

**Alliance Apartments, LLC
10 Castle Street
Oneida, NY 13421
(315)-361-1768 – office
(315)-361-5433 - fax**

Madison County Industrial Development Agency
Madison County Center for Economic Development
3215 Seneca Turnpike
Canastota, NY 13032
Attn: Chairman

Dear Chairman:

Thank you, on behalf of Alliance Apartments, LLC, and your board for the opportunity to apply for economic assistance in the form of various tax reliefs. We would also like to acknowledge Director Kipp Hicks for his assistance in this process.

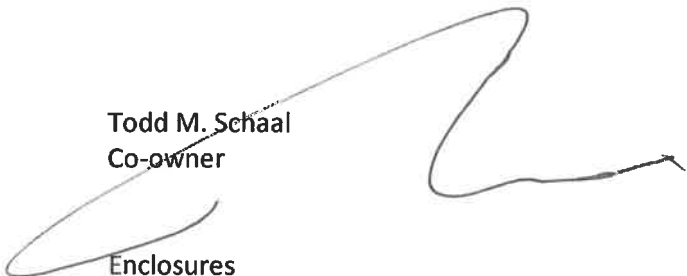
But not for the possibilities of gaining economic assistance in the form of tax relief, this project could not be undertaken.

We stand ready to answer questions and provide input if we are called upon to do so.

Again, thank you for your consideration.

Sincerely,

Todd M. Schaal
Co-owner



Enclosures

IDA Application 1-24

IDA cost benefit 1-6

1- Photograph of 125 Lake St Chittenango

2- Map depicting its location

3- Draft survey

PC: 125 Lake Street

MADISON COUNTY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR SALE/LEASEBACK TRANSACTION

IMPORTANT NOTICE: The answers to the questions contained in this application are necessary to determine your firm's eligibility for tax exemptions and other assistance from Madison County Industrial Development Agency. These answers will also be used in the preparation of papers in this transaction. Accordingly, all questions should be answered accurately and completely by an officer or other employee of your firm who is thoroughly familiar with the business and affairs of your firm and who is also thoroughly familiar with the proposed project. This application is subject to acceptance by the Agency.

TO: MADISON COUNTY INDUSTRIAL DEVELOPMENT AGENCY
Madison County Center for Economic Development
3215 Seneca Turnpike
Canastota, New York 13032
Attention: Chairman

This application by applicant respectfully states:

APPLICANT: Alliance Apartments, LLC
APPLICANT'S STREET ADDRESS: 10 Castle Street
CITY: Oneida **STATE:** New York **PHONE NO.:** 315-361-1768

NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION: Todd Schaal – Co-Owner Alliance Apartments, LLC

IF APPLICANT IS REPRESENTED BY AN ATTORNEY, COMPLETE THE FOLLOWING:

NAME OF FIRM: Randy J. Schaal, Attorney at Law
NAME OF ATTORNEY: Randy J. Schaal
ATTORNEY'S STREET ADDRESS: 312 Broad St
CITY: Oneida **STATE:** New York **PHONE NO.:** 315-363-6888

NOTE: PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE FILLING OUT THIS APPLICATION.

INSTRUCTIONS

1. The Agency will not approve any application unless, in the judgment of the Agency, said application contains sufficient information upon which to base a decision whether to approve or tentatively approve an action.
2. Fill in all blanks, using "none" or "not applicable" or "N/A" where the question is not appropriate to the project which is the subject of this application (the "Project").
3. If an estimate is given as the answer to a question, put "(est)" after the figure or answer which is estimated.
4. If more space is needed to answer any specific question, attach a separate sheet.
5. When completed, return two (2) copies of this application to the Agency at the address indicated on the first page of this application.
6. The Agency will not give final approval to this application until the Agency receives a completed environmental assessment form concerning the Project which is the subject of this application.
7. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the applicant feels that there are elements of the Project which are in the nature of trade secrets or information, the nature of which is such that if disclosed to the public or otherwise widely disseminated would cause substantial injury to the applicant's competitive position, the applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.
8. The applicant will be required to pay to the Agency all actual costs incurred in connection with this application and the Project contemplated herein. The applicant will also be expected to pay all costs incurred by general counsel and special counsel to the Agency.
9. The Agency has established an application fee of Two Hundred Fifty Dollars (\$250) to cover the anticipated costs of the Agency in processing this application. A check or money order made payable to the Agency must accompany each application. THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS ACCOMPANIED BY THE APPLICATION FEE.
10. The Agency has established a project fee for each project in which the Agency participates. UNLESS THE AGENCY AGREES IN WRITING TO THE CONTRARY, THIS PROJECT FEE IS REQUIRED TO BE PAID BY THE APPLICANT AT OR PRIOR TO THE GRANTING OF ANY FINANCIAL ASSISTANCE BY THE AGENCY.

FOR AGENCY USE ONLY

| | |
|---|------|
| 1. Project Number | |
| 2. Date application Received by Agency | , 20 |
| 3. Date application referred to attorney for review | , 20 |
| 4. Date copy of application mailed to members | , 20 |
| 5. Date notice of Agency meeting on application posted | , 20 |
| 6. Date notice of Agency meeting on application mailed | , 20 |
| 7. Date of Agency meeting on application | , 20 |
| 8. Date Agency conditionally approved application | , 20 |
| 9. Date scheduled for public hearing | , 20 |
| 10. Date Environmental Assessment Form ("EAF") received | , 20 |
| 11. Date Agency completed environmental review | , 20 |
| 12. Date of final approval of application | , 20 |

