



## NOVUM MEDICAL PRODUCTS

[Instructions and Insurance Requirements Document](#)

### Section I: Applicant Background Information

Please answer all questions. Use "None" or "Not Applicable" where necessary. Information in this application may be subject to public review under New York State Law.

#### Applicant Information- Company Receiving Benefit

|                            |   |
|----------------------------|---|
| <b>Project Name</b>        | NOVUM MEDICAL PRODUCTS EXPANSION  |
| <b>Project Summary</b>     | Located at 80 Creekside, Amherst, NY; Novum Medical Products must expand its facility to remain competitive in its industry and to protect and enhance its employment. The existing facility consists of 10,000 SF. The expansion is 6,000 SF of new space. While the actual addition will be mostly warehouse space, the expansion will actually allow for an increase of size and efficiency in each of three distinct uses being: office, assembly, and and warehouse space. Due to company growth the existing facility is no longer large enough to contain all operations. The increased facility size will result in approximately 4,000 SF of office, 6,000 SF of assembly, and 6,000 of warehouse. Novum Medical Products designs, assembles, and distributes medical furniture across NYS, the US, and internally. Novum Medical Products is entirely located in WNY and is locally owned. Joseph Manzella is the President and we look forward to providing additional information and a presentation to the AIDA. |
| <b>Applicant Name</b>      | NOVUM MEDICAL PRODUCTS OF NY, LLC   |
| <b>Applicant Address</b>   | 80 Creekside Drive  |
| <b>Applicant Address 2</b> |   |
| <b>Applicant City</b>      | Amherst   |
| <b>Applicant State</b>     | New York  |
| <b>Applicant Zip</b>       | 14228   |
| <b>Phone</b>               | (716) 200-2000  |
| <b>Fax</b>                 | (716) 759-0700  |
| <b>E-mail</b>              | kc@alumni.nd.edu  |
| <b>Website</b>             | novummed.com  |
| <b>NAICS Code</b>          | 337127  |

#### Business Organization

##### **Type of Business**

Limited Liability Company

##### **Year Established**

2017

##### **State**

New York

**Indicate if your business is 51% or more (Check all boxes that apply)**

[No] Minority Owned

[No] Woman Owned

**Indicate Minority and/or Woman Owned Business Certification if applicable (Check all boxes that apply)**

[No] NYS Certified

[No] Erie Country Certified

Individual Completing Application

**Name** Kevin Curry  
**Title** Consultant  
**Address** 4272 Roxbury Drive  
**Address 2**  
**City** Buffalo  
**State** New York  
**Zip** 14221  
**Phone** (716) 200-2000  
**Fax**  
**E-Mail** kc@alumni.nd.edu

Company Contact- Authorized Signer for Applicant

**Contact is same as individual completing application** No  
**Name** Joseph Manzella  
**Title** President  
**Address** 80 Creekside Drive  
**Address 2**  
**City** Amherst  
**State** New York  
**Zip** 14228  
**Phone** (716) 759-7200  
**Fax**  
**E-Mail** jmanzella@novummed.com

Company Counsel

**Name of Attorney** Charles C Ritter, Jr.  
**Firm Name** Duke, Holzman, Photiadis & Ritter LLP  
**Address** 701 Seneca Street  
**Address 2** Suite 750  
**City** Buffalo  
**State** New York  
**Zip** 14210  
**Phone** (716) 855-1111  
**Fax**  
**E-Mail** critter@dhpqlaw.com

Benefits Requested (select all that apply).

|   |     |
|---|-----|
| <b>Exemption from Sales Tax</b>         | Yes |
| <b>Exemption from Mortgage Tax</b>      | Yes |
| <b>Exemption from Real Property Tax</b> | Yes |
| <b>Tax Exempt Financing*</b>            | Yes |

\* (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. Also list all stockholders, members, or partners with % ownership greater than 20%.**

Medical equipment and furnishings manufacturer and provider. Joseph Manzella and Dunkirk Medical Products of NY LLC are the two members with % ownership greater than 20%.

|   |      |
|---|------|
| <b>Estimated % of sales within Erie County</b>                            | 3 %  |
| <b>Estimated % of sales outside Erie County but within New York State</b> | 4 %  |
| <b>Estimated % of sales outside New York State but within the U.S.</b>    | 90 % |
| <b>Estimated % of sales outside the U.S.</b>                              | 3 %  |

(\*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?**

25

**Describe vendors within Erie County for major purchases**

Multiple Erie County vendor relationships exists.

