

Cattaraugus County Rehabilitation Fund, Inc.

May 5, 2003

Mr. Norm Leyh
Executive Director
City of Cattaraugus IDA
PO Box 1749
3 East Washington Street
Ellicottville, NY 14731

Dear Norm,

Enclosed is our CCIDA Revenue Bond Application for Cattaraugus County Rehabilitation Fund, Inc. with the pertinent application fees included.

I have completed separate project sections to delineate the primary Administrative building addition and refinancing from the Subcon site renovation refinancings.

If you have any questions on any of the information submitted please do not hesitate to call me. My office number is 375-4747, ext. 532.

Sincerely,


Melinda E. Buckley
Chief Financial Officer

Enclosures

cc: James Bellanca

I. Proposed occupant of Project (hereinafter, the "Company")

a. Company Name: Cattaraugus Rehabilitation Center, Inc.
Present Address: 1439 Buffalo Street
Olean, NY Zip: 14760

Employer's ID No: _____

- b. If the Company differs from the applicant, give details of relationship: _____
Cattaraugus County Rehabilitation Fund, Inc. is a not-for-profit
entity organized and operated to acquire real property and hold
this property for the benefit of Cattaraugus Rehabilitation Center, Inc.
- c. Indicate type of Business: _____ and other affiliated entities.

X Corporation (If so, incorporated in what County? Cattaraugus
What State? NY Date Incorporated? 3/4/1976
Type of Incorporation? 501-C-3
Authorized to do business in New York? X Yes _____ No

_____ Partnership (if so, indicate type of partnership) _____
Number of general partners _____ Number of limited partners _____

_____ Sole Proprietorship

- d. Is the Company a subsidiary or direct or indirect affiliate of any other organization(s)? X Yes _____ No

If so, indicate name of related organization(s) and relationship? see attached

- 1) Cattaraugus Rehabilitation Center, Inc.
- 2) Paragon Enterprises of Olean, Inc.
- 3) Cattaraugus County Chapter, NYSARC, Inc.
- 4) The Rehabilitation Foundation, Inc.
- 5) J&D Housing Corp. and R&A Grant Housing Corp.

NOTE: Cattaraugus Rehabilitation Center, Inc. and Cattaraugus County Rehabilitation Fund, Inc. present consolidated financial statements because the entities share common Board of Directors. A proposed merger of Cattaraugus County Rehabilitation Fund, Inc. into Cattaraugus Rehabilitation Center, Inc. has been planned for 1/1/2004.

CATTARAUGUS REHABILITATION CENTER, INC.

Center, Inc. was incorporated to operate various programs to assist in the development of the mentally and physically disabled. Center, Inc. also provides management services to affiliates. Center, Inc. leases real and personal property from Fund, Inc.

PARAGON ENTERPRISES OF OLEAN, INC.

Paragon is a for-profit manufacturing entity that is a wholly-owned subsidiary of Fund, Inc. A Certificate of Dissolution was filed 11/2002 for Paragon.

NYSARC, INC., CATTARAUGUS COUNTY CHAPTER

The Chapter was organized and is operated to provide programs for the mentally retarded and developmentally disabled. The Chapter leases real and personal property from Fund, Inc. Certain administrative functions are provided by Center, Inc. to the Chapter under a management contract.

THE REHABILITATION FOUNDATION, INC.

Foundation, Inc. was formed to conduct and account for all fund-raising activities, and to make donations to affiliated entities as determined appropriate. Center, Inc. has provided certain administrative management and community services to the Foundation.

J&D HOUSING CORPORATION AND R&A GRANT HOUSING CORP.

