide information on all.

7(a) Street Address of Facility:

951 Rt. 12 South

7(b) City, Town and/or Village:

*(Note: It is important that you list **all** incorporated municipalities in which the facility lies. This information will be used in scheduling a public hearing as required by statute.)*

Sangerfield, NY

7(c) School District:

Waterville

7(d) Tax Account Number(s):

305489 398.000-1-19

Attached copies of the most recent real property tax bills. Include copies for all taxing jurisdiction for the site/ facility that IDA assistance is being sought.

7(e) For what purpose was the facility site most recently used (i.e., light manufacturing, heavy manufacturing, assembly, etc.)?

Light Manufacturing

7(f) Zoning Classification of location of the project:

Industrial

7(g) Please describe in detail the facility to be acquired, constructed or renovated (including number of buildings, square footage, number of floors, type of construction,) and attach plot plans, photos or renderings, if available. ***Please be as specific as possible.***

Not Applicable.

7(h) Has construction or renovation commenced? Yes No

If yes, please describe the work in detail, including the date of commencement.

Not Applicable.

If no, indicate the estimated dates of commencement and completion:

Construction commencement: Not Applicable.

Construction completion: Not Applicable.

7(i) Will the construction or operation of the facility or any activity which will occur at the site require any local ordinance or variance to be obtained or require a permit or prior approval of any state or federal agency or body (other than normal occupancy and/or construction permits)?

Yes No

If yes, please describe.

Not Applicable.

7(j) Will the project have a significant effect on the environment? Yes No

Important: please attach Environmental Assessment Form to this Application.

7(k) What is the useful life of the facility? 50 years

7(l) Is the site in an Empire Zone? Yes No

If yes, which Empire Zone: _____

Is the business Empire Zone certified at this location: Yes No

Attach a copy of the last Business Annual Report filed. If not certified, explain why not:

Facility (Legal Information)

8(a) With respect to the **present owner** of the facility, please give the following information:
(Note: the present owner is not necessarily the user of the facility, but that party which holds legal title to the facility.)

Legal Name: The Agency is the Owner of the facility.

Address: _____

Telephone: _____

Balance of Mortgage: _____

Holder of Mortgage: _____

If the Applicant is not the present owner of the facility, please attach any written agreements and contracts concerning the acquisition of the real property and/or equipment.

Not applicable.

8(b) Is there a legal relationship, directly or indirectly, by virtue of common control or through related persons, between the Applicant and the present owner of the facility?
 Yes No. If yes, please explain.

8(c) Will a related real estate holding company, partnership or other entity, be involved in the ownership structure of the transaction?
 Yes No. If yes, please explain.

8(d) Will the title owner of the facility/ property also be the user of the facility?
 Yes No. If no, please explain.

The Agency leases the facility to the Applicant pursuant to that certain Lease Agreement dated as of June 1, 1999.

8(e) Is the Applicant currently a tenant in the facility? Yes No

8(f) Are you planning to use the entire proposed facility?
 Yes No

If no, please give the following information with respect to tenant(s) which will remain in the facility after the completion of the project:

<u>Name of Tenant</u>	<u>Floors Occupied</u>	<u>Square Feet Occupied</u>	<u>Nature of Business</u>
-----------------------	------------------------	-----------------------------	---------------------------

Not applicable

8(g) Are any of the tenants related to the owner of the facility?
 Yes No

If yes, please explain.

Not applicable.

8(h) Will there be any other users other than the applicant to the IDA be utilizing the facility?
 Yes No

If yes, please explain. Provide detail of the contractual arrangement including any financial exchange for the use of the site or property.

Not Applicable.

Equipment

9(a) List the principal items or categories of equipment to be acquired as part of the project. (As soon as one is available but prior to final authorizing resolution, please submit a detailed inventory of said equipment.)

Not Applicable.

9(b) Please provide a brief description of any equipment which has already been purchased or ordered, attach all invoices and purchase orders, list amounts paid and dates of expected delivery. Attach a sheet if needed.

Not Applicable.

9(c) What is the useful life of the equipment? Not Applicable.

