

# APPLICATION FOR FINANCIAL ASSISTANCE



## Eligibility Questionnaire - Applicant Background Information

Answer all questions. Use "None" or "Not Applicable" where necessary.

### **Applicant Information-company receiving benefit:**

Project Name: Command Center / Training Center \_\_\_\_\_

Applicant Name: Stark Real Estate Holdings, LLC \_\_\_\_\_

Applicant Address: 95 Stark Street, Buffalo, NY 14150 \_\_\_\_\_

City/Town: Tonawanda \_\_\_\_\_ State: NY \_\_\_\_\_ Zip: 14150

Phone: 716.693.4490 \_\_\_\_\_

Website: starktechgroup.com \_\_\_\_\_ E-mail: urschelr@starktechgroup.com \_\_\_\_\_

NAICS: 531120 \_\_\_\_\_

### **Business Organization (check appropriate category):**

- |                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| Corporation         | <input type="checkbox"/> | Partnership               | <input type="checkbox"/>            |
| Public Corporation  | <input type="checkbox"/> | Joint Venture             | <input type="checkbox"/>            |
| Sole Proprietorship | <input type="checkbox"/> | Limited Liability Company | <input checked="" type="checkbox"/> |

Other (specify) \_\_\_\_\_

Year Established: 2020 \_\_\_\_\_ State in which Organization is established: New York \_\_\_\_\_

1. Complete the table, below, by identifying, in each instance, if the Applicant:

- (i) owns a 25% or more interest in real property within Erie County, NY, and then note in the “Comments” column if any past due real property taxes, special district charges, and/or PILOT payments remain outstanding for such parcel(s) of real property;
- (ii) holds a 25% or more interest in any entity that owns a 25% or more interest in real property within Erie County, NY, and then note in the “Comments” column if any past due real property taxes, special district charges, and/or PILOT payments remain outstanding for such parcel(s) of real property.

If NO to both scenarios (i) and (ii), proceed to the next question, otherwise, please complete the table as requested.

Name the Person/Entity Property Owner	Relationship to Applicant	Property Address	Comments
Stark Holding		95 Stark Street, Tonawanda, NY	None
Stark Holding		60 Lawrence Bell Drive Williamsville, NY	None
Stark Holding		2100 Wehrle Drive Williamsville, NY	None
Stark Holding		45 Stark Street, Tonawanda, NY	None

2. Complete the table, below, by identifying, in each instance, if an OWNER of the Applicant, being a person/entity holding a 25% or more ownership interest in the Applicant:

- (i) owns a 25% or more interest in real property within Erie County, NY, and then note in the “Comments” column if any past due real property taxes, special district charges, and/or PILOT payments remain outstanding for such parcel(s) of real property;
- (ii) holds a 25% or more interest in any entity that owns real property, within Erie County, NY, and then note in the “Comments” column if any past due real property taxes, special district charges, and/or PILOT payments remain outstanding for such parcel(s) of real property.

If NO, to both scenarios (i) and (ii), proceed to the next question, otherwise, please complete the table as requested.

Name the Person/Entity Property Owner	Relationship to Applicant	Property Address	Comments
Timothy Geiger	Part Owner	See Above	None
Randy Urschel	Part Owner	See Above	None

**Individual Completing Application:**

Name: Randy Urschel  
Title: Member  
Address: 95 Stark Street  
City/Town: Tonawanda State: NY Zip: 14150  
Phone: 716-693-4490 E-Mail: [urschelr@starktechgroup.com](mailto:urschelr@starktechgroup.com)

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

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Company Counsel:**

Name of Attorney: Brian Lewandowski  
Firm Name: Lewandowski & Associates  
Title: Partner  
Address: 721 Center Road  
City/Town: Buffalo State: NY Zip: 14224  
Phone: 716-674-4710 E-Mail: [blewandowski@lewandowskiandassoc.com](mailto:blewandowski@lewandowskiandassoc.com)

**Benefits Requested (select all that apply):**

- 1. Exemption from Sales Tax  Yes or  No
  - 2. Exemption from Mortgage Tax  Yes or  No
  - 3. Exemption from Real Property Tax  Yes or  No
  - 4. Tax Exempt Financing \*  Yes or  No
- \* (typically for not-for-profits & small qualified manufacturers)**

**Applicant Business Description:**

Describe in detail company background, history, products and customers. Description is critical in determining eligibility: See attachment A