## Section II: Eligibility Questionnaire - Project Description & Details

### Project Location

**Address of Proposed Project Facility**

80 Creekside Drive

**Town/City/Village of Project Site**

Amherst

**School District of Project Site**

Sweet Home Central School District

**Current Address (if different)**

**Current Town/City/Village of Project Site (if different)**

**SBL Number(s) for proposed Project**

26.03-2-21.21

**What are the current real estate taxes on the proposed Project Site**

\$15724.49

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

Land

\$ 205,000

Building(s)

\$ 450,000

If available include a copy of current tax receipt.

**Are Real Property Taxes current at project location?**

Yes

**If no please explain**

**Does the Applicant or any related entity currently hold fee title or have an option/contract to purchase the Project site?**

Yes

**If No, indicate name of present owner of the Project Site**

**Does Applicant or related entity have an option/contract to purchase the Project site?**

No

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

The existing building includes: company headquarters and administration; manufacturing and assembling space; and warehouse and shipping space. The addition and renovation will provide for expansion of each area. The current facility size is 10,000 SF and the expanded size will be 16,000 with each area of the business allowed to expand. The existing site was designed for additional space to be added and that space greatly needed.

**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)**

Due to growth; the expansion of assembly space, warehouse/storage space, and corporate and administrative staff space is necessary and will secure current sales and employment levels and provide for future growth as well. The facility is wholly occupied by Novum Medical Products and no tenants are on site.

**Municipality or Municipalities of current operations**

Amherst, NY

**Will the Proposed Project be located within a Municipality identified above?**

Yes

**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?**

No

**If the Proposed Project is located in a different Municipality within New York State than that Municipality 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?**

No

(If yes, you will need to complete the Intermunicipal Move Determination section of this application)

**Is the project reasonably necessary to prevent the project occupant from moving out of New York State?**

Yes

**If yes, please explain and identify out-of-state locations investigated, type of assistance offered and provide supporting documentation available**

The applicant has considered relocating to a lower tax and lower cost state to remain competitive in the industry.

**Have you contacted or been contacted by other Local, State and/or Federal Economic Development Agencies?**

No

**If yes, please indicate the Agency and nature of inquiry below**

**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:**

Financial Assistance provided by the Agency is necessary for the project to move forward.

**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)**

The company growth has caused all operations to exceeded its current space which was purchased in 2015 and moved into during 2016. Additional space is necessary to support current operations and to support future operations while competing in the increasingly global marketplace and specifically to compete with US and international competitors. Supply chain disruptions and the need for immediate fulfillment must be met with both addition warehouse space and additional assembly space while allowing for the efficient transfer, shipping, and receiving of materials and products. Inflation is and additional reason for the expansion due to the need to acquire materials in greater bulk and due to the increased costs related to the expansion itself. Absent the Agency's financial assistance this project would not move forward.

**Please 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

**If the Applicant is unable to obtain Financial Assistance for the Project, what will be the impact on the Applicant and Erie County?**

Absent Financial Assistance, the applicant will not be able to compete or to expand and will need to further research alternatives including shut down and to research alternative locations including outside of New York state.

**Will project include leasing any equipment?**

No

If yes, please describe equipment and lease terms.

Site Characteristics

**Is your project located near public transportation?**

Yes

**If yes describe if site is accessible by either metro or bus line (provide route number for bus lines)**

NFTA METRO BUS ROUTE #34

**Has your local municipality and/or its planning board made a determination regarding the State Environmental Quality Review (SEQR) for your project?**

Yes

**Will the Project meet zoning/land use requirements at the proposed location?**

Yes

**Describe the present zoning/land use**

The property is zoned RD- Research and Development. The use is consistent with the zoning and includes the assembly of medical products. and the company headquarters.

**Describe required zoning/land use, if different**

Same. Site Plan Approval has been obtained.

**If a change in zoning/land use is required, please provide details/status of any request for change of zoning/land use requirements**

Not applicable.

**Is the proposed Project located on a site where the known or potential presence of contaminants is complicating the development/use of the property?**

No

**If yes, please explain**

**Has a Phase I Environmental Assessment been prepared, or will one be prepared with respect to the proposed Project Site?**

Yes

If yes, please provide 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?**

No

If yes, please provide copies of the study.