These corporations were formed to hold and account for all transactions relating to U.S. Department of Housing and Urban Development (HUD) financed real property.

e. **Management of Company:** List all owners, officers, directors and partners (complete all columns for each person):

Name (first, middle, last) Home Address	Office Held	Other Principal Business Affiliations
<u>James Bellanca</u>	<u>Chief Executive Officer</u>	
<u>Melinda E. Buckley</u>	<u>Chief Financial Officer</u>	
<u>John Sayegh</u>	<u>Chairperson of the Board</u>	
<u>Linda Waltos</u>	<u>Vice Chairperson</u>	

(over)

Is the Company or management of the Company now a plaintiff or defendant in any civil or criminal litigation?

 Yes X No

Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)?

 Yes X No

Has any person listed above, or any concern with whom such person has been connected, ever been in receivership or been adjudicated as bankrupt?

 Yes X No

If yes to any of the above, furnish details on a separate attachment.

<u>NAME</u>	<u>OFFICE HELD</u>
Bill Burdsall	Secretary/Treasurer
Barbara Moore	Director
Charlie Ried	Director
Carmella Bartimole	Director

II Data Regarding Proposed Project

a. Summary: (Please provide a brief narrative description of the Project.)

Approximately 7000 sq. ft., one story addition on to existing
7500 sq. ft. building to be used as office space for approximately
60 employees in total. This addition will be cinder block construction
with a brick facade. Site work to create an additional 35 parking
places will be included in this project.

b. Location of Proposed Project (if real estate is part of project):

1. Street address: 1439 Buffalo Street
2. City of Olean
3. Town of
4. Village of
5. County of Cattaraugus

IV Employment Impact

- a. Indicate below the number of people presently employed at the project site and the number that will be employed at the project site at the end of the first and second years after the project is completed. (Do not include construction workers.) Full time equivalent equals 1820 hours.

TYPE OF EMPLOYMENT

	Professional/ Managerial	Skilled	Semi-Skilled	TOTALS
Present Full-Time	10		26	36
Present Part-Time				
Present Seasonal				
First Year Full-Time	24		40	64
First Year Part-Time				
First Year Seasonal				
Second Year Full-Time	24		40	64
Second Year Part-Time				
Second Year Seasonal				

*

Please limit your answers in b - l to the project site:

*

- b. What is your estimated current yearly payroll? \$ 1,154,431
- c. What do you presently estimate paying to New York State in payroll taxes yearly before this project is undertaken? \$ 44,104
- d. What is your estimated yearly payroll one year after completion of your project? \$ 1,855,892
- e. What do you estimate paying to New York State in payroll taxes one year after the completion of your project? \$ 66,040
- f. What is the present estimated average wage/salary plus fringe benefit total for each full-time equivalent? \$ 40,405 (primarily Administration Services)
- g. What is the estimated average wage/salary plus fringe benefits total for each full time equivalent one year after project completion? \$ 36,225

* The twenty eight additional FTE's already exist, just at a different location. This is not new costs.

- h. If applicable, what are the estimated yearly aggregate average wage/salary plus fringe benefits to be lost as a result of this project? \$ unknown
- i. Estimated number of construction jobs to be created. per Contractor
- j. Estimated average wage for each construction job is \$ N/A per hour.
- k. What are the total estimated construction wages for this project? \$ N/A
- l. What are the estimated New York State Income Taxes to be paid on these construction wages? \$ N/A

Note: All job openings are required to be on file with the New York State Department of Labor and the Cattaraugus County Job Training Partnership Act Program.

V. Project Benefit

- A. Please attach the most recent tax bill(s) for each parcel of property which is part of this application. If you have not attached those bill(s) please explain why This building is exempt from property tax.

NOTE: The CCIDA's policy is not to abate real property taxes already paid on the proposed project site. Any request to abate any and/or all existing real property taxes is a deviation of the CCIDA policy.

- B. Are you proposing to abate the existing real property taxes? YES x NO
If yes, explain _____
- C. Are you requesting a real property tax abatement on these improvements included in this application. YES x NO
If yes, is that abatement consistent with the CCIDA's uniform Payment in Lieu of Real Property Tax schedule? YES NO
- D. What are the estimated real property improvements as a result of this project?
\$850,000
- E. What are your estimated yearly purchase of goods and services relating to this project (excluding employee wages)? \$ 557,489
- F. At the completion of this project, what do you estimate your yearly purchase of goods and services to be relating to this project (excluding employee wages)?
\$ 665,616 These are not new costs, just shifted from one location to another.