---

---

---

---

Estimated % of sales within Erie County: 70%  
Estimated % of sales outside Erie County but within New York State: 20%  
Estimated % of sales outside New York State but within the U.S.: 10%  
Estimated % of sales outside the U.S.: \_\_\_\_\_  
(\*Percentage to equal 100%)

For your operations, company and proposed project what percentage of your total annual supplies, raw materials and vendor services are purchased from firms in Erie County 70 %

Describe vendors within Erie County for major purchases: IRR Supply

---

---

---

---

**Eligibility Questionnaire - Project Description & Details**

Address of Proposed Project Facility: 60 Lawrence Bell, Williamsville, NY 14221 & 2100 Wehrle Drive Williamsville, NY 14221\_\_\_\_\_

City/Town: Williamsville School District: Williamsville\_\_\_\_\_

Current Address (if different): \_\_\_\_\_

City/Town: Williamsville State: NY Zip: 14221\_\_\_\_\_

SBL Number(s) for proposed Project \_\_\_\_\_

What are the current real estate taxes on the proposed Project site? Lawrence Bell ~\$ / Wehrle Drive ~ \$48,000

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

Land: \$\_\_\_\_\_ Buildings(s): \$\_\_\_\_\_ ***If available include a copy of current tax receipt.***

Are Real Property Taxes current at project location?  Yes or  No. If no, explain: \_\_\_\_\_

Does the Applicant or any related entity currently hold fee title or have an option/contract to purchase the Project site?  Yes or  No If No, indicate name of present owner of the Project site: \_\_\_\_\_

Describe the present use of the proposed Project site (vacant land, existing building, etc.):

2100 Wehrle – Existing Building Currently Vacant  
60 Lawrence Bell – Existing Building, Currently Fully Occupied

Provide narrative and purpose of the proposed project (new build, renovations) square footage of existing and new construction contemplated and/or equipment purchases. Identify specific uses occurring within the project. Describe any and all tenants and any/all end users: (This information is critical in determining project eligibility):

Both properties need renovations of existing buildings – 50,000 sq. ft; proposed addition to Lawrence Bell of 10,000 Sq. Ft. Renovations at Wehrle Drive for Command Center / Training Center/ Central Offices. Tenant would be Stark Tech Group

Will the completion of the Project result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state OR in the abandonment of one or more plants or facilities of the project occupant located within the state?  Yes or No

If the Proposed Project is located in a different municipality within New York State in which current operations are being undertaken, is it expected that any of the facilities in any other municipality will be closed or be subject to reduced activity?  Yes or No  If Yes, you will need to complete The

Intermunicipal Move Determination.

Is the project reasonably necessary to prevent the project occupant from moving out of New York State?  Yes or  No. If yes, explain and identify out-of-state locations investigated, type of assistance offered and what competitive factors led you to inquire about sites outside of New York State? Provide supporting documentation if available: Stark owns commercial property in Florida and could use that property for National Command Center / Training Center which is needed because our out of state business is rapidly growing. The St. Pete Branch has offered incentives to move corporate headquarters, the command center, and training center to their city. We prefer, however, to continue our growth plan in Western New York. See attachment B.

Have you contacted or been contacted by other Local, State and/or Federal Economic Development Agencies?  Yes or  No. If yes, indicate the Agency and nature of the inquiry below: \_\_\_\_\_

Describe the reasons why the Agency's financial assistance is necessary, and the effect the Project will have on the Applicant's business or operations. Focus on competitiveness issues, project shortfalls, etc... Your eligibility determination will be based in part on your answer (attach additional pages if necessary): We will leverage the savings to move quickly, and higher additional employees needed for software development. In addition, the building is old and in need of both interior and exterior improvements.

Confirm by checking the box, below, if there is likelihood that the Project would not be undertaken but for the financial assistance provided by the Agency?  Yes or  No

If the Project could be undertaken without financial assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency:

The project should be undertaken by the Agency, because our out of area business is rapidly growing, and at a faster rate than our local New York State business. We intend to utilize and house local labor to centralize our administration functions, software development, training and command center. We prefer to keep our current jobs in Erie County, adding to the employee-base here. There will be no negative impact on the jobs at our Tonawanda office. The employees that will move to the Williamsville location are overflow, as we have outgrown our facility in Tonawanda.

If the Applicant is unable to obtain financial assistance for the Project, what will be the impact on the Applicant and Erie County?

The building at 2100 Wehrle has been vacant for years. If financial assistance is provided, it would help secure our decision to keep our administration, command center and training center in Erie County at 2100 Wehrle Drive.