Part IV: Employment Information

10(a) Estimate how many construction and permanent jobs will be created or retained as a result of this project.

Construction Jobs: None

Permanent Jobs to be created by Project at Applicant's facility: None

Permanent Jobs to be retained by Project at Applicant's facility: 75

10 (b) What is the applicant entity's current level of employment in Oneida County at the time of application.

At location to be assisted with the requested IDA benefits: 75

Other locations in Oneida County: None

Part V: Estimated Project Cost and Financing

11(a) List the costs necessary for the construction, acquisition or renovation of the facility. Do **not** 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 Land	<u>Not Applicable</u>
Acquisition of Building(s)	<u>Not Applicable</u>
Renovation Costs	<u>Not Applicable</u>
New Construction of Buildings	<u>Not Applicable</u>
Machinery and Equipment (other than furniture costs)	<u>Not Applicable</u>
Fixtures	<u>Not Applicable</u>
Installation Costs	<u>Not Applicable</u>
Fees (other than your own broker and legal fees)	<u>Not Applicable</u>
Legal Fees	<u>Not Applicable</u>
Architectural/Engineering	<u>Not Applicable</u>
Interest on Interim Financing	<u>Not Applicable</u>
Other (specify)	<u>Not Applicable</u>
Subtotal	<u>Not Applicable</u>
Agency Fee¹	5,000
Total Project Cost	5,000

¹See Attached Fee Schedule (Page 19) for Agency Fee amount to be placed on this line

11(b) What amount of the Total Project Cost is the Applicant requesting financing by the Agency?

None

Real Estate Taxes

12(a) For each tax parcel which comprises the facility, please provide the following information, using figures from the most recent tax year:

Tax Acct # 305489 398.000-1-19	Current Assessed Value (Land)	Current Assessed Value (Building)	Real Estate Taxes
School			89,099
County & Local			46,709

12(b) Address of Receiver of Town and/or Village Taxes:

Oneida County Commissioner of Finance
 800 Park Ave
 Utica, NY 13501

12(c) Address of Receiver of School Taxes:

Waterville Central School
 381 Madison St.
 Waterville, NY 13480

12(d) Will the completion of the proposed project result in the increase of the assessment of any of the parcels named above? [] Yes [X] No

If yes, please indicate which tax account numbers will be affected.

Financial Information

13(a) Has the Applicant contacted any bank, financial/lending institution or private investor with respect to the financing of the proposed project?

Yes No

If **yes**, please provide details.

Not Applicable.

13(b) Has the Applicant received a commitment letter for said financing?

Yes No

If **yes**, please submit a copy of said commitment letter along with this Application.

Not Applicable.

13(c) Please complete the Cost/Benefit Analysis form and attach to this Application.

REPRESENTATIONS AND CERTIFICATION BY APPLICANT

The undersigned requests that this Application be submitted for review to the Oneida County Industrial Development Agency's 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 OCIDA.
3. **Absence of Conflict of Interest.** The Applicant has received from the Agency a list of the 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:
4. **Hold Harmless.** Applicant hereby releases Oneida County Industrial Development Agency and the members, officers, servants, agents and employees thereof (the "Agency") 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 OCIDA has disclosed that the actions and activities of the OCIDA 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.

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.

Champion Home Builders Co.
Titan Homes Plant

By: 

Name: Roger K. Scholten

Title: Vice President and Secretary

Date: June 4, 2009

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: Stephen Salata

Title: Controller

Date: June 4, 2009

Return the original and sixteen copies of the application with a check in the amount of \$500.00 made payable to: **Oneida County Industrial Development Agency**, 153 Brooks Road, Rome, New York 13441-1405, Attn.: Shawna M. Papale, Executive Director.

Agency Fee Schedule

Commitment Fee: \$1,000 – due following the initial inducement but prior to scheduling of the public hearing; this amount is non-refundable if the applicant fails to close on the project before the IDA. Upon closing with the IDA this amount is applied to the legal closing fees.

