
APPLICATION FOR FINANCIAL ASSISTANCE

Oneida County Industrial Development Agency
584 Phoenix Drive
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.

American Alloy Steel, Inc.

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.

1(h) State of Organization (if applicable) Texas

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>
Arthur J Moore	13327 Indian Creek Houston, TX 77079	438-30-7420	9.93%
Kathleen Covey	17110 Ledgefield Cypress, TX 77433	455-94-8763	14.80%
Barbara Kibling	7748 Park Falls Drive Houston, TX 77095	460-27-7823	20.01%
James Patrick Moore	11006 Sherwood Ridge Dr Houston, TX 77043	461-96-7131	23.07%
John Moore	13914 Tree Crossing San Antonio, TX 78247	461-96-7130	14.80%

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, Arthur J Moore owns:

Chickadee Properties, LP

Moore Services, Inc.

American Alloy Steel, Inc. owns:

American Alloy Steel of Canada, Inc.

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:

None

Applicant's Counsel and Accountant

3(a). Applicant's Attorney

Nam/Title: Christopher Giruzzi

Firm: Giruzzi Law Firm

Address: 301 Bleecker Street
Utica, NY 13501

Telephone/Fax: 315-733-0471 phone

3(b) Applicant's Accountant

Name/Title: Arnold Lipp – Tax, Raymie Daroga – Audit

Firm: UHY Advisors

Address: 12 Greenway Plaza, Suite 800
Houston, TX 77046

Telephone/Fax: 713-960-1706 phone
713-960-9549 fax

Business Description

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

- Wholesale distributor of steel plates and full service center.
- Sell various grades and thicknesses of carbon and alloy plates and roundbar.
- Custom flame cutting.

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.

In 2009 American Alloy Steel, Inc, completed a new industrial facility. The space had a warehouse with two bays for 54,000 SF and an office building for 3,975 SF. The warehouse is for the storage of the steel plates and the custom flame cutting operation.

After a few years of operation in the new facility, it has been determined that we need to expand the two bays by about 9,000 SF each or a total of 18,000 SF. Two new cranes will be added. Two of the existing cranes are being reworked.

Reasons for Project

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

Additional space is needed for the operation of the business.

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

We are interested in the tax incentives that are available for the project.

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

We will have to evaluate the cost overall for the project to determine if the project costs will fit in the budget.

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.

We have recently invested a lot of money to build a facility in the city of Rome. We have determined we need additional space so we want to utilize the facility to expand.

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.

We need more space to properly store the material needed to meet our business needs.

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).

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.

We are working on an equipment line of credit with our current bank, JPMorgan Chase. This line of credit is being set up to benefit all of the locations of American Alloy Steel, Inc.

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
[x] Real Property Tax Abatement	\$ <u>157,623</u> (a)
[] Mortgage Tax Exemption	\$ <u>0</u>
[x] Sales and Use Tax Exemption	\$ <u>70,945</u> (b)
[] Issuance by the Agency of Tax Exempt Bonds	\$ <u>0</u>

Part III: Facility Information

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

7(a) Street Address of Facility:

650HarborWay

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

Rome, NY 13440

*(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:

Rome, NY 13440

7(d) Tax Account Number(s):

242.020-0001-018.003

Attach 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.)?

Heavy Manufacturing

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

Manufacturing

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.**

The current two bays in the production and storage warehouse are being expanded. The size of the expansion of each bay will be 150 ft x 60 ft for a total of 18,000 square feet. Two

overhead cranes will be installed in the new addition. Two cranes in the existing facility will be reworked. The bays are one floor. The type of construction is a metal building with a metal roof.

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: Late April 2012

Construction completion: July 2012

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? 50 years

7(l) Is the site in an Empire Zone? [x] Yes [] No
If yes, which Empire Zone: Rome
Is the business Empire Zone certified at this location: [x] Yes [] No
Attached 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.)

LegalName: Chickadee Properties, LP

Address: 6230 North Houston Rosslyn Road
Houston, TX 77091

Telephone: 713-462-8081

Balance of Mortgage: \$2,904,680

Holder of Mortgage: Berkshire Bank

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.