I. INFORMATION CONCERNING THE PROPOSED OCCUPANT OF THE PROJECT (HEREINAFTER, THE "COMPANY").

A. Identity of Company:

1. Company Name: Alliance Apartments, LLC
 Present Address: 10 Castle Street, Oneida NY
 Zip Code: 13421
 Employer's ID No.: 47-4792807
2. If the Company differs from the Applicant, give details of relationship: N/A
3. Indicate type of business organization of Company:
 - a. Limited Liability Company. If so, incorporated in what country - United States, What State – New York, Date Incorporated – 07/28/2015, Type of Corporation – Limited Liability Company Authorized to do business in New York?
 Yes ; No .
 - b. Partnership. If so, indicate type of partnership LLC; Number of general partners 2
 Number of limited partners 0.
 - c. Sole proprietorship.
4. Is the Company a subsidiary or direct or indirect affiliate of any other organization(s)? If so, indicate name of related organization(s) and relationship: No

B. Management of Company:

1. List all owners, officers, directors and partners (complete all columns for each person):

| NAME AND HOME ADDRESS | OFFICE HELD | OTHER PRINCIPAL BUSINESS |
|---|-------------|--------------------------|
| Todd Schaal - 1600 Middle Rd Oneida, NY 13421 | Co-Owner | N/A |
| Richard Kristan - 1005 Sherrill Rd Sherrill NY 13461 | Co-Owner | N/A |
| | | |
| | | |
| | | |

2. Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation? Yes ___; No x.

3. Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)? Yes ___; No x.

4. Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt? Yes ___; No x.

5. If the answer to any of questions 2 through 4 is yes, please, furnish details in a separate attachment.

C. Principal owners of Company:

1. Is Company publicly held? Yes ___; No x. If yes, please list exchanges where stock traded:

2. If no, list all stockholders having a 5% or more interest in the Company:

| NAME | ADDRESS | PERCENTAGE OF HOLDING |
|-----------------|--------------------------------------|-----------------------|
| Todd Schaal | 1600 Middle Rd Oneida, NY 13421 | 50% |
| Richard Kristan | 1005 Sherrill Rd, Sherrill, NY 13461 | 50% |
| | | |
| | | |
| | | |
| | | |

D. Company's principal bank(s) of account: Community Bank, 182 Main St Oneida, NY 13421

II. DATA REGARDING PROPOSED PROJECT.

A. Description of the Project: (Please provide a brief narrative description of the Project.)
A former elementary school in the Chittenango School District will be reconfigured to accommodate (27) twenty-seven (estimated) senior living one-and two-bedroom apartments. An area for dining, relaxation, exercise and hosting family and friends will be constructed and to the degree possible, services such as unisex hair salon and a catery and coffee shop will be constructed depending on local area business interest in establishing satellite centers for the residents and area customers. Twenty-seven (27) plus storage units will also be constructed so that each apartment will have a dedicated storage area.

B. Location of the Project:

1. Street Address: 125 Lake Street
2. City of _____
3. Town of Sullivan
4. Village of Chittenango
5. County of Madison

C. Description of the Project site:

1. Approximate size (in acres or square feet) of the Project site: 4.92 SF acres +/- . Is a map, survey or sketch of the Project site attached? Yes ; No ____.
2. Are there existing buildings on the Project site? Yes ; No ____.
 - a. If yes, indicate the number of buildings on the site: One . Also, please briefly identify each existing building and indicate the approximate size (in square feet) of each such existing building: 69,790 SF +/-
 - b. Are the existing buildings in operation? Yes ; No ____ . If yes, describe present use of present buildings: The building is currently being leased by a public school for housing their educational program
 - c. Are the existing buildings abandoned? Yes ____ ; No . About to be abandoned? Yes ____ ; No N/A . If yes, describe: _____
 - d. Attach photograph of present buildings.
3. Utilities serving the Project site:

Water-Municipal: Onondaga County Water Authority

Other (describe) _____

Sewer-Municipal: Village of Chittenango

Other (describe) _____

Electric-Utility: National Grid

Other (describe) _____

Heat-Utility: National Grid – natural gas

Other (describe) _____

4. Present legal owner of the Project site: Chittenango Central School District
 - a. If the Company owns the Project site, indicate date of purchase: estimate 8/1/2022, ; purchase price: \$300,000.00.
 - b. If Company does not own the Project site, does Company have an option signed with the owner to purchase the Project site? Yes ; No . If yes, indicate date option signed with the owner: September 30 , 2019; and the date the option expires: August 2, 2022 (estimated)
 - c. If the Company does not own the Project site, is there a relationship legally or by common control between the Company and the present owner of the Project site? Yes ; No . If yes, describe;

5.
 - a. Zoning District in which the Project site is located: Medium density residential; age restricted housing allowed by recent Village vote.
 - b. Are there any variances or special permits affecting the Project site? Yes ; No . If yes, list below and attach copies of all such variances or special permits: Village agreed to allow Senior living

D. Description of Proposed Construction:

1. Does part of the Project consist of the acquisition or construction of a new building or buildings? Yes ; No . If yes, indicate number and size of new buildings:

2. Does part of the Project consist of additions and/or renovations to existing buildings located on the Project site? Yes ; No . If yes, indicate the buildings to be expanded or renovated, the size of any expansions and the nature of expansion and/or renovation: Extensive renovations to the structure to establish living areas, storage areas, special service areas and exterior areas required renovations for codes, esthetics, plus additional parking area.

3 Describe the principal uses to be made by the Company of the building or buildings to be acquired, constructed or expanded: Senior living apartment units and service centers to be determined

E. Description of the Equipment:

1. Does a part of the Project consist of the acquisition or installation of machinery, equipment or other personal property (the "Equipment")? Yes x; No _____. If yes, describe the Equipment: Elevator, appliances for apartments, water heaters, heating units, exercise equipment, air conditioning units, electrical equipment possibly involving transformers and electrical associated equipment

2. With respect to the Equipment to be acquired, will any of the Equipment be Equipment which has previously been used? Yes x; No _____. If yes, please provide detail: Gently used exercise equipment, existing cafeteria equipment, boilers.