Bond Fees: ½ of 1% of total bond amount

PILOT, Mortgage Recording Exemption, Sales Tax Exemption:

- Up to a \$1.0 Million project - \$5,000
- Above \$1.0 Million project up to \$10.0 Million project – ½ of 1% of total project cost.
- Above \$10.0 Million project – ½ of 1% of total project cost up to \$10.0 Million plus incremental increase of ¼ of 1% of total project above \$10.0 Million.

Other fees:

For an IDA property which requires follow up action – a 1/8 of one percent of the total reissuance, redemption, new or revised mortgage, refinancing, spreading agreement or other transaction requiring action of the IDA shall be 1/8 of one percent of total project amount for a minimum payment to the IDA of \$500.

Agency Counsel fee:

Agency Counsel fees in Bond and non bond transactions will not normally exceed the greater of (a) 2% of the Bond amount or project costs or (b) \$5,000 to \$8,500 in customary transactions.

Bond Counsel Fees:

Set by Bond Counsel based upon the nature and complexity of the transaction.

Annual Fee:

For the term in which the property remains in the IDA's name, an annual lease payment is due in the amount of \$500. This amount is due on the anniversary date of the first date of the month in which the IDA documents were executed. For annual fees not paid and delinquent, a late charge of \$50 per month will be levied until such time the fee plus late charges are paid.

WATERVILLE CENTRAL SCHOOL DISTRICT
381 MADISON STREET*Waterville, New York 13480
District Office (315)841-3900 | High School 841-3800 | Elementary School 841-3700
Fax 841-3939 | E-Mail WCS@watervilleschools.org

DATE: 22-Sep-08
 TO: Steve Salata - Champion Home Builders
 FROM: Charles Cowen
 RE: PILOT Agreement with Oneida County

	Year	Amount Due	Amount Paid	Amount Outstanding
1	1999-2000	\$41,299.00	\$41,299.00	\$0.00
2	2000-2001	\$41,299.00	\$41,299.00	\$0.00
3	2001-2002	\$41,299.00	\$41,299.00	\$0.00
4	2002-2003	\$41,299.00	\$41,299.00	\$0.00
5	2003-2004	\$41,299.00	\$41,299.00	\$0.00
6	2004-2005	\$48,900.16	\$48,900.16	\$0.00
7	2005-2006	\$52,881.11	\$52,881.11	\$0.00
8	2006-2007	\$52,893.65	\$52,893.65	\$0.00
9	2007-2008	\$54,544.77	\$54,544.77	\$0.00
10	2008-2009	\$59,399.47	\$0.00	\$59,399.47
TOTAL AMOUNT DUE				\$59,399.47

*OK
 Sent
 9/23/08*

The 2008-2009 amount due is calculated as two-thirds of the tax liability for the 2008-2009 fiscal year. Two-thirds of the tax liability is calculated as follows:

Assessed Value / 1,000 X Tax Rate X 2/3

2008-2009 ^{3,200,000} 3,410,000 / 1000 X 26.1288 X 2/3 =

*57,483.36
 38,322.24

 19,161.12*

\$59,399.47 / 2 = 29,699.74

total 89,099.21

paid 59,399.47

Simple 29,699.74

*OK
 9/23/08*

ANTHONY R. CARVELLI
COMMISSIONER

ONEIDA COUNTY

ANTHONY J. PICENTE, JR.
COUNTY EXECUTIVE



DEPARTMENT OF FINANCE

County Office Building ♦ 800 Park Avenue ♦ Utica, New York 13501
(315) 798-5750 ♦ Fax: (315) 735-8371 ♦ www.ocgov.net

December 31, 2008

PILOT #95

Champion Home Builders
P O Box 177
Sangerfield, NY 13455

Dear PILOT # 95 Account Holder,

Your payment in lieu of taxes for the taxable year of 2009 is as follows:

You are in year 8 of this PILOT agreement
Parcel I.D. Number: 5489 398.000-1-19
Tax Rate: 13.697589 (Town & County) - *raise of 1/1000 last year*
Percentage Due: 66.67% *OK*
Assessment: 3,410,000 *OK*
Amount Due: \$31,139.19 *OK*

ONC0023

TOTAL 46,709

Please return payment with a copy of this bill. Make check payable to the "Commissioner of Finance" and mail to the Oneida County Commissioner of Finance, 800 Park Avenue, Utica, New York 13501 by January 31, 2009 to avoid interest and penalty charges.