Will project include leasing any equipment?  Yes or  No If Yes, describe: \_\_\_\_\_

**Site Characteristics:**

Is your project located near public transportation?  Yes or  No. If yes describe if site is accessible

by either metro or bus line (provide route number for bus lines): Bus Route 47/48

---

---

Has a project related site plan approval application been submitted to the appropriate planning department?  Yes or  No

If Yes, include the applicable municipality's and/or planning department's approval resolution, the related State Environmental Quality Review Act ("SEQR") "negative declaration" resolution, if applicable, and the related Environmental Assessment Form (EAF), if applicable.

If No, list the AIDA as an "Involved Agency" on the related EAF that will be submitted to the appropriate municipality and/or planning department for site plan approval.

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

What is present zoning/land use: \_\_\_\_\_ What is required zoning/land use, if different: \_\_\_\_\_

---

---

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

---

---

Is the proposed project located on a site where the known or potential presence of contaminants is complicating the development/use of the property?  Yes or  No If yes, explain:

---

---

---

Has a Phase I Environmental Assessment been prepared or will one be prepared with respect to the proposed project site?  Yes or  No If yes, the AIDA may request a copy.

Have any other studies or assessments been undertaken with respect to the proposed project site that indicate the known or suspected presence of contamination that would complicate the site's development?  Yes or  No. If yes, provide copies of the study

If you are purchasing new machinery and equipment, does it provide demonstrable energy efficiency benefits?  Yes or  No. If yes, describe the efficiencies achieved: \_\_\_\_\_  
Purchase of new rooftop units will provide energy efficiency

---

---

Does or will the company or project occupant perform research and development activities on new products/services at the project location?  Yes or  No If yes, include percentage of operating expenses attributed to R&D activities and provide details: \_\_\_\_\_

---

---

---

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



customers who personally visit the Project.

Will customers personally visit the Project site for either of the following economic activities? Note if yes with respect to either economic activity indicated below, complete the Retail Questionnaire.

Sales of Goods:  Yes or  No

Sale of Services:  Yes or  No

**Select Project Type for all end users at project site** (check any and all end users as identified below)

**(You may check more than one)**

- |                                  |                                     |                           |                                     |
|----------------------------------|-------------------------------------|---------------------------|-------------------------------------|
| Acquisition of Existing Facility | <input type="checkbox"/>            | Life Care Facility (CCRC) | <input type="checkbox"/>            |
| Assisted Living                  | <input type="checkbox"/>            | Market Rate Housing       | <input type="checkbox"/>            |
| Back Office                      | <input checked="" type="checkbox"/> | Mixed Use                 | <input type="checkbox"/>            |
| Civic Facility (not for profit)  | <input type="checkbox"/>            | Multi-Tenant              | <input type="checkbox"/>            |
| Commercial                       | <input type="checkbox"/>            | Retail                    | <input type="checkbox"/>            |
| Equipment Purchase               | <input type="checkbox"/>            | Senior Housing            | <input type="checkbox"/>            |
| Facility for Aging               | <input type="checkbox"/>            | Other                     | <input checked="" type="checkbox"/> |
| Industrial                       | <input type="checkbox"/>            |                           |                                     |

For the proposed facility, indicate the square footage for each of the uses outlined below:

If applicant is paying for FFE for tenants, include in cost breakdown

	Square Footage	Cost	% of Total Cost of Project
Manufacturing/Processing			
Warehouse			
Research & Development			
Commercial			
Retail (see retail questionnaire)			
Office	50,000 sq. ft.		
Specify Other			

If you are undertaking new construction or renovations, are you seeking LEED certification from the US Green Building Council?  Yes or  No. If you answered yes, what level of LEED certification do you anticipate receiving (Check applicable box)  Standard  Silver  Gold  Platinum

Provide estimated additional construction cost as a result of LEED certification you are seeking \$ \$250,000

**What is the estimated project timetable (provide dates):**

1. Start date: acquisition of equipment or construction of facilities: June 2021 \_\_\_\_\_

2. Estimated completion date of project: December 2021  
 3. Project occupancy – estimated starting date of occupancy: December 2021