3. Describe the principal uses to be made by the Company of the Equipment to be acquired or installed: The equipment of appliances, HVAC, etc. are ordinary requirements for Residential living, along with an elevator. Recreational exercise for residents.

F. Project Use:

1. What are the principal products to be produced at the Project? No production is planned N/A

2. What are the principal activities to be conducted at the Project? Senior living residential services for residents and community members (TBD)

3. Does the Project include facilities or property that are primarily used in making retail sales of goods or services to customers who personally visit such facilities? Yes x; No _____. If yes, please provide detail: This is subject to the interest of area vendors who may want to establish satellite centers

4. If the answer to question 3 is yes, what percentage of the cost of the Project will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project? <5%

5. If the answer to question 3 is yes, and the answer to question 4 is more than 33.33%, indicate whether any of the following apply to the Project:

a. Will the Project be operated by a not-for-profit corporation? Yes ____; No ____ . If yes, please explain: N/A

b. Is the Project likely to attract a significant number of visitors from outside the economic development region in which the Project will be located? Yes ____; No ____ . If yes, please explain: N/A

c. Would the Project occupant, but for the contemplated financial assistance from the Agency, locate the related jobs outside the State of New York? Yes ____; No ____ . If yes, please explain: N/A

d. 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 city, town, or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services? Yes ____; No ____ . If yes, please provide detail: N/A

e. Will the Project be located in one of the following: (i) the City of New York; (ii) an area designed as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (iii) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (x) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of households receiving public assistance, and (y) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates? Yes ____; No ____ . If yes, please explain:
N/A

6. If the answers to any of subdivisions c. through e. of question 5 is yes, 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 ___; No ____. If yes, please explain: N/A

7. Will the completion of the Project result in the removal of a plant or facility of the Company or another proposed occupant of the Project (a "Project Occupant") from one area of the State of New York to another area of the State of New York? Yes ___; No __x__. If yes, please explain:

8. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Company located in the State of New York? Yes ___; No __x__. If yes, please provide detail:

9. If the answer to either question 7 or question 8 is yes, indicate whether any of the following apply to the Project:

a. Is the Project reasonably necessary to preserve the competitive position of the Company or such Project Occupant in its industry? Yes ___; No ____. If yes, please provide detail N/A

b. Is the Project reasonably necessary to discourage the Company or such Project Occupant from removing such other plant or facility to a location outside the State of New York? Yes ___; No ____. If yes, please provide detail N/A

G. Project Status:

1. If the Project includes the acquisition of any land or buildings, have any steps been taken toward acquiring same? Yes x; No _____. If yes, please discuss in detail the approximate stage of such acquisition: A purchase offer was made and accepted

2. If the Project includes the acquisition of any Equipment, have any steps been taken toward acquiring same? Yes ____; No x. If yes, please discuss in detail the approximate stage of such acquisition:

3. If the Project involves the construction or reconstruction of any building or other improvement, has construction work on any such building or improvement begun? Yes ____; No x. If yes, please discuss in detail the approximate extent of construction and the extent of completion. Indicate in your answer whether such specific steps have been completed as site clearance and preparation; completion of foundations; installation of footings; etc.:

4. Please indicate amount of funds expended on the Project by the Company in the past three (3) years and the purposes of such expenditures: Some Pre-Engineering has been done, estimate \$5,000.00

5. Please indicate the date the applicant estimates the Project will be completed: 13 units (estimated) by August 2023 and 14 units (estimated) by August 2024

III. INFORMATION CONCERNING LEASES OR SUBLEASES OF THE PROJECT. (PLEASE COMPLETE THE FOLLOWING SECTION IF THE COMPANY INTENDS TO LEASE OR SUBLEASE ANY PORTION OF THE PROJECT).

A. Does the Company intend to lease or sublease more than 10% (by area or fair market value) of the Project? Yes x; No _____. If yes, please complete the following for each existing or proposed tenant or subtenant:

1. Sublessee name: Chittenango School System
Present Address: _____
City: Chittenango State: NY Zip: 13037
Employer's ID No.: _____

Sublessee is: ___ Corporation: ___ Partnership: ___ Sole Proprietorship: ___
Relationship to Company: Current owner of building
Percentage of Project to be leased or subleased: Gym
Use of Project intended by Sublessee: Recreation
Date of lease or sublease to Sublessee: TBD
Term of lease or sublease to Sublessee: TBD
Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes ___; No x. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

2. Sublessee name: N/A
Present Address: 125 Lake St
City: Chittenango State: NY Zip: 13037
Employer's ID No.: _____
Sublessee is: ___ Corporation: ___ Partnership: ___ Sole Proprietorship: ___
Relationship to Company: TBD
Percentage of Project to be leased or subleased: 27 units to be leased to Senior residents
Use of Project intended by Sublessee: Residents
Date of lease or sublease to Sublessee: TBD
Term of lease or sublease to Sublessee: month to month
Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes ___; No x. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

3. Sublessee name: N/A
Present Address:
City: _____ State: _____ Zip: _____
Employer's ID No.: _____
Sublessee is: ___ Corporation: ___ Partnership: ___ Sole Proprietorship: ___
Relationship to Company: _____
Percentage of Project to be leased or subleased: _____
Use of Project intended by Sublessee: _____
Date of lease or sublease to Sublessee: _____
Term of lease or sublease to Sublessee: _____
Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes ___; No _____. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

B. What percentage of the space intended to be leased or subleased is now subject to a binding written lease or sublease? N/A