Very truly yours,
[Handwritten Signature]

Anthony Carvelli
Commissioner of Finance

SM
1/16/09

AC/bad

cc: File

14 - 16 - 4(287) - Text 12

SEQR

PROJECT I.D. NUMBER

617.21
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT/SPONSOR Champion Home Builders Co.-Titan Homes Plant	2. PROJECT NAME PILOT Extension
3. PROJECT LOCATION: Municipality: Sangerfield County : Oneida	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) 951 Rt 12 South Sangerfield, NY 13455	
5. IS PROPOSED ACTION: NA New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification <input type="checkbox"/>	
6. DESCRIBE PROJECT BRIEFLY: Extend benefits received in the PILOT agreement between the Applicant and the Agency dated June 1, 1999	
7. AMOUNT OF LAND AFFECTED: NA Initially acres Ultimately acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? X Yes If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential X Industrial Commercial <input type="checkbox"/> Agriculture Park/Forest/Open space Other Describe: Planned Development Aviation	
10. Does Action Involve A Permit Approval, Or Funding, Now Or Ultimately From Any Other Governmental Agency (Federal, State Or Local)? No If Yes, List Agency Name And Permit/Approval Building And Occupancy Permit From City Of Rome, NY.	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? No If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Application/sponsor Name: Champion Home Builders Co. Date: 6/5/09	
Signature: <u> <i>R. S.</i> </u>	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II – ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTION IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain Briefly:</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-5? Explain briefly:</p> <p>C7. Other impacts (including changes in use of either quantify or type of energy)? Explain briefly:</p>
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PART III – DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probably of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

<p><input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.</p> <p><input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impact AND provide on attachments as necessary, the reasons supporting this determination:</p>						
<p>_____</p> <p style="margin-left: 100px;">Type text</p> <p style="margin-left: 200px;">Name of Lead Agency</p>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p style="text-align: center;">Print or Type Name of Responsible Officer in Lead Agency</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p style="text-align: center;">Title of Responsible Officer</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p style="text-align: center;">Signature of Responsible Officer in Lead Agency</p> </td> <td style="border: none;"> <p>_____</p> <p style="text-align: center;">Signature of Prepared (If different from responsible officer)</p> </td> </tr> <tr> <td colspan="2" style="border: none; text-align: center;"> <p>_____</p> <p style="text-align: center;">Date</p> </td> </tr> </table>	<p>_____</p> <p style="text-align: center;">Print or Type Name of Responsible Officer in Lead Agency</p>	<p>_____</p> <p style="text-align: center;">Title of Responsible Officer</p>	<p>_____</p> <p style="text-align: center;">Signature of Responsible Officer in Lead Agency</p>	<p>_____</p> <p style="text-align: center;">Signature of Prepared (If different from responsible officer)</p>	<p>_____</p> <p style="text-align: center;">Date</p>	
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<p>_____</p> <p style="text-align: center;">Date</p>						

**ONEIDA COUNTY INDUSTRIAL DEVELOPMENT AGENCY
COST/BENEFIT ANALYSIS
Required by §859-a(3) of the
New York General Municipal Law**

**TO BE ATTACHED TO AND MADE PART OF APPLICATION TO THE
OCIDA**

NAME OF APPLICANT: Champion Home Builders Co.

DESCRIPTION OF PROJECT: Applicant is requesting an extension of the Payment-in-Lieu of Tax Agreement currently in effect and dated June 1, 1999, between Applicant and the Agency (the "PILOT"). Specifically, the Applicant requests an extension of the benefits received under the PILOT for an additional five years due to the profound decrease in business due to the economic downturn.

**NAME OF ALL SUBLESSEES OR
OTHER OCCUPANTS OF FACILITY:** Not Applicable.

PRINCIPALS OR PARENT OF APPLICANT: Champion Enterprises, Inc.

**PRINCIPALS OF ANY SUBLESSEE
OR OCCUPANT:** Not Applicable.

PRODUCT/SERVICES: Manufactured and Modular Homes

ESTIMATED DATE OF COMPLETION OF PROJECT: Not Applicable.

