

Niagara County Industrial Development Agency

Niagara County Center for Economic Development • 6311 Inducon Corporate Drive, Ste. 1 • Sanborn, NY 14132

SPECIAL NCIDA/NCDC/NADC BOARD MEETING

DATE: September 29, 2021
MEETING TIME: 9:00 a.m.
MEETING PLACE: Niagara County Industrial Development Agency
Vantage Center, Suite One
6311 Inducon Corporate Drive
Sanborn, NY 14132

Board of Directors:

____ **Mark A. Onesi**, Chairperson
____ **Jerald I. Wolfgang**, 1st Vice Chairperson
____ **Kevin McCabe**, 2nd Vice Chairperson
____ **William L. Ross**, Secretary
____ **Mary Lynn Candella**, Asst. Secretary
____ **Robert B. Cliffe**, Member
____ **Scott Brydges**, Member
____ **Clifford Scott**, Member
____ **Jason Krempa**, Member

Staff Members:

____ **Susan C. Langdon**, Executive Director
____ **Andrea Klyczek**, Assistant Director
____ **Michael S. Dudley**, Finance Manager
____ **Caroline Caruso**, Accounting Associate
____ **Susan Barone**, Project Manager
____ **Mark J. Gabriele**, Agency Counsel
____ **Julie Lamoreaux**, Administrative Assistant

Because of the Novel Coronavirus (COVID-19) pursuant to S. 50001 / A. 40001 the New York State Senate and Assembly temporarily modified the Open Meetings Law, authorizing certain public bodies to conduct remote meetings without in-person access through January 15, 2022. Members of the public may listen to the Board meeting by logging on to the conference call using number 716-439-7740 and access code 8763 and access pin 1234#. Minutes of the Board Meeting will be transcribed and posted on the Agency's website.

- 1.0 Meeting Called to Order – M. Onesi**
- 2.0 Roll Call – J. Lamoreaux**
- 3.0 Introduction of Guests – M. Onesi**
- 4.0 Pledge of Allegiance – M. Onesi**
- 5.0 New Business**
 - 5.1 Catholic Health System, Inc. – M. Gabriele**
 - 5.1.1 Tax Exempt Bond (NADC)**
- 6.0 Next Regular NCIDA/NCDC/NADC Meeting:**

DATE: October 13, 2021
TIME: ** 9:00 a.m. **
PLACE: Niagara County Center for Economic Development
- 7.0 Adjournment - M. Onesi**

NIAGARA AREA DEVELOPMENT CORPORATION

APPLICATION FOR FINANCIAL ASSISTANCE

(Applicant Name)

6311 Inducon Corporate Drive, Suite One
Sanborn, New York 14132
Phone: 716-278-8760 Fax: 716-278-8769
<http://niagaracountybusiness.com>

Updated 2021

- I. Subject to the applicable statute, information provided by applicant will be treated as confidential until such time as the Agency takes action on the request. However, in accordance with Article 6 of the Public Officers Law, all records in possession of the Agency are open to public inspection and copy.
- II. The Niagara Area Development Corporation has a one thousand dollar (\$1000.00) non-refundable application fee that must accompany the application submission.
- III. At the time of the project closing, project applicant is required to pay certain costs associated with the project. The applicant shall be responsible for the payment of an Agency fee in the amount of one percent (1.00%) of the total value of the project, together with Agency counsel fees as set forth in the Agency fee policy schedule, together with various related costs, including but not limited to public hearing expenses. Upon request, a fee summary will be provided to each applicant.
- IV. One (1) original signed copy of the Application and Environmental Assessment form should be submitted with the Application for Assistance.

The Niagara Area Development Corporation does not discriminate on the basis of race, color, religion, sex, sexual orientation, marital status, age, national origin, disability or status as a disabled or Vietnam Veteran or any other characteristic protected by law.

