
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 \$250.00 must be submitted at the time of application, to be credited to the Company at closing.

Please submit the original application and sixteen copies.

All applications must be submitted 10 days prior to meeting.

omt (corrected) _____
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 \$250.00 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:

Oriskany Manufacturing, LLC

1(b) Principal Address:

1914 Dwyer Ave
Utica, NY 13501

1(c) Telephone/Facsimile Numbers:

315-732-4962

1(d) Email Address:

—

1(e) Federal Identification Number:

260004875

1(f) Contact Person:

Mark Mojave (315-534-4835)

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)

New York

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>
Michael J. Fitzgerald		067-68-5611	98%
Julianne Fitzgerald Julianne		098-60-3156	2%

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. *Yes.*

Broad Street Warehouse, LLC
Michael J. Fitzgerald - Principal

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: *Yes*

GMT owns a real estate holding company
Halligan & Roberts Realty, LLC
6049 Judd Road
Oriskany, NY #

Applicant's Counsel and Accountant

3(a). Applicant's Attorney

Name/Title: Carl Dziekan, Esq.
Firm: Steates, Remmell, Steates & Dziekan
Address: 4 Oxford Crossing
New Hartford, NY 13413
Telephone/Fax: 315-724-6175

3(b) Applicant's Accountant

Name/Title: Michael J. Reilly
Firm: Dannible & McKee, LLC
Address: 221 S. Warren Street
Syracuse, NY 13202
Telephone/Fax: 315-472-9127

Business Description

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

Oriskany Manufacturing (OMT) is a contract manufacturer and distributor of mass transit vehicle parts & components. OMT predominantly serves manufacturers of urban transit buses.

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.

The project entails relocation of existing operations from Dwyer Ave in Utica to the 2 Wurz Ave facility. Renovations will need to be made at Wurz Ave to accommodate equipment & production layout. In addition, an approximately 30,000 square foot light industrial pre-engineered metal building will be constructed and connected to the existing structure.

Reasons for Project

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

The project must be undertaken to accommodate increasing demands on current production capacity as a result of steady growth in sales. The existing facility in Utica is currently operating at maximum capacity and is absent of truck docks, clear-span or room at the site to expand.

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

Agency involvement is being requested in order to ensure that the project under consideration is economically feasible.

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

Without Agency approval the project is in jeopardy and Driskany Manufacturing is at risk of not being able to expand.

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 [] No If yes, please explain briefly.

In the absence of the ability to expand at Wurz Ave Applicant will continue to seek Alternative locations.

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

In order to remain competitive OMT must expand its production capacity. Its current facility at Dwyer Ave in Utica cannot accommodate growth.

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.

OMT would consolidate its operations into the Wurz Ave location.

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).

A \$200,000 Grant from ESTDC has been secured to underwrite costs associated with building renovation & expansion, as well as machinery and equipment purchase.

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) _____

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	\$ <u>147,220.⁸⁰</u> <i>+ 506,000 RESSES</i> <i>\$17,798.00/40</i> <i>\$1,77,980.-</i>
<input checked="" type="checkbox"/> Mortgage Tax Exemption	\$ <u>10,000.-</u>
<input checked="" type="checkbox"/> Sales and Use Tax Exemption <i>40% of 1329250</i>	\$ <u>5,000.- 48,292.-</u>
<input type="checkbox"/> Issuance by the Agency of Tax Exempt Bonds	\$ <u> </u>

Part III: Facility Information

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

7(a) Street Address of Facility:

2 Wurze Ave

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

New York Mills ; Whitestown ; New Hartford

(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.)

7(c) School District:

New York Mills Union Free

7(d) Tax Account Number(s):

317.010-1-53-2
317.010-1-48
317.010-5-1

Town of Whitestown
Town of Whitestown
Town of New Hartford

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 & warehousing.

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

M-1

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.**

See attached plot plan.

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

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

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

Construction commencement: JAN 30, 2009

Construction completion: MAY 1, 2009

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.

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? 40 years

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

If yes, which Empire Zone: Regionally Significant Project

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

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

See attached BAR.

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: Broad Street Warehouse, LLC

Address: 2 Wurz Ave
Yorkville, NY 13495

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.

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.

Michael J. Fitzgerald is common to ownership of Applicant and Owner.

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.

Broad Street Warehouse, LLC will enter into a long term lease with tenant, Driskany Mfg., LLC.

8(d) Will the title owner of the facility/ property also be the user of the facility?

[] Yes No. If no, please explain.

BSW, LLC is a real estate holding company only.

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

8(f) Are you planning to use the entire proposed facility? Yes.

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>
—	—	—	—

8(g) Are any of the tenants related to the owner of the facility?

[] Yes [] No

If yes, please explain.

NA

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.

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.)

Brazing Equipment (exhaust, ovens, etc)
Printing Equipment, security, HVAC, LIGHTING,
office furniture, computer

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.

To be included in 9(a)

9(c) What is the useful life of the equipment? 20 years

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 22
Permanent Jobs to be created by Project at Applicant's facility 35
Permanent Jobs to be retained by Project at Applicant's facility 55

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 5 FT; 1 PT
Other locations in Oneida County 50

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>50,000</u>
Acquisition of Building(s)	<u>100,000</u>
Renovation Costs	<u>100,000</u>
New Construction of Buildings	<u>1,279,750</u>
Machinery and Equipment (other than furniture costs)	<u>400,000</u>
Fixtures	<u>-</u>
Installation Costs	<u>75,000</u>
Fees (other than your own broker and legal fees)	<u>3500</u>
Legal Fees	<u>50,000</u>
Architectural/Engineering	<u>150,000</u>
Interest on Interim Financing	<u>40,000</u>
Other (specify)	<u> </u>
Subtotal	<u>2248250</u>
Agency Fee	<u>\$5,000</u>
Total Project Cost	<u>2253250</u>

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

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 #	Current Assessed Value (Land)	Current Assessed Value (Building Land)	Real Estate Taxes
317.010-1-53.2		\$10,000	\$498.17
317.010-1-48		\$504,000	\$28,931.92
317.010-5-1		\$200	\$14.07

\$ 29,444.16

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

1 Maple Street
 New York Mills, NY
 13417

12(c) Address of Receiver of School Taxes:

113 Main Street, PO Box 96
 Whitesboro, NY
 13492

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

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

#317.010-1-53.2
 #317.010-1-48

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.

The company is in the process of assessing financing costs associated with a mortgage on the facility.

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.

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.

(Applicant)

By: Michael J. Gigante

Name: _____

Title: _____

Date: _____

Return the original and sixteen copies of the application with a check in the amount of \$250.00 made payable to: **Oneida County Industrial Development Agency**, 153 Brooks Road, Rome, New York 13441-1405, Attn.: Shawna M. Papale, Secretary.

Revised: SP 1/25/07