**Estimated costs in connection with Project:**

- |  |                   |
|--|-------------------|
| 1. Land and/or Building Acquisition                        | \$ _____          |
| _____ acres _____ square feet                              |                   |
| 2. New Building Construction _____ square feet             | \$ _____          |
| 3. New Building Addition(s) _____ square feet              | \$ _____          |
| 4. Infrastructure Work                                     | \$ _____          |
| 5. Reconstruction/Renovation 50,000 _____ square feet      | \$2,500,000 _____ |
| 6. Manufacturing Equipment                                 | \$ _____          |
| 7. Non-Manufacturing Equipment (furniture, fixtures, etc.) | \$500,000 _____   |
| 8. Soft Costs: (Legal, architect, engineering, etc.)       | \$150,000 _____   |
| 9. Other, Specify: _____                                   | \$ _____          |

TOTAL Costs: \$3,150,000 \_\_\_\_\_

**Construction Cost Breakdown:**

Total Cost of Construction	\$ <u>3,150,000</u> (sum of 2,3,4 and 5 above)
Cost of materials:	\$ <u>1,000,000</u>
% sourced in Erie County	<u>75</u> %

**Sales and Use Tax:** Gross amount of costs for goods and services that are subject to State and Local Sales and Use Tax - said amount to benefit from the Agency's sales and use tax exemption benefit:

\$ 1,750,000 \_\_\_\_\_

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

\$ 153,125 \_\_\_\_\_

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

Project refinancing estimated amount, if applicable (for refinancing of existing debt only): \$ 3,000,000

Have any of the above costs been paid or incurred as of the date of this application?  Yes or  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sources of Funds for Project:**

Bank Financing \$ 3,000,000

Equity (excluding equity that is attributed to grants/tax credits) \$ \_\_\_\_\_

Tax Exempt Bond Issuance (if applicable) \$ \_\_\_\_\_

Taxable Bond Issuance (if applicable) \$ \_\_\_\_\_

Public Sources (Include sum total of all state and federal grants and tax credits) \$ \_\_\_\_\_

Identify each state and federal grant/credit: (ie Historic Tax Credit, New Market Tax Credit, Brownfield Cleanup Program, ESD, other public sources)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Sources of Funds for Project Costs: \$ 3,000,000

Have you secured financing for the project?  Yes or  No

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

Mortgage Amount (include sum total of construction/permanent/bridge financing): \$ 3,000,000

Estimated Mortgage Recording Tax Exemption Benefit (product of mortgage amount as indicated above multiplied by  $\frac{3}{4}$  of 1% \$ 22,500

**Real Property Tax Benefit:**

Identify and describe if the Project will utilize a real property tax exemption benefit other than the Agency's PILOT benefit (485-a, 485-b, other): No

**IDA PILOT Benefit:** Agency staff will indicate the amount of PILOT Benefit based on estimated Project Costs as contained herein and anticipated tax rates and assessed valuation, including the annual PILOT Benefit abatement amount for each year of the PILOT benefit year and the sum total of PILOT Benefit abatement amount for the term of the PILOT as depicted in the estimate of Real Property Tax Abatement Benefits and Percentage of Project Costs financed from Public sources

**Percentage of Project Costs financed from Public Sector sources:** Agency staff will calculate the percentage of Project Costs financed from Public Sector sources based upon Sources of Funds for Project Costs as depicted above. The Percentage of Project Costs financed from public sector sources will be depicted in the estimate of Real Property Tax Abatement Benefits and Percentage of Project Costs financed from Public sources

Is the project necessary to expand project employment?  Yes or  No

Is project necessary to retain existing employment?  Yes or  No

**Employment Plan (Specific to the proposed project location):** You must include a copy of the most recent NYS-45 Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return.

	Current # of jobs at proposed project location or to be relocated at project location	If financial assistance is granted – project the number of FT and PT jobs to be retained	If financial assistance is granted – project the number of FT and PT jobs to be created upon 24 months (2 years) after Project completion	Estimate number of residents of the Labor Market Area in which the project is located that will fill the FT and PT jobs to be created upon 24 months (2 years) after project completion **
Full time (FT)	80	80	10	10
Part Time (PT)	-	-	-	-
Total ***	80	80	10	10

\*\* The Labor Market Area includes the Counties of Erie, Niagara, Genesee, Cattaraugus, Wyoming and Chautauqua. For purposes of this question, estimate the number of FT and PT jobs that will be filled, as indicated in the third column, by residents of the Labor Market Area, in the fourth column.