IV. EMPLOYMENT IMPACT.

- A. Indicate the number of people presently employed at the Project site and the **additional** number that will be employed at the Project site at the end of the first and second years after the Project has been completed, using the tables below for (1) employees of the Applicant, (2) independent contractors, and (3) employees of independent contractors. (Do not include construction workers). Also indicate below the number of workers employed at the Project site representing newly created positions as opposed to positions relocated from other project sites of the applicant. Such information regarding relocated positions should also indicate whether such positions are relocated from other project sites financed by obligations previously issued by the Agency.

| TYPE OF EMPLOYMENT | | | | | |
|-------------------------------|----------------------------|---------|--------------|------------|--------|
| Employees of Applicant | | | | | |
| | Professional or Managerial | Skilled | Semi-Skilled | Un-Skilled | Totals |
| Present Full Time | None | N/A | N/A | N/A | 0 |
| Present Part Time | | | | | |
| Present Seasonal | | | | | |
| First Year Full Time | 1 | | | | 1 |
| First Year Part Time | 2 | | | | 2 |
| First Year Seasonal | | | | | |
| Second Year Full Time | | | | | |
| Second Year Part Time | | | | | |
| Second Year Seasonal | | | | | |

| TYPE OF EMPLOYMENT | | | | | |
|--------------------------------|----------------------------|---------|--------------|------------|--------|
| Independent Contractors | | | | | |
| | Professional or Managerial | Skilled | Semi-Skilled | Un-Skilled | Totals |
| Present Full Time | | | | | |
| Present Part Time | | | | | |
| Present Seasonal | | | | | |
| First Year Full Time | | | | | |
| First Year Part Time | | | | | |
| First Year Seasonal | | | | | |
| Second Year Full Time | | | | | |
| Second Year Part Time | | | | | |
| Second Year Seasonal | | | | | |

| TYPE OF EMPLOYMENT | | | | | |
|---|----------------------------|---------|--------------|------------|--------|
| Employees of Independent Contractors | | | | | |
| | Professional or Managerial | Skilled | Semi-Skilled | Un-Skilled | Totals |
| | | | | | |

| | | | | | |
|-----------------------|--|--|--|--|--|
| Present Full Time | | | | | |
| Present Part Time | | | | | |
| Present Seasonal | | | | | |
| First Year Full Time | | | | | |
| First Year Part Time | | | | | |
| First Year Seasonal | | | | | |
| Second Year Full Time | | | | | |
| Second Year Part Time | | | | | |
| Second Year Seasonal | | | | | |

B. Indicate below (1) the estimated salary and fringe benefit averages or ranges and (2) the estimated number of employees residing in the Agency’s Labor Market Area for all the jobs at the Project site, both retained and created, listed in the tables described in subsection A above for each of the categories of positions listed in the chart below.

***Note -The listed ranges include a 20% estimated package of benefits that may apply**

| RELATED EMPLOYMENT INFORMATION | | | | |
|---|----------------------------|-------------|--------------|------------|
| Hourly rates | Professional or Managerial | Skilled | Semi-Skilled | Un-Skilled |
| Estimated Salary and Fringe Benefit Averages or Ranges | \$35 - \$150 | \$16 - \$34 | \$15 - \$20 | |
| Estimated Number of Employees Residing in the Agency’s Labor Market Area ¹ | All | All | All | |

C. Please describe the projected timeframe for the creation of any new jobs with respect to the undertaking of the Project:

Year one – part time Assistant Property Manager
Year one – Independent contractor employees
Year two – Part time cleaner

D. Please prepare a separate attachment describing in detail the types of employment at the Project site. Such attachment should describe the activities or work performed for each type of employment.

See attached 13A plus service jobs - TBD

¹ The Agency’s Labor Market Area consists of the following counties: Madison, Chenango, Cortland, Oneida, Onondaga, and Otsego.

| | | |
|--|----------------------------|---|
| Page 13A – Item D (Application) | | |
| Employees of the Applicant -Non-Construction | Foreman | Ensures that the materials and craftsmanship of the project conform to the requirements of the blueprints and notes. Acts as the clerk of the works |
| | Assistant Property Manager | Reports to the Property Manager on issues such as rent, items needing repair and other concerns of the residents. Also ensures that interested parties wishing to obtain a rental unit are scheduled for a review of the property and requirements of the residents |
| | Cleaner | Cleans all common areas, empties trash, replenish/report any required maintenance to the Assistant Property Manager |

V. PROJECT COST.

- A. Anticipated Project Costs. State the costs reasonably necessary for the acquisition of the Project site, the construction of the proposed buildings and the acquisition and installation of any machinery and equipment necessary or convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

| <u>Description of Cost</u> | <u>Amount</u> |
|---|------------------------|
| Land | \$60,000.00 |
| Buildings | \$240,000.00 |
| Machinery and equipment costs | \$150,000.00 |
| Utilities, roads and appurtenant costs | \$ 10,000.00 |
| Architects and engineering fees | \$ 7,000.00 |
| Costs of financing | \$ |
| | _____ |
| Construction loan fees and interest (if applicable) | \$ |
| | _____ |
| Other (specify) | |
| Land related costs | \$ 127,250.00 |
| Build reconfiguration | \$ 2,305,750.00 |
| | \$ |
| | _____ |
| TOTAL PROJECT COSTS | \$ 2,900,000.00 |

- B. Anticipated Project Financing Sources. State the sources reasonably necessary for the financing of the Project site, the construction of the proposed buildings and the acquisition and installation of any machinery and equipment necessary or convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

| <u>Description of Sources</u> | <u>Amount</u> |
|--|------------------------|
| Private Sector Financing | \$ 2,900,000.00 |
| Public Sector | |
| Federal Programs | \$ _____ |
| State Programs | \$ _____ |
| Local Programs | \$ _____ |
| Applicant Equity | \$ _____ |
| Other (specify, e.g., tax credits) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL AMOUNT OF PROJECT FINANCING SOURCES | \$ 2,900,000.00 |

- C. Have any of the above expenditures already been made by the applicant?
 Yes _____; No X _____. If yes, indicate particulars.