**If you are purchasing new machinery and equipment, does it provide demonstrable energy efficiency benefits?**

Yes

**If yes, describe the efficiencies achieved**

Building systems including, but not limited to, heating, cooling, and insulation will provide demonstrable energy efficiency benefits. You may also attach additional information about the machinery and equipment at the end of the application.

**Does or will the company or project occupant perform research and development activities on new products/services at the project location?**

Yes

If yes, include percentage of operating expenses attributed to R&D activities and provide details.

The company is always looking to expand its product line into emerging markets to continue to compete nationally, across NYS, and internationally. Ten per cent or more of operating expenses are attributed to R&D activities. Products are sold to health care providers and the facility is used to meet with and design new products for existing and potential clients.

Select Project Type for all end users at project site (you may check more than one).

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? If yes with respect to either economic activity indicated below, you will need to complete the Retail section of this application.

|                     |    |                 |    |
|---------------------|----|-----------------|----|
| <b>Retail Sales</b> | No | <b>Services</b> | No |
|---------------------|----|-----------------|----|

Please check any and all end uses as identified below.

- |  |                           |                                     |
|--|---------------------------|-------------------------------------|
| <b>No Acquisition of Existing Facility</b> | <b>No Assisted Living</b> | <b>Yes Back Office</b>              |
| <b>No Civic Facility (not for profit)</b>  | <b>No Commercial</b>      | <b>Yes Equipment Purchase</b>       |
| <b>No Facility for the Aging</b>           | <b>Yes Industrial</b>     | <b>No Life Care Facility (CCRC)</b> |
| <b>No Market Rate Housing</b>              | <b>No Mixed Use</b>       | <b>No Multi-Tenant</b>              |
| <b>No Retail</b>                           | <b>No Senior Housing</b>  | <b>Yes Manufacturing</b>            |

**No Renewable Energy**

**No Other**

For proposed facility please include the square footage for each of the uses outlined below

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

|                                   |                   |    | <b>Cost</b> | <b>% of Total Cost</b> |
|-----------------------------------|-------------------|----|-------------|------------------------|
| <b>Manufacturing/Processing</b>   | 6,000 square feet | \$ | 120,000     | 10%                    |
| <b>Warehouse</b>                  | 6,000 square feet | \$ | 720,000     | 60%                    |
| <b>Research &amp; Development</b> | square feet       | \$ | 0           | 0%                     |
| <b>Commercial</b>                 | square feet       | \$ | 0           | 0%                     |
| <b>Retail</b>                     | square feet       | \$ | 0           | 0%                     |
| <b>Office</b>                     | 4,000 square feet | \$ | 360,000     | 30%                    |
| <b>Specify Other</b>              | square feet       | \$ | 0           | 0%                     |

**If you are undertaking new construction or renovations, are you seeking LEED certification from the US Green Building Council?**

No

**If you answered yes to question above, what level of LEED certification do you anticipate receiving? (Check applicable box)**

<BLANK>

**Provide estimate of additional construction cost as a result of LEED certification you are seeking** < BLANK >

**Will project result in significant utility infrastructure cost or uses** No

What is the estimated project timetable (provide dates).

**Start date : acquisition of equipment or construction of facilities**

5/15/2025

**End date : Estimated completion date of project**

3/15/2026

**Project occupancy : estimated starting date of occupancy**

3/15/2026

Capital Project Plan / Budget

**Estimated costs in connection with Project**

**1.) Land and/or Building Acquisition**

\$ 0 square feet acres

**2.) New Building Construction**

\$ 0 square feet

**3.) New Building addition(s)**

\$ 510,000 square feet

**4.) Reconstruction/Renovation**

\$ 200,000 square feet

**5.) Manufacturing Equipment**

\$ 80,000

**6.) Infrastructure Work**

\$ 150,000

**7.) Non-Manufacturing Equipment: (furniture, fixtures, etc.)**

\$ 20,000

**8.) Soft Costs: (Legal, architect, engineering, etc.)**

\$ 120,000

**9.) Other Cost**

\$ 120,000

|                            |                                       |
|----------------------------|---------------------------------------|
| <b>Explain Other Costs</b> | Total Project Cost is: Note is: \$1.2 |
| <b>Total Cost</b>          | \$ 1,200,000                          |

Construction Cost Breakdown:

|                                   |   |
|-----------------------------------|---|
| <b>Total Cost of Construction</b> | \$ 860,000 (sum of 2, 3, 4 and 6 in Project Information, above) |
| <b>Cost of materials</b>          | \$ 525,000  |
| <b>% sourced in Erie County</b>   | 75%   |