Arthur J Moore is 100% owner of Chickadee Properties, LP. Arthur J Moore owns 9.93% of American Alloy Steel, Inc.

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.

Chickadee Properties, LP leases the facility to American Alloy Steel, Inc.

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

8(f) Are you planning to use the entire proposed facility?
[x] 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>
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8(g) Are any of the tenants related to the owner of the facility?
[x] Yes [] No
If yes, please explain.

There is common ownership between the owner of the facility and the tenant as described in 8(b) above.

8(h) Will there be any other users other than the applicant to the IDA be utilizing the facility?
[] Yes [x] 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.)

Two 20 ton overhead cranes will be purchased. These will be used in the newly constructed area. Two of the cranes in the existing building will be reworked.

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.

None

9(c) What is the useful life of the equipment? 10 to 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 0

Permanent Jobs to be created by Project at Applicant's facility 13 over ten years

Permanent Jobs to be retained by Project at Applicant's facility 23

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 23

Other locations in Oneida County 0

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	0
Acquisition of Building(s)	0
Renovation Costs	0
New Construction of Buildings	1,572,000
Machinery and Equipment (other than furniture costs)	400,000
Fixtures	0
Installation Costs	0
Fees (other than your own broker and legal fees)	0
Legal Fees (IDA legal fees, Applicant legal fees)	15,000
Architectural/Engineering	35,000
Interest on Interim Financing	0
Other (specify)	_____
Subtotal	_____
Agency Fee¹	5,000
Commitment Fee	_____
Total Project Cost	2,027,000

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?

0

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)	Real Estate Taxes
242.020-001-018.003		4,450,000	29,035.96 City of Rome
			41,870.31 Rome City School District
			13,162.25 PILOT Agreement

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

Office of the City Treasurer - Rome City Hall
198 N. Washington Street
Rome, NY 13440-5815

12(c) Address of Receiver of School Taxes:

Rome City School District
409 Bell Road
Rome, NY 13440

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

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

242.020-0001-018.003

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.

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.

American Alloy Steel, Inc.
(Applicant)

By: 

Name: Arthur J Moore

Title: President

Date: 2/1/12

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: Laurie Vice

Title: Vice President / CFO

Date: 2/1/12

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

IDA Agency Fee: 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.

Agency Counsel fee:

Set by Bond/Transaction Counsel based upon the nature and complexity of the transaction. This applies to bond and non-bond transactions (leasebacks, sale-leasebacks, etc).

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) a minimum is in customary transactions \$6,500 to \$8,500.

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.

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.

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

AAS

Name of Applicant:

Description of Project:

Name of All Sublessees or Other Occupants of Facility:

Construction of addition to an existing building
 acquisition of equipment

Principals or Parent of Applicant:

Products or Services of Applicant to be produced or carried out at facility:

Wholesale distributor of steel plate
 & full service center

Estimated Date of Completion of Project:

Jul-12

Type of Financing/ Structure:

- Tax-Exempt Financing
- Taxable Financing
- Sale/ Leaseback
- Other: Lease Leaseback

Type of Benefits being Sought by Applicant:

- Taxable Financing
- Tax-Exempt Bonds
- Sales Tax Exemption on Eligible Expenses Until Completion
- Mortgage Recording Tax Abatement
- Real Property Tax Abatement

Project Costs

Land	0
Existing Building	
Existing Bldg. Rehab	
Construction of New Building	0
Addition or Expansion	1572000
Engineering/ Architectural Fees	35000
Equipment	400000
Legal Fees (Bank, Bond, Transaction, Credit Provider, Trustee)	15000
Finance Charges (Title Insurance, Environmental Review, Bank Commitment Fee, Appraisal, Etc.)	0
Agency Fee	5000
Other (provide detail)	
TOTAL COST OF PROJECT	2027000

Assistance Provided by the Following:

EDGE Loan:	
MVEDD Loan:	
Grants - Please indicate source & Amount:	
Other Loans - Please indicate source & Amount:	

Company Information

Existing Jobs
Created Jobs (over three years)
Retained Jobs

23
13
23

Average Salary of these Positions

51503
42000
51503

over 10 years

Earnings Information for Oneida County

Average Salary of Direct Jobs for Applicant
Average of County Indirect Jobs
Average of Construction Jobs