D. Amount of loan requested: \$2,900,000.00 estimated

Maturity requested: 20 years.

E. Has a commitment for financing been received as of this application date, and if so, from whom?

Yes _____; No . Institution Name: Likely Community Bank

Provide name and telephone number of the person we may contact.

Name: _____ Phone: _____

F. The percentage of Project costs to be financed from public sector sources is estimated to equal the following: N/A %

G. The total amount estimated to be borrowed to finance the Project is equal to the following: \$ 2,900,000.00

VI. FINANCIAL ASSISTANCE EXPECTED FROM THE AGENCY.

A. Tax Benefits.

1. Is the applicant requesting any real property tax exemption in connection with the Project that would not be available to a project that did not involve the Agency? Yes _____; No . If yes, is the real property tax exemption being sought consistent with the Agency's Uniform Tax Exemption Policy? Yes _____; No _____.

2. Is the applicant expecting that the financing of the Project will be secured by one or more mortgages? Yes ; No _____. If yes, what is the approximate amount of financing to be secured by mortgages? \$2,900,000.00.

3. Is the applicant expecting to be appointed agent of the Agency for purposes of avoiding payment of N.Y.S. Sales Tax or Compensating Use Tax? Yes ; No _____. If yes, what is the approximate amount of purchases which the applicant expects to be exempt from the N.Y.S. Sales and Compensating Use Taxes? \$2,593.927.00.

4. What is the estimated value of each type of tax-exemption being sought in connection with the Project? Please detail the type of tax-exemption and value of each exemption.

- a. N.Y.S. Sales and Compensating Use Taxes: \$207,514.16
- b. Mortgage Recording Taxes: \$29,000.00
- c. Real Property Tax Exemptions: \$434,453.91
- d. Other (please specify):

_____ \$ _____

_____ \$ _____

5. Are any of the tax-exemptions being sought in connection with the Project inconsistent with the Agency's Uniform Tax-exemption Policy? Yes ___; No X_. If yes, please explain how the request of the applicant differs from the Agency's Uniform Tax-Exemption Policy: _____

B. Project Cost/Benefit Information. Complete the attached Cost/Benefit Analysis so that the Agency can perform a cost/benefit analysis of undertaking the Project. Such information should consist of a list and detailed description of the benefits of the Agency undertaking the Project (e.g., number of jobs created, types of jobs created, economic development in the area, etc.). Such information should also consist of a list and detailed description of the costs of the Agency undertaking the Project (e.g., tax revenues lost, buildings abandoned, etc.).

VII. 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 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 Project will 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 Entities") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JTPA"), as replaced by the Workforce Investment Act of 1998 (Public Law 105-220), in which the Project is located.

B. First Consideration for Employment: In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for new employment opportunities created as a result of the Project.

C. Annual Sales Tax Filings: In accordance with Section 874(8) of the New York General Municipal Law, the applicant understands and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the applicant and all consultants or subcontractors retained by the applicant.

D. Annual Employment Reports: The applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site.

E. Representation of Financial Information. Neither this Application nor any other agreement, document, certificate, project financials, or written statement furnished to the Agency or by or on behalf of the applicant in connection with the project contemplated by this Application contains any untrue statement of a material fact or omits to state a material fact necessary in order to make the statements contained herein or therein not misleading. There is no fact within the special knowledge of any of the officers of the applicant which has not been disclosed herein or in writing by them to the Agency and which materially adversely affects or in the future in their opinion may, insofar as they can now reasonably foresee, materially adversely affect the business, properties, assets or condition, financial or otherwise, of the applicant.

F. Agency Financial Assistance Required for Project. The Project would not be undertaken but for the Financial Assistance provided by the Agency or, if the Project could be undertaken without the Financial Assistance provided by the Agency, then the Project should be undertaken by the Agency for the following reasons:

G. Compliance with Article 18-A of the General Municipal Law: The Project, as of the date of this Application, is in substantial compliance with all provisions of article 18-A of the General Municipal including, but not limited to, the provisions of Section 859-a and subdivision one of Section 862; and the provisions of subdivision one of Section 862 of the General Municipal Law will not be violated if Financial Assistance is provided for the Project.

H. Compliance with Federal, State, and Local Laws. The applicant is in substantial compliance with applicable local, state, and federal tax, worker protection, and environmental laws, rules, and regulations.

I. False or Misleading Information. The applicant understands 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 exemptions claimed by reason of Agency involvement in the Project.

J. Absence of Conflicts of Interest. The applicant acknowledges that the members, officers, and employees of the Agency are listed on the Agency's website. No member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

K. Uniform Agency Project Agreement. The applicant agrees to enter into a project benefits agreement with the Agency where the applicant agrees that (1) the amount of Financial Assistance to be received shall be contingent upon, and shall bear a direct relationship to the success or lack of success of such project in delivering certain described public benefits (the “Public Benefits”) and (2) the Agency will be entitled to recapture some or all of the Financial Assistance granted to the applicant if the project is unsuccessful in whole or in part in delivering the promised Public Benefits.

L. Additional Information. Additional information regarding the requirements noted in this Application and other requirements of the Agency is included the Agency’s Policy Manual which can be accessed at <http://madisoncountyida.com/>

I affirm under penalty of perjury that all statements made on this application are true, accurate, and complete to the best of my knowledge.