6311 Inducon Corporate Drive, Suite One ■ Sanborn, NY 14132-9099 ■ 716-278-8760
Fax 716-278-8769 ■ www.niagaracountybusiness.com

NIAGARA AREA DEVELOPMENT CORPORATION

APPLICATION FOR FINANCIAL ASSISTANCE

I. APPLICANT INFORMATION

Company Name: _____

Mailing Address: _____

City/Town/Village & Zip code: _____

Phone: _____

Website: _____

Fed Id. No.: _____

Contact Person, and Title: _____

Email: _____

Principal Owners/Officers/Directors (list owners with 15% or more in equity holdings with percentage ownership):

Corporate Structure (attach schematic if applicant is a subsidiary or otherwise affiliated with another entity)

Form of Entity

Corporation

Date of Incorporation: _____

State of Incorporation: _____

Partnership

General _____ or Limited _____

Number of general partners _____

If applicable, number of limited partners _____

Date of formation _____

Jurisdiction of Formation _____

Limited Liability Company/Partnership (number of members _____)

Date of organization: _____

State of Organization: _____

Sole Proprietorship

If a foreign organization, is the applicant authorized to do business in the State of New York?

Applicant's Counsel

Company Name: _____

Contact Person, and Title: _____

Mailing Address: _____

City/Town/Village & Zip code: _____

Email: _____

Phone: _____

Fax No.: _____

II. PROJECT INFORMATION

A) Project Address: _____

Tax Map Number (SBL) _____
(Section/Block/Lot)

SWIS Number _____

Located in City of _____

Located in Town of _____

Located in Village of _____

School District of _____

B) Current Assessment of Property:

Land _____

Total _____

C) Present legal owner of the site _____

If other than from applicant, by what means will the site be acquired for this project?

D) Describe the project:

1. Project site (land)

(a) Indicate approximate size (In acres or square feet) of project site.

(b) Indicate the present use of the project site.

2. Indicate number, size (in square feet) and approximate age of existing buildings on site

3. Does the project consist of the construction of a new building or buildings?
If yes, indicate number and size (in square feet) of new buildings.

4. Does the project consist of additions and/or renovations to existing buildings? If yes, indicate nature of expansion and/or renovation.

5. If any space in the project is to be leased to third parties, indicate total square footage of the project amount to be leased to each tenant and proposed use by each tenant.

6. List principal items/categories of equipment to be acquired as part of the project.

7. Has construction work on this project begun?

E) Inter-Municipal Move Determination

Will the project result in the removal of a plant or facility of the applicant from one area of the State of New York to another?

Yes or No

Will the project result in the removal of a plant or facility of another proposed occupant of the project from one area of the State of New York to another area of the State of New York?

Yes or No

Will the project result in the abandonment of one or more plants or facilities located in the State of New York?

Yes or No

If Yes to any of the questions above, 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:

- F) Furnish a copy of any environmental application presently in process of completion concerning this project, providing name and address of the agency, and copy all pending or completed documentation and determinations.

III. **SOURCES & USES OF FUNDS**

A) Estimated Project Costs:

Property Acquisition	\$
Construction (Improvements)	\$
Equipment Purchases/Fixtures/Furnishings	\$
Soft costs (i.e. engineering, architectural)	\$
Other (describe)	\$
TOTAL USES OF FUNDS	\$

B) Sources of Funds for Project Costs *(Must match above Total Uses of Funds)*:

Bank Financing	\$
Equity	\$
Grants/Tax Credits	\$
Taxable or Tax Exempt Bond	\$
Other	\$
TOTAL SOURCES OF FUNDS	\$

C) Identify each state and federal grant/credit:

Statewide Healthcare Facility Transformation Grant	\$ 5,921,650
	\$
	\$
	\$
TOTAL PUBLIC FUNDS	\$ 5,921,650

IV. FINANCIAL ASSISTANCE REQUESTED

A.) Benefits Requested:

Sales Tax Exemption Mortgage Recording Tax Exemption
 Real Property Tax Abatement (PILOT)

B.) Value of Incentives:

Property Tax Exemption (To be estimated by NADC Staff. See Page 14

) Estimated duration of Property Tax exemption: _____

Sales and Use Tax

Estimated value of Sales Tax exemption for facility construction: \$ _____

Estimated value of Sales Tax exemption for fixtures and equipment: \$ _____

Estimated duration of Sales Tax exemption: _____

Mortgage Recording Tax Exemption Benefit

Estimated value of Mortgage Recording Tax exemption: \$ _____

C.) Financial Assistance Determination:

If financial incentives are not provided by NADC, is the project financially viable?