51503
25000
32000

Note: \$1,000,000 in construction expenditures generates 22 person - years of employment
Construction Person Years of Employment:

30

Calculation of Benefits (3 Year Period)

Direct Jobs

Created	2008617	Total Earnings	Revenues
Existing	3553707		85366,2225
			151032,5475

Indirect Jobs

Created	2437500		103593,75
Existing	4312500		183281,25

Construction - only one year

Person Years	960000		40800
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TOTALS Calculation of Benefits (3 Year Period)

	13272324		564074
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TAXABLE GOODS & SERVICES

	Spending Rate	Expenditures	State & Local Sales Tax Revenues
Direct Jobs	Created	723102.12	70502.4567
	Existing	1279334.52	124735.1157
Indirect Jobs	Created	877500	85556.25
	Existing	1552500	151368.75
Construction - only one year	Person Years	345600	33696
TOTAL TAXABLE GOODS & SERVICES		4778037	465859

Local (3 year) real property tax benefit (assuming 60% of jobs existing and created own a residence) with an average assessment of \$80,000 and the remainder of jobs existing created pay real property taxes through tent based on an average assessment per apartment of \$50,000.

1728000

Tax Rate for School District where facility is located:
 Tax Rate for Municipality where facility is located:
 Tax Rate for County:

720000

Real Property Taxes Paid: 131041.44

COSTS:

Real Property Taxes Abated on Improvements Only (3 yr. Period): 157,623 Amount of Taxes that would be abated by applying P.L.01.

Mortgage Tax Abated (1.0%) 70,945 Where in the construction and Retail cases times the NYS & Local Sales tax

Estimated Sales Tax Abated During Constructions Period (8.75%) 70,945

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.

Reral Estate Abatement Calculations
 Oneida County Industrial Development Agency
 For the Request Process in February 10, 2012

Project Cost	Discounted Assessment	Tax Rate	Abatement	Yearly Abatement	3 Yr Abatement
2,027,000.00	1,472,210.10	53.53	66.67%	52,540.90	157,622.69

ROME CITY SCHOOL DISTRICT

409 Bell Road
Rome, New York 13440



DIANE A. DELUDE
DISTRICT TREASURER

Telephone (315) 338-6561
ddelude@romecsd.org

Fax: (315) 334-4083

October 17, 2011

✓ Chickadee Properties, L.P.
Laurie Brooks, Vice-President/CFO
6230 N. Houston Rosslyn Road
Houston TX 77091

Dear Ms. Brooks:

The following in lieu of tax payment is due to the Rome City School District for the tax year 2011/12.

<u>Tax Map #</u>	<u>Assessment</u>	<u>Tax Rate</u>	<u>% Due</u>	<u>Amount Due</u>
242.020-0001-018.003	\$4,450,000.00	28.23	0.3333	\$41,870.31

1/2 Payment Due By October 31, 2011 \$20,935.16

1/2 Payment Due By April 30, 2012 \$20,935.15

Year 10/11 - 14/15 1/3 of taxes due

Year 15/16 - 19/20 2/3 of taxes due

Please make checks payable to the **Rome City School District**.

If you have any questions, please feel free to contact me. This billing is based on your current assessment, as provided by the City Assessor.

Sincerely,

Diane A. DeLude

Diane A. DeLude
District Treasurer

Olly Khanna

Codeto

3051-009

5477,000

80%

JAMES F. BROWN
Mayor



FRANK PUMA
City Treasurer
(315) 339-7678

PASQUALE A. LISANDRELLI
Deputy Treasurer
(315) 339-7680

OFFICE OF THE CITY TREASURER
ROME CITY HALL, 198 N. WASHINGTON STREET
ROME, NEW YORK 13440-5815
Fax: (315) 838-1165
www.rome-ny.gov

January 3, 2011

Chickadee Properties, L.P.
Attn: Laurie Brooks, VP/CFO
6230 North Houston Rosslyn Road
Houston, Texas 77091

to be paid out of AAs

Dear Ms. Brooks:

The following in lieu of tax payment is due the City of Rome for the year 2011:

<u>Tax Map #</u>	<u>Assessment</u>	<u>Tax Rate</u>	<u>%Due</u>	<u>Amount Due</u>
242.020-0001-018.003	\$ 4,450,000	19.57	0.167	14,517.98

Total Due By April 30, 2011	\$ 14,517.98
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<u>Tax Map #</u>	<u>Assessment</u>	<u>Tax Rate</u>	<u>%Due</u>	<u>Amount Due</u>
242.020-0001-018.003	\$ 4,450,000	19.57	0.167	14,517.98

Total Due By October 31, 2011	\$ 14,517.98
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29035.96

Years 2010 - 2014 (Years 1-5)	0.333%
Years 2015 - 2019 (Years 6-10)	0.667%

Code to

3051-001

PLEASE MAKE CHECK PAYABLE TO THE CITY TREASURER.

PLEASE MAIL CHECKS TO MY ATTENTION AND DO NOT COMBINE WITH ANY OTHER TAX PAYMENTS.

Payments are due by the dates listed above. If you have any questions please call me at 339-7688

Sincerely,

Dianne Schink
City Accountant
Treasurer's Office

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, 2010

PILOT #159

Handwritten:
AV
1/11/11
3051-001

Chickadee Properties, LP
Attn: Laurie Brooks, VP/CFO
6230 N. Houston Rosslyn Rd
Houston, TX 77091

Dear PILOT # 159 Account Holder,

Your payment in lieu of taxes for the taxable year of 2011 is as follows:

You are in year 2 of this PILOT agreement
Parcel I.D. Number: 242.020-0001-018.003
Tax Rate: 8.873425
Percentage Due: 33.33%
Assessment: \$ 4,450,000
Amount Due: \$13,162.25

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 February 28, 2011 to avoid interest and penalty charges.

Very truly yours,

Anthony Carvelli
Commissioner of Finance

AC/bad

cc: File

2010 BUSINESS ANNUAL REPORT (BAR) PLEASE REFER TO THE INSTRUCTIONS

A. Business Certification Information: Please fill in blanks or change as necessary

Organization Name American Alloy Steel, Inc.	Federal Employer Identification (FEIN)# 74-1688398
Address/es in the Zone: 650 Harbor Way Rome, New York 13440	Date of Certification Approval 9/14/2007
Contact Person: Name: Laurie Vice Phone: 713-744-4209 Fax: 713-462-0527 E-mail laurie@asteel.com	Contact Person Change: (if applicable) Name: Phone: Fax: E-mail
Mailing Address P. O. Box 40469 Houston, Texas 77240	Mailing Address Change: (if applicable)

B. Employment Data For the 2010 Reporting Year:

PLEASE REFER TO THE INSTRUCTIONS for definitions of Full-Time, Part-Time and Full-Time Equivalent Jobs.

Calculate the average of the last four quarters ending March 31st, June 30th, September 30st and December 31st for all locations within this zone only. Use the worksheet provided in the instructions. (INCLUDE LEASED EMPLOYEES)

Full-Time Jobs: 22 Part-Time Jobs: 0

Of the Part-Time Jobs listed above, calculate the number of Full-Time Equivalents: (REFER TO INSTRUCTIONS) -

Net new jobs created in the zone during 2010: 0 Average starting hourly wage of jobs created: -

Report the total number of full-time and part-time covered employees for the third month of each quarter in 2010 as shown on the business' NYS-45-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Returns filed with the Department of Labor in 2010:

1st quarter 22 2nd quarter 22 3rd quarter 22 4th quarter 22

Gross Annual Wages and Benefits: Exclude executive officers. For wages and benefits, add the gross totals for all four quarters ending on March 31st, June 30th, September 30th and December 31st.

For this zone location (s): 1,142,871
 For all zone locations: 1,142,871
 For all NYS locations: 1,142,871

C. Capital Investments: List investments for all locations within this zone only for the 2010 taxable year. Do not include investments from previous reporting periods. DO NOT INCLUDE OPERATING EXPENSES.