Todd M Schaal
Applicant

By:

Title:

Operating Manager

5/12/22

NOTE: APPLICANT MUST COMPLETE THE APPROPRIATE VERIFICATION APPEARING ON PAGES 21 THROUGH 23 HEREOF BEFORE A NOTARY PUBLIC AND MUST SIGN AND ACKNOWLEDGE THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 24.

Signed before me on
May 12th, 2022.

Notary Public: Megan Mercer

MEGAN MERCER
Notary Public, State of New York
Reg. No. 01ME6414897
Qualified in Madison County
Commission Expires March 1, 2025

VERIFICATION

(If Applicant is a Limited Liability Company)

STATE OF New York)
)SS.:
COUNTY OF Madison)

Todd M Schaal deposes and says that he is the Member of Alliance Apartments, LLC

the corporation named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. Deponent further says that the reason this verification is made by the deponent and not by said Company is because the said Company is a corporation. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as an officer of and from the books and papers of said corporation.



Todd M Schaal - Member 5/12/22

Sworn to before me this
12th day of May, 2022

Megan Mercer
Notary Public

MEGAN MERCER
Notary Public, State of New York
Reg. No. 01ME6414897
Qualified in Madison County
Commission Expires March 1, 2025

VERIFICATION

(If applicant is partnership)

STATE OF _____)
) SS.:
COUNTY OF _____)

_____ deposes and says that he is the
(Name of Individual)
_____ of _____,
(Title) (Partnership Name)

application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as a member of and from the books and papers of said partnership.

Sworn to before me this
___ day of _____, 20__.

Notary Public

HOLD HARMLESS AGREEMENT

Applicant hereby releases Madison County Industrial Development Agency and the members, officers, servants, agents and employees thereof (hereinafter collectively referred to as 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 that event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred by the Agency in the processing of the Application, including attorneys' fees, if any.

Todd M Schaal
(Applicant)

BY: _____

5/12/22

Sworn to before me this
12th day of May, 2022

Megan Mercer
Notary Public

MEGAN MERCER
Notary Public, State of New York
Reg. No. 01ME6414897
Qualified in Madison County
Commission Expires March 1, 2025

TO: Project Applicants
 FROM: Madison County Industrial Development Agency
 RE: Cost/Benefit Analysis Questionnaire

In order for the Madison County Industrial Development Agency (the "Agency") to prepare a Cost/Benefit Analysis for a proposed project (the "Project"), the Applicant must answer the questions contained in this Project Questionnaire (the "Questionnaire") and complete the attached Schedules. This Questionnaire and the attached Schedule will provide information regarding various aspects of the Project, and the costs and benefits associated therewith.

This Questionnaire must be completed before we can finalize the Cost/Benefit Analysis, please complete this Questionnaire and forward it to us at your earliest convenience.

PROJECT QUESTIONNAIRE

| | |
|---|--|
| 1. Name of Project Beneficiary ("Company"): | Alliance Apartments, LLC |
| 2. Brief Identification of the Project: | Senior living apartments at 125 Lake St Chittenango NY |
| 3. Estimated Amount of Project Benefits Sought: | |
| A. Value of Sales Tax Exemption Sought | \$128,434 estimate |
| B. Value of Real Property Tax Exemption Sought | \$434,454 |
| C. Value of Mortgage Recording Tax Exemption Sought | \$29,000 |

PROJECTED PROJECT INVESTMENT

| | |
|--|-------------|
| A. Land-Related Costs | |
| 1. Land acquisition | \$60,000 |
| 2. Site preparation | \$67,250 |
| 3. Landscaping | \$ |
| 4. Utilities and infrastructure development | \$ |
| 5. Access roads and parking development | \$10,000 |
| 6. Other land-related costs (describe) | \$ |
| B. Building-Related Costs | |
| 1. Acquisition of existing structures | \$240,000 |
| 2. Renovation of existing structures | \$296,700 |
| 3. New construction costs | \$1,262,571 |
| 4. Electrical systems | \$246,637 |
| 5. Heating, ventilation and air conditioning | \$406,108 |
| 6. Plumbing | \$153,734 |
| 7. Other building-related costs (describe) | \$ |

| | | |
|----|--|-------------|
| C. | Machinery and Equipment Costs | |
| 1. | Production and process equipment | \$ |
| 2. | Packaging equipment | \$ |
| 3. | Warehousing equipment | \$ |
| 4. | Installation costs for various equipment | \$ |
| 5. | Other equipment-related costs (describe) | \$150,000 |
| D. | Furniture and Fixture Costs | |
| 1. | Office furniture | \$ |
| 2. | Office equipment | \$ |
| 3. | Computers | \$ |
| 4. | Other furniture-related costs (describe) | \$ |
| E. | Working Capital Costs | |
| 1. | Operation costs | \$ |
| 2. | Production costs | \$ |
| 3. | Raw materials | \$ |
| 4. | Debt service | \$ |
| 5. | Relocation costs | \$ |
| 6. | Skills training | \$ |
| 7. | Other working capital-related costs (describe) | \$ |
| F. | Professional Service Costs | |
| 1. | Architecture and engineering | \$3,500 |
| 2. | Accounting/legal | \$3,500 |
| 3. | Other service-related costs (describe) | \$ |
| G. | Other Costs | |
| 1. | | \$ |
| 2. | | \$ |
| H. | Summary of Expenditures | |
| 1. | Total Land Related Costs | \$137,250 |
| 2. | Total Building Related Costs | \$2,605,750 |
| | | \$150,000 |
| 4. | Total Furniture and Fixture Costs | \$ |
| 5. | Total Working Capital Costs | \$ |
| 6. | Total Professional Service Costs | \$7,000 |
| 7. | Total Other Costs | \$2,900,000 |