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:

V. EMPLOYMENT PLAN

	# of Retained Jobs	Retained Jobs Average Annual Salary	# of Created Jobs <i>(3 yrs after project completion)</i>	Created Jobs Average Annual Salary
Full Time (FTE)				
Part time (PTE)				
TOTAL				

Annual Salary Range of Jobs to be Created: \$ _____ to \$ _____

Category of Jobs to be Retained and Created:

Job Categories (ie. Management, Administrative, Production, etc.) _____

VI. REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the Agency as follows:

- A. Job Listings: In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the proposed project must be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entitle") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JPTA") in which the project is located.
- B. First Consideration for Employment: In accordance with Section 858-b(2) of the General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant must first consider persons eligible to participate in JTPA programs who shall be referred by the JPTA Entities for new employment opportunities created as a result of the proposed project.
- C. A liability and contract liability policy for a minimum of three million dollars will be furnished by the Applicant insuring the Agency.
- D. Annual Sales Tax Filings: In accordance with Section 874(8) of the General Municipal Law, the Applicant understands and agrees that, if the proposed 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.
- E. Annual Employment Reports: The applicant understands and agrees that, if the proposed 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.
- F. Compliance with N.Y. GML Sec. 862(1): Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:

§ 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would 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, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.

- G. Compliance with Applicable Laws: The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
- H. False and Misleading Information: The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemption claimed by reason of the Agency's involvement the Project.
- I. Recapture: Should the Applicant not expend or hire as presented, the Agency may view such information/status as failing to meet the established standards of economic performance. In such events, some or all of the benefits taken by the Applicant will be subject to recapture.
- J. Absence of Conflicts of Interest: The applicant has received from the Agency a list of the members, officers, and employees of the Agency. No member, officers or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as herein described.

The Applicant and the individual executing this Application on behalf of applicant acknowledge that the Agency and its counsel will rely on the representations made in this Application when acting hereon and hereby represents 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.

STATE OF NEW YORK)
COUNTY OF) ss.:

_____, being first duly sworn, deposes and says:

- 1. That I am the _____ (Corporate Office) of _____ (Applicant) and that I am duly authorized on behalf of the Applicant to bind the Applicant.
- 2. That I have read the attached Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.

(Signature of Officer)

Subscribed and affirmed to me under penalties of perjury
this ___ day of _____, 20__.

(Notary Public)

This Application should be submitted to the Niagara Area Development Corporation, 6311 Inducon Corporate Drive, Suite One, Sanborn, New York 14132.

Attach copies of preliminary plans or sketches of proposed construction or rehabilitation or both.

HOLD HARMLESS AGREEMENT

Applicant hereby releases the NIAGARA AREA DEVELOPMENT CORPORATION 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 processing of the Application, including attorneys' fees, if any.

(Applicant Signature)

By: _____

Name: _____

Title: _____

(Notary Public)

Sworn to before me this ____ day

[stamp]

of _____, 20__

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO	YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO	YES
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ _____	NO	YES	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation service(s) available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
16. Is the project site located in the 100 year flood plain?	NO	YES	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	NO	YES	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	NO	YES
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ _____	NO	YES
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ _____	NO	YES
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- 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 impacts.

_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

Part II. Project Information

Project #1 – Lockport Hospital Replacement Hospital Project

Project Description: Construction of 63,000 sq ft micro-hospital

Project Address: 6001 Shimer Rd, Lockport (Niagara County)

Present legal owner of the site: Mount St. Mary's Hospital of Niagara Falls

Indicate the present use of the project site: Currently an apple orchard

Estimated Project Cost: \$ 73,013,075

Estimated Tax-Exempt Bonds for Project: \$ 59,891,425

Project #2 – Mercy Hospital of Buffalo Cardiac Cath Lab Project

Project Description: Replace equipment and infrastructure in the cardiac catheterization labs

Project Address: 565 Abbott Rd, Buffalo (Erie County)

Present legal owner of the site: Mercy Hospital of Buffalo

Estimated Project Cost: \$ 15,730,000

Estimated Tax-Exempt Bonds for Project: \$ 14,300,000

Project #3 – Sisters of Charity Hospital of Buffalo, New York Pathology Project

Project Description: Project scope includes the equipment and facility upgrades required to perform pathology studies in compliance with current regulatory requirements

Project Address: 2157 Main St, Buffalo (Erie County)