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

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

Category of jobs to be retained and/or created	# of employees retained and/or created	Average salary for Full Time	Average fringe benefits for full time	Average salary for part time, if applicable	Average fringe benefits for part time, if applicable
Management	20	140	28	-	-
Professional	50	85	17	-	-
Administrative	10	60	12	-	-
Production	-	-	-	-	-
Independent Contractor	-	-	-	-	-
Other	-	-	-	-	-

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

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

Address	Full Time	Part Time	Total
95 Stark Street, Tonawanda, NY	160	4	164

**Payroll Information:**

Annual Payroll at proposed project site upon project completion

\$ 11,500,000

Estimated average annual salary of jobs to be retained (full time)

\$ 7,500,000

Estimated average annual salary of jobs to be retained (part time)

\$ 500,000

Estimated average annual salary of jobs to be created (full time)

\$ 3,500,000

Estimated average annual salary of jobs to be created (part time)

\$ -

Estimated salary range of jobs to be created

From (full time) \$ 80,000 To (full time) \$ 150,000

From (part time)

\$ 20/hr

To (part time) \$ 35/hr

## Environmental Questionnaire

**INSTRUCTIONS:** Complete the following questionnaire as completely as possible. If you need additional space to fully answer any question, attach additional page(s).

**A). GENERAL BACKGROUND INFORMATION:**

1. Address of Premises: 60 Lawrence Bell, Williamsville, NY 14221 / 2100 Wehrle Drive, Williamsville, NY
2. Name and Address of Owner of Premises: Stark Real Estate Holdings, LLC
3. Describe the general features of the Premises (including terrain, location of wetlands, coastlines, rivers, streams, lakes, etc.). Existing Commercial Buildings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe the Premises (including the age and date of construction of any improvements) and each of the operations or processes carried on or intended to be carried on at the Premises. Always Office Buildings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe all known former uses of the Premises. Office Buildings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Does any person, firm or corporation other than the owner occupy the Premises or any part of it?  
 Yes or  No If yes, identify them and describe their use of the property. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Have there been any spills, releases or unpermitted discharges of petroleum, hazardous substances, chemicals or hazardous wastes at or near the Premises?  Yes or  No If yes, describe and attach any incident reports and the results of any investigations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Has the Premises or any part of it ever been the subject of any enforcement action by any federal, state or local government entity, or does the preparer of this questionnaire have knowledge of: a) any current federal, state or local enforcement actions; b) any areas of non-compliance with any federal, state or local laws, ordinances, rules or regulations associated with operations over the past 12 months.  Yes or  No If yes, state the results of the enforcement action (consent order, penalties, no action, etc.) and describe the circumstances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Has there been any filing of a notice of citizen suit, or a civil complaint or other administrative or criminal procedure involving the Premises?  Yes or  No. If yes, describe in full detail. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**B) SOLID AND HAZARDOUS WASTES AND HAZARDOUS SUBSTANCES:**

1. Does any activity conducted or contemplated to be conducted at the Premises generate, treat or dispose of any petroleum, petroleum-related products, solid and hazardous wastes or hazardous substances?  Yes or  No. If yes, provide the Premises' applicable EPA (or State) identification number.  
\_\_\_\_\_
2. Have any federal, state or local permits been issued to the Premises for the use, generation and/or storage of solid and hazardous wastes?  Yes or  No. If yes, provide copies of the permits. Identify the transporter of any hazardous and/or solid wastes to or from the Premises.  
\_\_\_\_\_
3. Identify the solid and hazardous waste disposal or treatment facilities which have received wastes from the Premises for the past two (2) years. \_\_\_\_\_ None  
\_\_\_\_\_  
\_\_\_\_\_
4. Does or is it contemplated that there will occur at the Premises any accumulation or storage of any hazardous wastes on-site for disposal for longer than 90 days?  Yes or  No. If yes, identify the substance, the quantity and describe how it is stored. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C) DISCHARGE INTO WATERBODIES:**

1. Briefly describe any current or contemplated industrial process discharges (including the approximate volume, source, type and number of discharge points). Provide copies of all permits for such discharges.  
None  
\_\_\_\_\_  
\_\_\_\_\_
2. Identify all sources of discharges of water, including discharges of waste water, process water, contact or noncontact cooling water, and storm water. Attach all permits relating to the same. Also identify any septic tanks on site. \_\_\_\_\_ None  
\_\_\_\_\_  
\_\_\_\_\_
3. Is any waste discharged into or near surface water or groundwaters?  Yes or  No. If yes, describe in detail the discharge including not only the receiving water's classification, but a description of the type and quantity of the waste.