PROJECTED CONSTRUCTION EMPLOYMENT IMPACT

I. Please provide estimates of total construction jobs at the Project:

| Year | Construction Jobs (Annual wages and benefits \$40,000 and under) | Construction Jobs (Annual wages and benefits over \$40,000) |
|--------------|---|--|
| Current Year | N/A | N/A |
| Year 1 | N/A | 6 |
| Year 2 | N/A | 6 |
| Year 3 | See explanations on CB-3A | |
| Year 4 | | |
| Year 5 | N/A | N/A |

II. Please provide estimates of total annual wages and benefits of total construction jobs at the Project:

| Year | Total Annual Wages and Benefits | Estimated Additional NYS Income Tax |
|--------------|---------------------------------|-------------------------------------|
| Current Year | N/A | N/A |
| Year 1 | \$430,000.00 est | \$65,360.00 |
| Year 2 | \$430,000.00 est | \$65,360.00 |
| Year 3 | N/A | N/A |
| Year 4 | N/A | N/A |
| Year 5 | N/A | N/A |

PROJECTED PERMANENT EMPLOYMENT IMPACT

I. Please provide estimates of total existing permanent jobs to be preserved or retained as a result of the Project:

| Year | Existing Jobs (Annual wages and benefits \$40,000 and under) | Existing Jobs (Annual wages and benefits over \$40,000) |
|--------------|---|--|
| Current Year | 0 | 0 |
| Year 1 | 0 | 0 |
| Year 2 | 0 | 0 |
| Year 3 | 0 | 0 |
| Year 4 | 0 | 0 |
| Year 5 | 0 | 0 |

CB-3A

Alliance Apartments, LLC has ongoing discussions concerning the possibilities of adding another seventeen (17) apartments to this complex. At this time, there will be no further cost benefit in year 3 and year 4. Should the seventeen (17) additional units actually come about, there would be further cost benefits in year 3 and year 4.

II. Please provide estimates of total new permanent jobs to be created at the Project:

| Year | New Jobs (Annual wages and benefits \$40,000 and under) | New Jobs (Annual wages and benefits over \$40,000) |
|--------------|---|--|
| Current Year | N/A | N/A |
| Year 1 | \$35,000 @ .2 FTE minimum | \$65,000 @ .33 FTE minimum |
| Year 2 | \$35,000 @ .2 FTE minimum | \$65,000 @ .33 FTE minimum |
| Year 3 | | |
| Year 4 | | |
| Year 5 | | |

III. Please provide estimates of total annual wages and benefits of total permanent jobs at the Project:

| Year | Total Annual Wages and Benefits | Estimated Additional NYS Income Tax |
|--------------|---------------------------------|--|
| Current Year | N/A | N/A |
| Year 1 | \$90,800 | \$13,802 |
| Year 2 | \$90,800 | \$13,802 |
| Year 3 | \$90,800 | \$13,802 |
| Year 4 | \$90,800 | \$13,802 |
| Year 5 | \$90,800 | \$13,802 |

IV. Please provide estimates for the following:

A. Estimates of the total number of existing permanent jobs to be preserved or retained as a result of the Project are described in the tables in Section IV of the Application.

All permanent, existing jobs preserved (estimate)

B. Estimates of the total new permanent jobs to be created by the Project are described in the tables in Section IV of the Application. Part time Assistant Property Manager – 0.33 FTE cleaner – 0.2 FTE - Maintenance technician 1.0 FTE

C. Creation of New Job Skills relating to permanent jobs. Please complete Schedule A. Assistant Property Manager – depending on previous experience this individual will be trained accordingly

D. Provide the projected percentage of employment that would be filled by Madison County residents:

1. Provide a brief description of how the project expects to meet this percentage:

PROJECTED OPERATING IMPACT

I. Please provide estimates for the impact of Project operating purchases and sales:

| | |
|---|-------------|
| Additional Purchases (1 st year following project completion) | \$30,000.00 |
| Additional Sales Tax Paid on Additional Purchases | \$2,400.00 |
| Estimated Additional Sales (1 st full year following project completion) | N/A |
| Estimated Additional Sales Tax to be collected on additional sales (1 st full year following project completion) | N/A |

II. Please provide estimates for the impact of Project on existing real property taxes and new payments in lieu of taxes (“Pilot Payments”):

| Year | Existing Real Property Taxes | New Pilot Payments | Total |
|--------------|------------------------------|--------------------|---------|
| Current Year | 0 | 0 | 0 |
| Year 1 | 0 | 62,195 | 62,195 |
| Year 2 | 0 | 62,195 | 62,195 |
| Year 3 | 0 | 62,195 | 62,195 |
| Year 4 | 0 | 62,195 | 62,195 |
| Year 5 | 0 | 62,195 | 62,195 |
| Year 6 | 0 | 74,634 | 74,634 |
| Year 7 | 0 | 87,073 | 87,073 |
| Year 8 | 0 | 99,512 | 99,512 |
| Year 9 | 0 | 111,951 | 111,951 |
| Year 10 | 0 | 124,390 | 124,390 |

III. Please provide estimates for the impact of other economic benefits expected to be produced as a result of the Project:

The residents of this facility will stock their shelves with foods, cleaning agents etc., just as any other resident in the community. Further they will require hair salon services, health services, banking services etc. Restaurants, gas stations, car repair facilities etc. will benefit from residents needing an abundance of services.

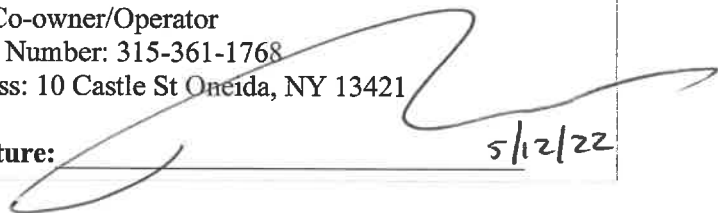
Additionally this property is tax exempt therefore even in the first year, 50% of the property tax will be received by the school, the Village, the Town and the County.