Sales and Use Tax:

|   |            |
|---|------------|
| <b>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</b> | \$ 860,000 |
| <b>Estimated State and local Sales and Use Tax Benefit (product of 8.75% multiplied by the figure, above):</b>  | \$ 75,250  |

\*\* 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 may 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.

|  |   |
|--|---|
| <b>Project refinancing estimated amount, if applicable (for refinancing of existing debt only)</b> | \$ 12   |
| <b>Have any of the above costs been paid or incurred as of the date of this Application?</b>       | Yes   |
| <b>If Yes, describe particulars:</b>   | Planning and professional costs have been incurred. |

Sources of Funds for Project Costs:

|  |              |
|--|--------------|
| <b>Equity (excluding equity that is attributed to grants/tax credits):</b>   | \$           |
| <b>Bank Financing:</b>   | \$ 1,200,000 |
| <b>Tax Exempt Bond Issuance (if applicable):</b>   | \$ 0         |
| <b>Taxable Bond Issuance (if applicable):</b>  | \$ 0         |
| <b>Public Sources (Include sum total of all state and federal grants and tax credits):</b>   | \$ 0         |
| <b>Identify each state and federal grant/credit: (ie Historic Tax Credit, New Market Tax Credit, Brownfield, Cleanup Program, ESD, other public sources)</b> |              |
| <b>Total Sources of Funds for Project Costs:</b>   | \$1,200,000  |



**Have you secured financing for the project?** Yes

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).** 1,200,000

**Lender Name, if Known**

**Estimated Mortgage Recording Tax Exemption Benefit (product of mortgage amount as indicated above multiplied by 3/4 of 1%):** \$9,000

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 estimated 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 and the sum total of PILOT Benefit abatement amount for the term of the PILOT as depicted in the PILOT worksheet in the additional document section.

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 the Sources of Funds for Project Costs as depicted above. The percentage of Project Costs financed from public sector sources will be depicted in the PILOT worksheet in the additional document section.

**Is project necessary to expand project employment?**

Yes

**Is project necessary to retain existing employment?**

Yes

**Will project include leasing any equipment?**

No

If yes, please describe equipment and lease terms.

Employment Plan (Specific to the proposed project location)

The Labor Market Area consists of the following six counties: Erie, Niagara, Chautauqua, Cattaraugus, Wyoming and Genessee.

By statute, Agency staff must project the number of FTE 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 FTE jobs by dividing the number of PT jobs by two (2).

|                  | <b>Current # of jobs at proposed project location or to be relocated at project location</b> | <b>If financial assistance is granted – project the number of FT and PT jobs to be retained</b> | <b>If financial assistance is granted – project the number of FT and PT jobs to be created upon 24 months (2 years) after Project completion</b> | <b>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 **</b> |
|------------------|--|---|--|---|
| <b>Full time</b> | 11   | 11  | 2  | 2   |
| <b>Part time</b> | 2  | 2   | 1  | 1   |
| <b>Total</b>     | 13   | 13  | 3  |   |

**If you estimated new job growth over the next 2 years, please provide a short description of how those estimates were calculated (i.e. jobs per square foot, new contracts/increased revenues, etc.)**

New job growth over the next 2 years is projected to occur due to increased production capacity and increased jobs on site at the Company Headquarters.

Salary and Fringe Benefits for Jobs to be Retained and Created

| <b>Job Categories</b>         | <b># of Full Time Employees retained and created</b> | <b>Average Salary for Full Time</b> | <b>Average Fringe Benefits for Full Time</b> | <b># of Part Time Employees retained and created</b> | <b>Average Salary for Part Time</b> | <b>Average Fringe Benefits for Part Time</b> |
|-------------------------------|--|-------------------------------------|--|--|-------------------------------------|--|
| <b>Management</b>             | 6  | \$ 100,000                          | \$ 0   | 0  | \$ 0                                | \$ 0   |
| <b>Professional</b>           | 0  | \$ 0                                | \$ 0   | 0  | \$ 0                                | \$ 0   |
| <b>Administrative</b>         | 1  | \$ 50,000                           | \$ 0   | 1  | \$ 20,000                           | \$ 0   |
| <b>Production</b>             | 6  | \$ 45,000                           | \$ 0   | 2  | \$ 20,000                           | \$ 0   |
| <b>Independent Contractor</b> | 0  | \$ 0                                | \$ 0   | 0  | \$ 0                                | \$ 0   |
| <b>Other</b>                  | 0  | \$ 0                                | \$ 0   | 0  | \$ 0                                | \$ 0   |
| <b>Total</b>                  | 13   |                                     |  | 3  |                                     |  |

\*\* 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.