**D) AIR POLLUTION:**

1. Are there or is it contemplated that there will be any air emission sources that emit contaminants from the Premises?  Yes or  No. If yes, describe each such source, including whether it is a stationary combustion installation, process source, exhaust or ventilation system, incinerator or other source.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are any of the air emission sources permitted?  Yes or  No N/A If yes, attach a copy of each permit.

**E) STORAGE TANKS:**

1. List and describe all above and underground storage tanks at the Premises used to store petroleum or gasoline products, or other chemicals or wastes, including the contents and capacity of each tank. Also provide copies of any registrations/permits for the tanks. None  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Have there been any leaks, spills, releases or other discharges (including loss of inventory) associated with any of these tanks?  Yes or  No. If yes, provide all details regarding the event, including the response taken, all analytical results or reports developed through investigation (whether internal or external), and the agencies which were involved. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F) POLYCHLORINATED BIPHENYLS (“PCB” or “PCBs”) AND ASBESTOS:**

1. Provide any records in your possession or known to you to exist concerning any on-site PCBs or PCB equipment, whether used or stored, and whether produced as a byproduct of the manufacturing process or otherwise.
  
2. Have there been any PCB spills, discharges or other accidents at the Premises?  Yes or  No If yes, relate all the circumstances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Do the Premises have any asbestos containing materials?  Yes or  No. If yes, identify the materials.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Facility Type - Multi-Tenant Determination

**If this is a Single-Use facility fill in section A. If this is a Multi-Tenant fill in section B**

**A) For Single Use Facility (to be filled out by developer):**

Occupant Name: Stark Tech Group \_\_\_\_\_  
 Address: 95 Stark Street \_\_\_\_\_  
 City/Town: Tonawanda \_\_\_\_\_ State: NY \_\_\_\_\_ Zip: 14150 \_\_\_\_\_  
 Contact Person: Randy Urschel \_\_\_\_\_  
 Phone: 716-693-4490 \_\_\_\_\_ Fax: 716-693-5280 \_\_\_\_\_  
 E-Mail: [urschelr@starktechgroup.com](mailto:urschelr@starktechgroup.com) \_\_\_\_\_  
 Federal ID #: 84-4547958 \_\_\_\_\_ NAICS Code: 531120 \_\_\_\_\_

**B1) Multi-Tenant Facility (to be filled out by developer):**

Explain what market conditions support the construction of this multi-tenant facility:

---



---



---

**B2) Have any tenant leases been entered into for this project  Yes or  No.**

If yes, list below and provide square footage to be leased to tenant and NAICS Code for tenant and nature of business.

Tenant Name	Current Address (city, state, zip)	# of sq. ft. and % of total to be occupied at new project site	NAICS-also briefly describe type of business, products services, % of sales in Erie Co.

*Tenant Form*

**\*\* This section must be completed for each proposed tenant \*\***

**A Retail Questionnaire will need to be prepared for each proposed tenant if customers will personally visit the tenant to either participate in a retail sale transaction or pay for a service.**

**An Inter-Municipal Move Determination will need to be completed for each proposed tenant that is relocating from another municipality or abandoning an existing facility.**

**PART 1—TO BE COMPLETED BY LESSEE (DEVELOPER)**

Property Address: 60 Lawrence Bell, Williamsville, NY 14221 / 2100 Wehrle Drive, Williamsville, NY 14221

City/Town: Williamsville

The following information is an outline relative to the potential client and their proposed contract to sublease space in the above reference facility.

Tenant Name: Stark Tech Group

Amount of space to be leased: 50,000 SF. What percentage of the building does this represent? 100 %

Are terms of the lease: GROSS  or NET

If GROSS lease, explain how Agency benefits are passed to the tenant:  
N/A

Estimated date of occupancy: December, 2021

**PART II—TO BE COMPLETED BY PROPOSED TENANT**

Company Name: Stark Tech Group, Inc

Current Address: 95 Stark Street

City/Town: Tonawanda State: NY Zip: 14150

Local Contact Person: Randy Urschel Title: CEO

Phone: 716-693-4490 E-mail: urschelr@starktechgroup.com

Web site: starktechgroup.com

Company President/General Manager: Randy Urschel

Number of employees to be relocated to new project location:

Full-Time: 80 Part-Time: \_\_\_\_\_ Total: 80

Describe briefly the nature of the business in which the proposed tenant is/will be engaged. This should include NAICS Code; type of business and products or services; percent of total sales in Erie County and the United States:

National Command Center / Training Center to Administer and Monitor Building Management Systems located across the United States.