CERTIFICATION

I certify that I have prepared the responses provided in this Questionnaire and that, to the best of my knowledge, such responses are true, correct, and complete.

I understand that the foregoing information and attached documentation will be relied upon, and constitute inducement for, the Agency in providing financial assistance to the Project. I certify that I am familiar with the Project and am authorized by the Company to provide the foregoing information, and such information is true and complete to the best of my knowledge. I further agree that I will advise the Agency of any changes in such information, and will answer any further questions regarding the Project prior to the closing.

I affirm under penalty of perjury that all statements made on this application are true, accurate, and complete to the best of my knowledge.

| | |
|--|--|
| <p>Date Signed: <u>May 12th, 2022</u> Notary Public: <u>Megan Mercer</u></p> <p>MEGAN MERCER Notary Public, State of New York Reg. No. 01ME6414897 Qualified in Madison County Commission Expires March 1, 2025</p> | <p>Name of Person Completing Project Questionnaire on behalf of the Company.</p> <p>Name: Todd M Schaal Title: Co-owner/Operator Phone Number: 315-361-1768 Address: 10 Castle St Oneida, NY 13421</p> <p>Signature:  5/12/22</p> |
|--|--|

Enclosure 1



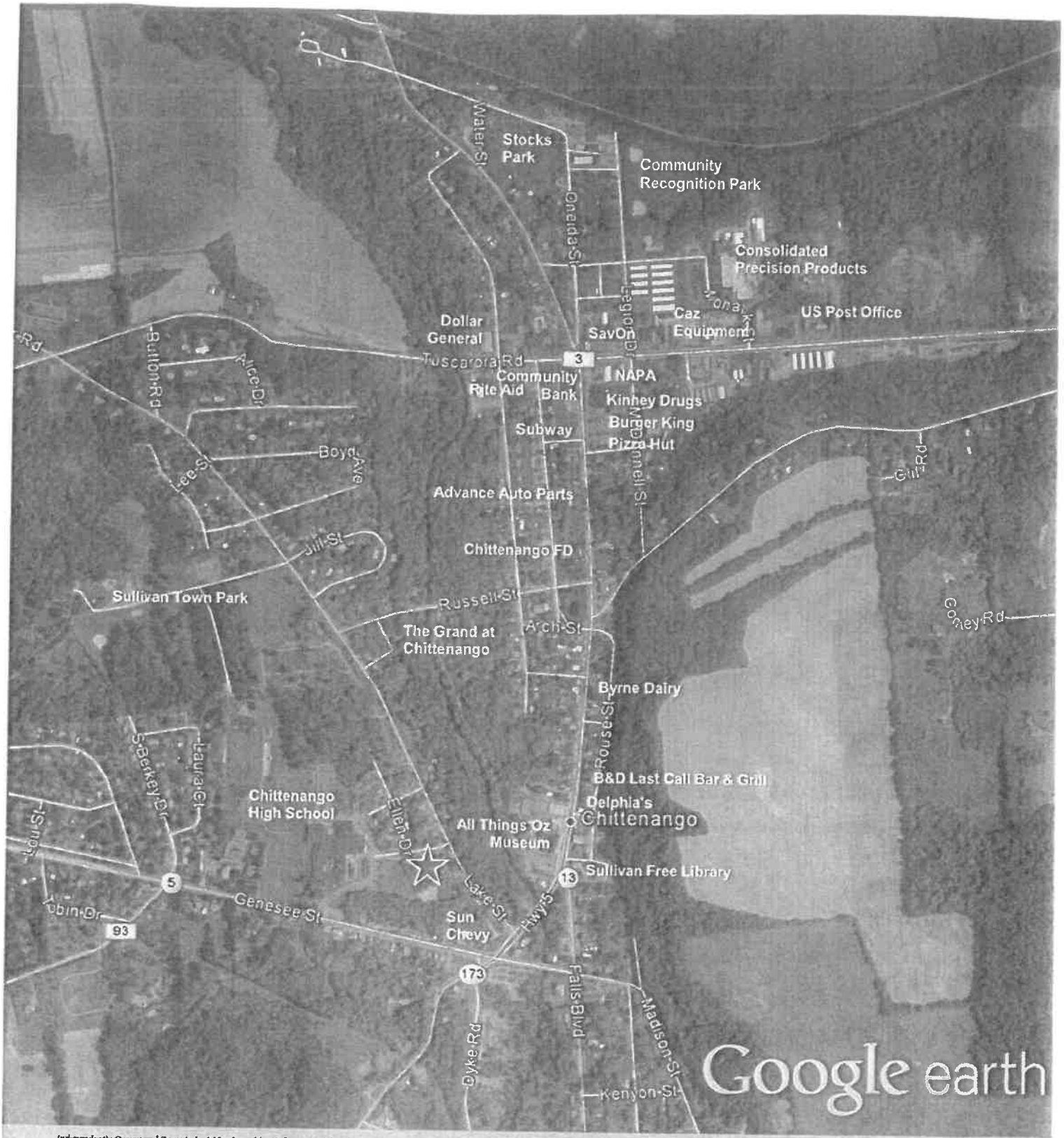
70,000+ SF Former School

Property Highlights

- Located within walking distance of the Village of Chittenango
- Built in 1928; expanded in 1974
- Medium Density Residential Zoning allows age-restricted multi-family housing
- Great candidate for school, community, residential or mixed uses
- Property in good condition with high percentage of exterior rooms
- Sinks and bathrooms in most classrooms



Enclosure 2



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