Business acquisition	\$ <u>0</u>	Production Equipment	\$ <u>53,238</u>
New Construction	\$ <u>0</u>	Office Equipment	\$ <u>0</u>
Renovation	\$ <u>0</u>	Other (please explain)	\$ <u>0</u>
Real Property Acquisition	\$ <u>0</u>		

TOTAL INVESTMENTS \$ 53,238

D. Use of Tax Credits For all locations within this zone only. If certified in other zone(s), complete separate BAR(s) for each separate zone location. Provide the actual credit used for the 2010 tax year, or, if the actual amount of credit is not known, provide an estimate. PLEASE REFER TO INSTRUCTIONS WHEN COMPLETING THIS REPORT.

Type of Credit (Do not include carry forward amount)	Amount of Actual or Estimate Credit
<u>Wage Tax Credit (WTC) for 2010 tax year:</u> Found on Tax Form CT601-line 32 or, Form IT601-line 36.	\$ <u>0</u>
<u>WTC Refund (if applicable):</u> Found on Tax Form CT601-line 36a or, Form IT 601- line 40.	\$ <u>0</u>
<u>Investment Tax Credits (ITC) and Employment Incentive Credit (EIC) Credits for 2010 tax year:</u> Found on Tax Form CT603: add ITC-line 18 plus EIC-line 23; or Found on Tax Form IT603: ITC and EIC combined-line 27; or For Financial Service Industry – Found on Tax Form CT605: ITC and EIC combined-line 28	\$ <u>0</u>
ITC Refund: (if applicable): Found on Tax Form CT603-line 20a; or, ITC and EIC combined Refund (if applicable): Found on IT603-line 29; or For Financial Service Industry (if applicable) – Found on Tax Form CT605-line 32	\$ <u>0</u>
<u>QEZE Sales Tax Exemption/Refund:</u> Used in 2010 based on qualifying taxable purchases.	\$ <u>0</u>
<u>QEZE Real Property Tax Credit:</u> For businesses certified prior to 4/1/05 found on Tax Form CT606-line 27, or Form IT606-line 24. For businesses certified on or after 4/1/05 found on CT606-line 61 or IT606-line 52.	\$ <u>0</u>
<u>QEZE Tax Reduction Credit:</u> For businesses certified prior to 4/1/05 found on Tax Form CT604-line 24 or Form IT604-line 35. For businesses certified on or after 4/1/05 found on Tax Form CT604 Line 54 or Form IT604-line 70.	\$ <u>0</u>

E. Voluntary Decertification Only - Surrender of Certificate:

Check this box if you wish to discontinue your participation in the Empire Zones Program.

F. Signature

I hereby attest that the information contained in this report is true and correct to the best of my knowledge.

Laurie Vice 12/7/11
 Signature of Responsible Officer of the Business (Name and Title) Date

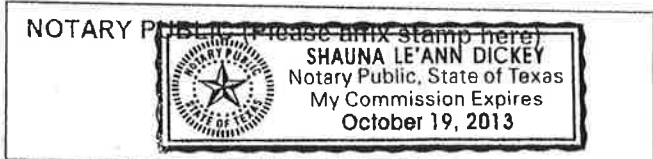
Laurie Vice Vice President / CFO
 Please Print Name and Title of Responsible Officer of the Business

Texas
 State of ~~New York~~)

County of Harris) ss:

On the 7th day of December (month) 2011 (year), before me personally appeared (name) Laurie Vice to me known, who being by me duly sworn, did depose and say that he/she resides at (address) 7820 Northwinds Dr, Missouri City, TX 77459 that he/she is the (title) VP / CFO of (business entity) American Alloy Steel, the business entity described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by the authority granted by such business entity.

Shauna Le Ann Dickey
 Notary Signature



NOTE: Data contained on this Business Annual Report is public information, with the exception of the business' Federal Employee Identification Number (FEIN). Additionally, Empire State Development (ESD) will be sharing the data on this Business Annual Report with the NYS Department of Taxation and Finance.

Customer Survey 2012

Please correct any existing data that may be in error
Thank You!