Present legal owner of the site: Sisters of Charity Hospital of Buffalo

Estimated Project Cost: \$ 3,120,000

Estimated Tax-Exempt Bonds for Project: \$ 2,860,000

Project #4 – Kenmore Mercy Hospital Elevator Project

Project Description: Modernization of elevator and component

Project Address: 2950 Elmwood Ave, Kenmore (Erie County)

Present legal owner of the site: Kenmore Mercy Hospital

Estimated Project Cost: \$ 843,850

Estimated Tax-Exempt Bonds for Project: \$ 773,529

Project #5 – Mount St. Mary’s Hospital of Niagara Falls Elevator Project

Project Description: Modernization of elevator and component

Project Address: 5300 Military Rd, Lewiston (Niagara County)

Present legal owner of the site: Mount St. Mary’s Hospital of Niagara Falls

Estimated Project Cost: \$ 981,684

Estimated Tax-Exempt Bonds for Project: \$ 899,877

Project #6 – Mercy Hospital of Buffalo Elevator Project

Project Description: Modernization of elevator and component

Project Address: 565 Abbott Rd, Buffalo (Erie County)

Present legal owner of the site: Mercy Hospital of Buffalo

Estimated Project Cost: \$ 1,025,966

Estimated Tax-Exempt Bonds for Project: \$ 940,469

Project #7 – Sisters of Charity Hospital of Buffalo, New York Elevator Project

Project Description: Modernization of elevator and component

Project Address: 2157 Main St, Buffalo / 2605 Harlem, Cheektowaga (Erie County)

Present legal owner of the site: Sisters of Charity Hospital of Buffalo

Estimated Project Cost: \$ 1,360,447

Estimated Tax-Exempt Bonds for Project: \$ 1,247,077

Project #8 – Kenmore Mercy Hospital Brick Repointing Project

Project Address: 2950 Elmwood Ave, Kenmore (Erie County)

Present legal owner of the site: Kenmore Mercy Hospital of Buffalo

Estimated Project Cost: \$ 294,000

Estimated Tax-Exempt Bonds for Project: \$ 269,500

Project #9 – Mount St. Mary’s Hospital of Niagara Falls Brick Repointing Project

Project Address: 5300 Military Rd, Lewiston (Niagara County)

Present legal owner of the site: Mount St. Mary’s Hospital of Niagara Falls

Estimated Project Cost: \$ 1,224,000

Estimated Tax-Exempt Bonds for Project: \$ 1,122,000

Project #10 – Mercy Hospital of Buffalo Brick Repointing Project

Project Address: 565 Abbott Rd, Buffalo (Erie County)

Present legal owner of the site: Mercy Hospital of Buffalo

Estimated Project Cost: \$ 900,000

Estimated Tax-Exempt Bonds for Project: \$ 825,000

Project #11 – Sisters of Charity Hospital of Buffalo, New York Brick Repointing Project

Project Address: 2157 Main St, Buffalo / 2605 Harlem, Cheektowaga (Erie County)

Present legal owner of the site: Sisters of Charity Hospital of Buffalo

Estimated Project Cost: \$ 1,432,560

Estimated Tax-Exempt Bonds for Project: \$ 1,313,180

✓ **TOWN OF LOCKPORT**

**STATE ENVIRONMENTAL QUALITY REVIEW ACT NEGATIVE DECLARATION AND NOTICE
OF DETERMINATION OF NON-SIGNIFICANCE**

**CATHOLIC HEALTH SYSTEMS – LOCKPORT MEMORIAL HOSPITAL CAMPUS
6001 SHIMER DRIVE, LOCKPORT, NEW YORK**

WHEREAS, Catholic Health Systems – Lockport Memorial Hospital Campus (the “Applicant”) has proposed a medical facility, to be located at 6001 Shimer Drive, currently consisting of SBL Nos. 122.00-2-1.2, 122.00-2-2, 122.00-2-2.13, 122.00-2-4, and 122.00-2-26, in the Town of Lockport, NY (the “Project”), which is being considered for Site Plan Approval by the Town of Lockport Planning Board (the “Planning Board”), and

WHEREAS, the Planning Board has previously circulated notices of its intent to act as lead agency with respect to the Project for purposes of conducting a review under the State Environmental Quality Review Act and the implementing regulations of the New York State Department of Environmental Conservation adopted thereunder (6 NYCRR Part 617) (hereinafter collectively referred to as “SEQRA”) to all involved and interested agencies, and has received no objection to its serving as lead agency; and