Yes **By checking this box, I certify that the above information concerning the current number of jobs at the proposed project location or to be relocated to the proposed project location is true and correct.**

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

| <b>Address</b>   | NOT APPLICABLE |   |
|------------------|----------------|---|
| <b>Full time</b> | 0              | 0 |
| <b>Part time</b> | 0              | 0 |
| <b>Total</b>     | 0              | 0 |

Payroll Information

**Annual Payroll at Proposed Project Site upon completion**

510,000

**Estimated average annual salary of jobs to be retained (Full Time)**

470,000

**Estimated average annual salary of jobs to be retained (Part Time)**

40,000

**Estimated average annual salary of jobs to be created (Full Time)**

150,000

**Estimated average annual salary of jobs to be created (Part Time)**

50,000

**Estimated salary range of jobs to be created**

|                         |        |                       |         |
|-------------------------|--------|-----------------------|---------|
| <b>From (Full Time)</b> | 45,000 | <b>To (Full Time)</b> | 100,000 |
| <b>From (Part Time)</b> | 20,000 | <b>To (Part Time)</b> | 40,000  |

### Section III: Facility Type - Single or Multi Tenant

#### Is this a Single Use Facility or a Multi-Tenant Facility?

Single Use Facility

#### For Single Use Facility.

**Occupant Name** NOVUM MEDICAL PRODUCTS OF NY, LLC  
**Address** 80 Creekside Drive  
**Contact Person** Joseph Manzella  
**Phone** (716) 759-7200  
**Fax** (716) 759-0700  
**E-Mail** kc@alumni.nd.edu  
**Federal ID #** 82-3225072  
**SIC/NAICS Code** 337127

SS

## **Section V: Retail Determination**

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.

Please answer the following:

**Will any portion of the project (including that portion of the costs 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?**

No

If yes, complete the Retail Questionnaire Supplement below. **If no, proceed to the next section.**

## **Section VI: Adaptive Reuse Projects**

Adaptive Reuse is the process of adapting old structures or sites for new purposes.

**Are you applying for tax incentives under the Adaptive Reuse Program?**

No

## Section VII: 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

80 Creekside Drive

### City/Town

Amherst

### State

New York

### Zip Code

14228

**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?**

No

**Will the project result in the abandonment of one or more plants or facilities of the Project occupant located within the state?**

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 this project involve relocation or consolidation of a project occupant from another municipality?**

**Within New York State**

No

**Within Erie County**

No

**If Yes to either question, please, explain**

**Will the project result in a relocation of an existing business operation from the City of Buffalo?**

No

**If yes, please explain the factors which require the project occupant to relocate out of the City of Buffalo (For example, present site is not large enough, or 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 sq. ft., 12 foot ceilings, truck loading docs etc.)**

Additional warehouse space, additional assembly space, additional office space.

**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?**

No

**What factors have lead the project occupant to consider remaining or locating in Erie County?**

This is the company headquarters. Expanding locally is preferred, with AIDA support. Novum Medical Products currently operates wholly in Erie County and its ownership is in Erie County. With Agency assistance the company secure and expand its operations. Without assistance this cannot occur.

**If the current facility is to be abandoned, what is going to happen to the current facility that project occupant is located in?**

Not applicable if Agency assistance is provided.

**Please provide a list of properties considered, and the reason they were not adequate. (Some examples include: site not large enough, layout was not appropriate, did not have adequate utility service, etc.) Please include full address for locations.**

80 Creekside Drive, Amherst, NY 14228 As is, the facility is not large enough to continue to support current and future operations. The facility must be expanded or other locations must be considered.

## **Section VIII: Senior Housing**

IDA 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 Rental Housing policy?**

No



## **Section IX: Tax Exempt Bonds**

In order to receive the benefits of a tax-exempt interest rate bond, private borrowers and their projects must be eligible under one of the federally recognized private active bond categories (Fed Internal Rev Code IRC sections 142-144, and 1394).

**Are you applying for tax exempt bonds / refinancing of bonds related to a residential rental facility project?**

No