History of Company (i.e. start-up, recent acquisitions, publicly traded): U&S Services is part of Stark Tech Group – Established in 1990 as an Energy, IT, and Building Management Systems provider locally and nationally. Over the years, the company has expanded capabilities through R&D and an aggressive acquisition strategy. To accommodate some of this rapid growth, U&S has worked closely with SUNY to hire a diverse group of young talent, adding 120 to our staff from the SUNY system. Over the years, U&S has hired approximately 50 students from the University at Buffalo, specifically. As we build out our Command Center, it is in our hiring plan to continue to expand the number of foreign nationals we have on staff, and we plan to continue to work directly with SUNY to attract talent from their foreign exchange program.

List the square footage which the proposed tenant will lease at the Project location: 50,000 FT

List the square footage which the proposed tenant leases at its present location(s): Net Moving Additional Space SF

Will the project result in relocation from one municipality in Erie County to another and/or abandonment from other tenant/user(s) facilities in Erie County, or New York State?

Yes or  No.

If Yes, fill out Inter-Municipal-Move Determination form.

What will happen to the existing facility once vacated? Won't be vacated

If leased, when does lease expire? Not negotiated yet \_\_\_\_\_, 20\_\_\_\_\_

Are any of the proposed tenant's current operations located in facilities which have received an Industrial Development Agency benefit?  Yes or  No. If yes, provide details as to location, and amount of leased space, how long leased? \_\_\_\_\_

FORM COMPLETED BY: Mark Buffington  
(print)

TITLE: COO

SIGNATURE: Robert Buffist, COO DATE: 5-10, 2021

**Retail Questionnaire**

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

Answer the following:

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

Yes or  No. If the answer is yes, continue below. If no, proceed to next section

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

B. What percentage of the cost of the Project will be expended on such facilities or property primarily used in making sales of goods or services to customers who personally visit the project? \_\_\_\_\_ %.

**If the answer is less than 33% do not complete the remainder of the retail determination and proceed to Inter-Municipal Move Determination.**

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

1. Will the project be operated by a not-for-profit corporation  Yes or  No.
2. Is the Project location or facility likely to attract a significant number of visitors from outside the economic development region (Erie, Niagara, Allegheny, Chautauqua and Cattaraugus counties) in which the project will be located?  Yes or  No If yes, provide a third-party market analysis or other documentation supporting your response.
3. Is the predominant purpose of the project to make available goods or services which would not, but for the project, be reasonably accessible to the residents of the municipality within which the proposed project would be located because of a lack of reasonably accessible retail trade facilities offering such goods or services?  Yes or  No If yes, provide a third-party market analysis or other documentation supporting your response.
4. Will the project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York?  Yes or  No.

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Adaptive Reuse Determination**

**(Adaptive Reuse is the process of adapting old structures or sites for new purposes)**

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

**If No, proceed to next Section**

What is the age of the structure (in years) \_\_\_\_\_

Has the structure been vacant or underutilized for a minimum of 3 years? (Underutilized is defined as a minimum of 50% of the rentable square footage of the structure being utilized for a use for which the structure was not designed or intended)  Yes or  No.

How many years vacant \_\_\_\_\_ How many years underutilized \_\_\_\_\_

Describe the Use of the building during the time it has been underutilized: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, provide dollar amount of income being generated, if any \$ \_\_\_\_\_

If apartments are planned in the facility indicate the following:

	Number of Units	Sq. Ft. Range Low to High	Rent Range Low to High
1 Bedroom			\$
2 Bedroom			\$
3 Bedroom			\$
Other			\$

Does the site have historical significance?  Yes or  No If yes, indicate historical designation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you applying for either State/Federal Historical Tax Credit Programs?  Yes or  No. If yes, provide estimated value of tax credits: \_\_\_\_\_

Briefly summarize the financial obstacles to development that this project faces without IDA or other public assistance. Provide the Agency with documentation to support the financial obstacles to

development (you will be asked to provide cash flow projections, documenting costs, expenses and revenues indicating below average return on investment rates compared to regional industry averages) (this information is critical in determining eligibility): \_\_\_\_\_

---

---

Briefly summarize the demonstrated support that you intend to receive from local government entities. Provide the Agency documentation of this support in the form of signed letters from these entities:

---

---

---

---

---

Indicate other factors that you would like the Agency to consider such as: structure or site presents significant public safety hazard and or environmental remediation costs, structure presents significant costs associated with building code compliance: \_\_\_\_\_

---

---

---

---

Indicate census tract of project location: \_\_\_\_\_

---

Indicate how project will eliminate slum and blight: \_\_\_\_\_

If project will be constructed to LEED standards indicate renewable resources utilized: \_\_\_\_\_

---

---

---

---

---

**Inter-Municipal Move Determination**

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

Current Address: 2100 Wehrle Drive / 60 Lawrence Bell Drive \_\_\_\_\_  
City/Town: Williamsville State: NY Zip: 14221

Will the Project result in the removal of an industrial or manufacturing plant of the Project occupant from one area of the state to another area of the state?  Yes or  No

Will the Project result in the abandonment of one or more plants or facilities of the Project occupant located within the state?  Yes or  No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Within New York State  Yes or  No  
Within Erie County  Yes or  No

If Yes to either question, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the Project result in a relocation of an existing business operation from the City of Buffalo?  
 Yes or  No. If yes, explain the factors which require the project occupant to relocate out of the City of Buffalo (for example, present site is not large enough, owner will not renew leases etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Close to the Buffalo Niagara International Airport  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the project occupant is currently located in Erie County and will be moving to a different municipality within Erie County, has the project occupant attempted to find a suitable location within the municipality in which it is currently located?  Yes or  No N/A

What factors have led the project occupant to consider remaining or locating in Erie County? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the current facility is to be abandoned, what is going to happen to the current facility that the project occupant is located in? N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a list of properties considered, and reason they were not adequate. (Some examples include: site not large enough, layout was not appropriate, did not have adequate utility service, etc.)

Property (Address)	Reason
<u>N/A</u>	_____
_____	_____
_____	_____
_____	_____





## Senior Citizen Rental Housing Projects

AIDA tax incentives may be granted to projects under the Agency’s Senior Citizen Rental Housing policy when the project consists of a multi-family housing structure where at least 90% of the units are (or are intended to be) rented to and occupied by a person who is 60 years of age or older.

Are you applying for tax incentives under the Senior Citizen Rental Housing policy?

Yes  No If yes, answer the following questions. If no, proceed to the next section of this application.

Projects applying for tax incentives under the Senior Citizen Rental Housing program will be evaluated based upon the answers you supply to the following criteria based questions. Note that approval of Senior Citizen Rental Housing project incentives does not require that all of the following criteria be met, but rather this information will be considered by the Agency’s Board when the project is presented for Board approval.

Has the project received written support from the city, town or village government in which it is located?  
 Yes  No If yes, describe support and provide supporting documentation if available

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

---

---

---

---

Is the project consistent with the applicable municipal master plan?  Yes  No If yes, provide a narrative identifying the master plan (by name) and describing how project aligns with local planning and development efforts:

---

---

---

Does the project promote transit oriented or walkable community areas that are in in proximity to important local amenities and services?  Yes  No If yes, provide a narrative describing the walkable nature of the project including access seniors would have to specific neighborhood amenities.

---

---

---

---

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

Include market study and executive summary documenting need and the project's impact on existing facilities.

Is the project located in a highly distressed census tract?  Yes  No

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

If yes, describe how you made this determination based upon census tract and other relevant third-party data: \_\_\_\_\_

---

---

---

---

---

Does the project provide amenities that are attractive to seniors and differentiates the project from standard market rate housing?  Yes  No. If yes, describe these amenities (examples may include: community rooms, social / recreational activity areas, senior-oriented fixtures and safety amenities, security systems, call systems, on site medical services): \_\_\_\_\_

---

---

---

---

---

Are there impediments that hinder the ability to conventionally finance this project and /or negatively impact the project's return on investment?  Yes  No. If yes, briefly summarize the financial obstacles to development that this project faces without AIDA or other public assistance. Provide the AIDA with documentation to support the financial obstacles to development (you will be asked to provide cash flow projections documenting costs, expenses and revenues with and without IDA and other tax credits included indicating below average return on investment rates compared to regional industry averages):

---

---

---

---

---

Will the project target (and maintain during the incentive period) a minimum 50% occupancy rate of senior citizens whose income is at or below 60-80% of the median income for Erie County?  Yes  No If yes, provide a narrative citing key facts that substantiate this finding. \_\_\_\_\_

---

---

---

---

---

Indicate if 50% of residents are at or below the median income for the community: \_\_\_\_\_

---