WHEREAS, a Full Environmental Assessment Form (the “EAF”) Part 1, was prepared by the Applicant, the Town’s Engineers and Planning consultants (Wendel), prepared the EAF parts 2 and 3, and the EAF was submitted to the Planning Board, and was also circulated to involved agencies for input pursuant to SEQRA, and

WHEREAS, the Planning Board has considered the Project and reviewed the EAF and all comments received from involved or interested agencies, in light of the criteria set forth in SEQRA in order to determine whether the Project will have a significant effect on the environment, now therefore be it

RESOLVED, that the Planning Board of the Town of Lockport hereby declares itself lead agency for the purposes of SEQRA review of the Project, and be it further

RESOLVED, that based upon the information set forth in the EAF, and for reasons more fully set forth in parts 2 and 3 of the EAF, the Planning Board hereby determines that there will be no significant environmental impacts with regard to the Project, and hereby adopts and issues the attached Negative Declaration under SEQRA with respect thereto, and be it further

RESOLVED, that the Chairman of the Planning Board be, and hereby is, authorized to execute any necessary documents in conjunction hereto.

FILED

JUL 23 2021

**TOWN CLERK
LOCKPORT, NY 14094**



TOWN OF LOCKPORT PLANNING BOARD
SITE PLAN RESOLUTION

Issue
Date
7-2-21

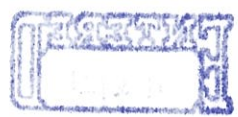
WHEREAS, Catholic Health Systems - Lockport Memorial Hospital Campus, has submitted a site plan and architectural renderings, for the development of a medical facility on approximately 15 acres of land from an approximately 97 acre parcel of land, to be located at 6001 Shimer Drive, currently consisting of SBL Nos. 122.00-2-1.2, 122.00-2-2, 122.00-2-2.13, 122.00-2-4, and 122.00-2-26, in the Town of Lockport.

RESOLVED, that the site layout plan of Catholic Health Systems - Lockport Memorial Hospital Campus for development of a medical facility is hereby approved and this approval is conditioned on the following:

- 1) Approval of the Town Engineer and all Town Engineer recommended changes.

7 -

122.00-2-1.2
122.00-2-2
122.00-2-2.13
122.00-2-4
122.00-2-26



**TOWN OF LOCKPORT PLANNING BOARD
ARCHITECTURAL AND DESIGN RESOLUTION**

WHEREAS, Catholic Health Systems - Lockport Memorial Hospital Campus, has submitted a site plan and architectural renderings, for the development of a medical facility on approximately 15 acres of land from an approximately 97 acre parcel of land, to be located at 6001 Shimer Drive, currently consisting of SBL Nos. 122.00-2-1.2, 122.00-2-2, 122.00-2-2.13, 122.00-2-4, and 122.00-2-26, in the Town of Lockport.

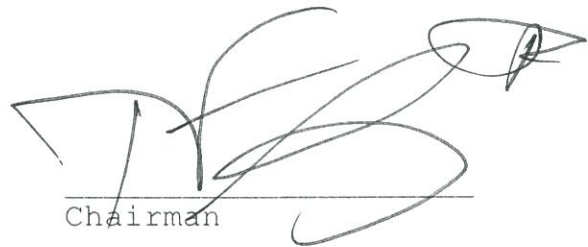
NOW, THEREFORE, BE IT RESOLVED, that based upon the Planning Board review of the proposed project's design and site layout plan, the input received from the Planning Consultant and taking into consideration those criteria set forth in Town Code §53-8, the Board finds:

- 1) That the overall architectural design including architectural colors, styles, signage, and landscaping in relation to architectural design and character of the surrounding area and the buildings contained therein are all compatible with and contribute to the overall areas of the Town of Lockport.

ACCORDINGLY, the Planning Board hereby approves the design as submitted and directs the issuance of a Certificate of Approval by the Chairman.

TOWN OF LOCKPORT
CERTIFICATE OF COMPLIANCE

I HEREBY CERTIFY that the proposed design and site layout plan offered by Catholic Health Systems - Lockport Memorial Hospital Campus for development of a medical facility to be located at 6001 Shimer Drive, Lockport, New York, as set forth in the application before the Planning Board has been approved as to architectural design by the Town of Lockport Planning Board.


Chairman

Dated: 7-20-21