Business Name	American Alloy Steel, Inc.
Business Address (If different from previous year)	Same
Telephone	713-462-8081 (Corporate Office)
President/CEO/Owner	Arthur J Moore
President/CEO/ Owner Email	ajm@aasteel.com
Communications Contact (Name, Title)	Laurie vice Vice President / CFO
Communications Contact Email	laurie_v@aasteel.com
Industry (please provide NAICS Code if known)	332313
Products/Services Provided	Steel Plate + Roundbar
Average Annual Salary (plus benefits)	<input type="checkbox"/> Under \$40,000 <input checked="" type="checkbox"/> \$40,000-60,000 <input type="checkbox"/> \$60,000-\$80,000 <input type="checkbox"/> Over \$80,000
Are you any of the following (Check all that apply)	<input type="checkbox"/> Woman-owned <input type="checkbox"/> Minority-owned <input type="checkbox"/> Family Business
# of anticipated employee changes in next 12 months	None
Do you anticipate any changes to your facility/plant in the next year?	No
Will you be purchasing any new equipment?	Possibly, still evaluating
What percentage of your sales are to businesses within New York State?	87%
What percentage of your sales are international?	30%
How would you like to receive communication from EDGE? (Check all that apply)	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Email <input type="checkbox"/> Social Media <input type="checkbox"/> All
Employment Data: (Please list your business's aggregate number of employees by their Zip Code of residence on the back of this form)	22 Total number of jobs at BEGINNING of reporting period (1/1/2010) 0 Number of jobs created during reporting period 0 Number of jobs lost from previous year 0 Number of jobs relocated to site during 2010 22 Total number of jobs at END of reporting period (12/21/2010) 22 Total number of jobs currently
Utility Rate Reductions: Does your business presently receive utility discounts from?	Niagara Mohawk <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "yes" estimated annual amount of discount \$ _____ Verizon <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "yes" estimated annual amount of discount \$ _____ Other (Identify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "yes" estimated annual amount of discount \$ _____
Other Comments?	

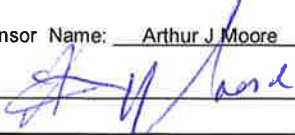
Please Return to Mohawk Valley EDGE by 12/21/11- THANK YOU!
584 Phoenix Road, Rome, NY 13441
315-338-0393 (fax) 315-338-5694
If you would prefer this form via email contact pzawko@mvedge.org

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 American Alloy Steel, Inc.	2. PROJECT NAME Rome Facility Expansion
3. PROJECT LOCATION: Municipality City of Rome County Oneida	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) 650 Harbor Way Rome, NY 13440	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Modification	
6. DESCRIBE PROJECT BRIEFLY: The two existing bays are being expanded by 18,000 square feet. Each bay addition will be 150 ft by 60 ft. Two new cranes are being installed in the new addition and two existing cranes will be reworked.	
7. AMOUNT OF LAND AFFECTED: Initially acres 1.25 Ultimately 1.25 acres Total Property Area: 6 Acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other Describe:	
10. Does Action Involve A Permit Approval, Or Funding, Now Or Ultimately From Any Other Governmental Agency (Federal, State Or Local)? <input checked="" type="checkbox"/> Yes No If Yes, List Agency Name And Permit/Approval Building And Occupancy Permit From Site Plan Approval – City of Rome Planning Board; Building Permit – City of Rome Codes Enforcement Office	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Application/sponsor Name: <u>Arthur J Moore</u>	Date: <u>2/1/12</u>
Signature: 	

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 checked="" type="checkbox"/> No</p>
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTION IN 6NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input checked="" 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: No</p> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: No</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: No</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: No</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: No</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-5? Explain briefly: No</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 checked="" 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 checked="" 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>Name of Lead Agency</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"> <p>_____</p> <p>Print or Type Name of Responsible Officer in Lead Agency</p> </td> <td style="width: 50%; padding: 5px;"> <p>_____</p> <p>Title of Responsible Officer</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>_____</p> <p>Signature of Responsible Officer in Lead Agency</p> </td> <td style="padding: 5px;"> <p>_____</p> <p>Signature of Prepared (If different from responsible officer)</p> </td> </tr> </table>	<p>_____</p> <p>Print or Type Name of Responsible Officer in Lead Agency</p>	<p>_____</p> <p>Title of Responsible Officer</p>	<p>_____</p> <p>Signature of Responsible Officer in Lead Agency</p>	<p>_____</p> <p>Signature of Prepared (If different from responsible officer)</p>
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<p>_____</p> <p>Date</p>				