TYPE OF FINANCING/STRUCTURE: Tax-Exempt Financing
 Taxable Financing
 Sale/Leaseback
 Other- Bond Financing

TYPES OF BENEFITS RECEIVED:

- Taxable Financing
- Tax-Exempt Bonds
- Sales Tax Until Completion Date
- Mortgage Tax Abatement
- Real Property Tax Abatement

PROJECT COSTS -- CAPITAL INVESTMENT

*****NOT APPLICABLE*****

Land	_____	Cost per Acre	_____
Existing Building	_____		
Rehab of Existing Building	_____		
Construction of New Building	_____	Cost per Sq Ft.	_____
Addition or Expansion	_____	Cost per Sq Ft.	_____
Engineering and Architectural Fees	_____		
Equipment	_____	Cost per Sq Ft.	_____
Legal Fees			
Bank, Bond, Transaction, Company,			
Credit Provider, Trustee	_____		
Finance Charges			
Title Insurance, Environmental			
Review, Bank Commitment Fee,			
Appraisals, etc.	_____		
Agency Fee	5,000		
TOTAL COST OF PROJECT	5,000		
Job Revolving Fund Loan	_____		
Other Grants or Loans	_____		

COMPANY INFORMATION

Existing Jobs 75
Created Jobs (Year 3) 0
Retained Jobs 75

EARNINGS INFORMATION

County Spec Average Direct Jobs \$ _____
County Spec Average Indirect Jobs \$ _____
County Spec Average Construction Jobs \$ _____

MULTIPLIER INFORMATION

Indirect Job Rate 2.5

Sales Tax Rate (8.5%)

Mortgage Tax Rate (1%)

Assumed Real Property Tax Rate Per Thousand for Municipality where project is located: _____

Assumed Real Property Assessment of facility where IDA assistance is being sought: _____

Assumed NYS Income Tax rate on earnings 4.25%: _____

Note: \$1,000,000 in construction expenditures generates 22 person – years of employment

CALCULATION OF BENEFITS (3 – YEAR PERIOD)

NYS PERSONAL INCOME TAX RECEIVED

	<u>Total Earnings</u>	<u>Revenues</u>
Direct Jobs		
Created	0	0
Existing	\$4,378,204	\$22,437,137
Indirect Jobs-Not Applicable		
Created	_____	_____
Existing	_____	_____
Construction-Not Applicable		
Person Years	_____	_____
TOTALS	\$4,378,204	\$22,437,137

TAXABLE GOODS AND SERVICES

NA

	<u>Spending Rate</u>	<u>Expenditures</u>	<u>State and Local Sales Tax Revenues</u> <small>(Expenditure Column x .0825)</small>
Direct Jobs			
Created <small>(total earnings for direct jobs created x .36)</small>	36.0%	_____	_____
Existing <small>(total earnings for direct jobs existing x .36)</small>	36.0%	_____	_____
Indirect Jobs			
Created <small>(total earnings for indirect jobs created x .36)</small>	36.0%	_____	_____
Existing <small>(total earnings for indirect jobs existing x .36)</small>	36.0%	_____	_____
Construction			
Person yrs. <small>(total earnings for construction person yrs. x .36)</small>	36.0%	_____	_____
Totals	_____	_____	_____

Local (3 year) real property tax benefit (assuming _____% of jobs existing and created own a residence) with an average assessment of \$_____ and the remainder of jobs existing created pay real property taxes through rent based on an average assessment per apartment of \$_____.

Real Property Taxes Paid \$ 88,143

COSTS

Real Property Taxes Abated on Improvements Only (3-year period)	\$ 120,000
Mortgage Tax Abated	Not Applicable
Estimated Sales Tax Abated During Construction Period	Not Applicable

NOTE: If there is a tax-exempt financing of all or a portion of the project cost, there is a neutral cost/benefit because of lower interest rates by reason of exclusion of interest from gross income of bondholders for purposes of Federal and State income taxes. Taxable financing carries the same cost/benefit for State Income Tax purposes. Such cost/benefits cannot be quantified.