VII. Project Cost

- a. State the costs reasonably necessary for acquisition of the project site and the construction of the proposed project, including 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.

Description of Cost	Amount
Land	\$ -0-
Buildings (addition)	\$ 893,000 (furn, equip, moving cost)
Machinery and equipment costs	\$ 80,000 (MIS=40,000)
Utilities, roads and appurtenant costs	\$
Architects and engineering fees	\$ 25,000 (Thomas)
Costs of Bond issue (legal, financial & printing)	\$ 29,528
Construction loan fees and interest (if applicable)	\$
Other (specify)	
<u>Site work</u>	\$ 85,000
<u>Survey, Environmental, Test Boring</u>	\$ 6,500
<u>Renovations</u>	\$ 120,607
	\$
	\$
TOTAL PROJECT COSTS	\$ 1,239,635

- b. Have any of the above expenditures already been made by applicant?
☒ Yes ☐ No (If yes, indicate particulars) _____
Architect - \$25,000; Survey, Environmental, Test Boring - \$6,500
- c. Amount of loan requested. \$ 1,505,941
Maturity requested 20 years.
- d. Is there any other financing in addition to CCIDA for this project?
☒ Yes ☐ No If yes, complete below:
1. List financed amount(s) Payoff 5/5/03: \$266,306.82
 2. Lender Community Bank, N.A. has primary mortgage
 3. Government Agency _____ to be refinanced.
 4. Role of that Government Agency (example - guarantee program or working capital, etc.) _____

SECONDARY PROJECT

Building renovations to be refinanced

I. Proposed occupant of Project (hereinafter, the "Company")

a. Company Name: NYSARC, Inc., Cattaraugus County Chapter
Present Address: 1439 Buffalo Street
Olean, NY Zip: 14760

Employer's ID No: 16-0818291

b. If the Company differs from the applicant, give details of relationship: NYSARC, Inc., Cattaraugus County Chapter leases all residential
program sites from Cattaraugus County Rehabilitation Fund, Inc. as
holding company.

c. Indicate type of Business:

X Corporation (If so, incorporated in what County? Cattaraugus
What State? NY Date Incorporated? 1958
Type of Incorporation? 501-C-3
Authorized to do business in New York? X Yes No

 Partnership (if so, indicate type of partnership)
Number of general partners Number of limited partners

 Sole Proprietorship

d. Is the Company a subsidiary or direct or indirect affiliate of any other organization(s)? X Yes No

If so, indicate name of related organization(s) and relationship?
See Primary Project Information

e. **Management of Company:** List all owners, officers, directors and partners (complete all columns for each person):

Name (first, middle, last) Home Address	Office Held	Other Principal Business Affiliations
James Bellanca	Chief Executive Officer	
Melinda E. Buckley	Chief Financial Officer	
Armin J. Sauter	Chairperson of the Board	
Raphael Smith	Vice Chairperson	

(over)

Is the Company or management of the Company now a plaintiff or defendant in any civil or criminal litigation?

____ Yes ☒ No

Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)?

____ Yes ☒ No

Has any person listed above, or any concern with whom such person has been connected, ever been in receivership or been adjudicated as bankrupt?

____ Yes ☒ No

If yes to any of the above, furnish details on a separate attachment.

<u>NAME</u>	<u>OFFICE HELD</u>
Ethel Conrad	Secretary/Treasurer
Patricia Thierman	Director
Albert E. Weil	Director

IV Employment Impact

- a. Indicate below the number of people presently employed at the project site and the number that will be employed at the project site at the end of the first and second years after the project is completed. (Do not include construction workers.) Full time equivalent equals 1820 hours.

TYPE OF EMPLOYMENT

	Professional/ Managerial	Skilled	Semi-Skilled	TOTALS
Present Full-Time	Day Hab 1		2	3
Present Part-Time	Prevoc .17		15.27	15.44
Present Seasonal				
First Year Full-Time	same			
First Year Part-Time				
First Year Seasonal				
Second Year Full-Time	same			
Second Year Part-Time				
Second Year Seasonal				

Please limit your answers in b - 1 to the project site:

- b. What is your estimated current yearly payroll? \$ 309,069 (without Day Hab)
- c. What do you presently estimate paying to New York State in payroll taxes yearly before this project is undertaken? \$ 10,861 (without Day Hab)
- d. What is your estimated yearly payroll one year after completion of your project? \$ 370,260 (with Day Hab)
- e. What do you estimate paying to New York State in payroll taxes one year after the completion of your project? \$ 12,377 (with Day Hab)
- f. What is the present estimated average wage/salary plus fringe benefit total for each full-time equivalent? \$ 25,221
- g. What is the estimated average wage/salary plus fringe benefits total for each full time equivalent one year after project completion? \$ 25,299

- h. If applicable, what are the estimated yearly aggregate average wage/salary plus fringe benefits to be lost as a result of this project? \$ N/A
- i. Estimated number of construction jobs to be created. N/A
- j. Estimated average wage for each construction job is \$ N/A per hour.
- k. What are the total estimated construction wages for this project? \$ N/A
- l. What are the estimated New York State Income Taxes to be paid on these construction wages? \$ N/A

Note: All job openings are required to be on file with the New York State Department of Labor and the Cattaraugus County Job Training Partnership Act Program.

V. Project Benefit

- A. Please attach the most recent tax bill(s) for each parcel of property which is part of this application. If you have not attached those bill(s) please explain why We are tax exempt.

NOTE: The CCIDA's policy is not to abate real property taxes already paid on the proposed project site. Any request to abate any and/or all existing real property taxes is a deviation of the CCIDA policy.

- B. Are you proposing to abate the existing real property taxes? YES N/A NO
If yes, explain _____
- C. Are you requesting a real property tax abatement on these improvements included in this application. YES X NO
If yes, is that abatement consistent with the CCIDA's uniform Payment in Lieu of Real Property Tax schedule? YES NO
- D. What are the estimated real property improvements as a result of this project?
\$ 138,675
- E. What are your estimated yearly purchase of goods and services relating to this project (excluding employee wages)? \$ 53,016
- F. At the completion of this project, what do you estimate your yearly purchase of goods and services to be relating to this project (excluding employee wages)?
\$ 55,750

- ## VI. Project Professionals

VII. Project Cost

- a. State the costs reasonably necessary for acquisition of the project site and the construction of the proposed project, including 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.

Description of Cost	Amount
Land	\$ N/A
Buildings	\$ N/A
Machinery and equipment costs	\$ N/A
Utilities, roads and appurtenant costs	\$ N/A
Architects and engineering fees	\$ N/A
Costs of Bond issue (legal, financial & printing)	\$ N/A
Construction loan fees and interest (if applicable)	\$ N/A
Other (specify)	\$
	\$
<u>Refinance balance of initial</u>	\$
<u>financing</u>	\$ 146,191.00
	\$
	\$
TOTAL PROJECT COSTS	\$ 146,191.00

- b. Have any of the above expenditures already been made by applicant?
☒ Yes ☐ No (If yes, indicate particulars) All work
completed 2002, financed 11/19/02.
- c. Amount of loan requested. \$ 146,191.00
Maturity requested 20 years.
- d. Is there any other financing in addition to CCIDA for this project? *
☐ Yes ☒ No If yes, complete below:
1. List financed amount(s) _____
 2. Lender _____
 3. Government Agency _____
 4. Role of that Government Agency (example - guarantee program or working capital, etc.) _____

* Building itself purchased with mortgage through SIDA. Land leased through Seneca Nation of Indians.