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# APPLICATION FOR FINANCIAL ASSISTANCE

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## Oneida County Industrial Development Agency

153 Brooks Road  
Rome, New York 13441-1405  
(315) 338-0393 tel  
(315) 338-5694 fax

Joseph G. Karam, Secretary

*A non-refundable application fee of \$250.00 must be submitted  
at the time of application, to be credited to the Company at closing.*

*Please submit the original application and nine copies.*

(For office use only)

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Name of Applicant

Number

*Note to Applicant:*

The information requested by this form is necessary to determine the eligibility of your project for Agency benefits. Please answer **all** questions, inserting "none" or "not applicable" where appropriate. If you are providing an estimate, please indicate by inserting "est" after the figure. Attach additional sheets if more space is needed for a response than is provided.

Return the original application and nine copies with a check in the amount of \$250.00 made payable to: **Oneida County Industrial Development Agency**, 153 Brooks Road, Rome, New York 13441-1405, Attn.: Joseph G. Karam, Secretary.

All information contained in this application will be treated confidentially, to the extent permitted by law.

By signing and submitting this Application, the Applicant acknowledges that it received a copy of the Uniform Tax Exemption Policy adopted by the Agency and Agency Memorandums pertaining to the benefits of projects financed through the Agency.

A project financed through the Agency involves the preparation and execution of significant legal documents. Please consult with an attorney before signing any documents in connection with the proposed project.

**Part I: Applicant Information**

*Note:* In responding to the following questions, please keep in mind that the Applicant will be party to all of the documents and is the individual or entity which will receive the actual financial assistance from the Agency.

**Applicant**

1(a) Applicant's Legal Name: Mohawk Valley Community College Dormitory Corporation

1(b) Principal Address: 1101 Sherman Avenue  
Utica, New York 13501

1(c) Telephone/Facsimile Numbers: (315) 792-5361/(315) 792-5422

1(d) Federal Identification Number: 16-0922390

1(e) Contact Person: Ralph Feola

1(f) Is the Applicant a  Corporation: If yes, Public  Private   
If public, on which exchange is it listed? \_\_\_\_\_

Subchapter S

Sole Proprietorship

General Partnership  Limited Partnership

Limited Liability Corporation/Partnership

DISC

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

1(g) State of Organization (if applicable) New York

**Applicant's Stockholders, Directors and Officers (or Partners)**

2(a) Provide the following information with respect to parties with 15% or more in equity holdings:

| Name           | Home Address | Social Security No. | Percentage of<br>Ownership |
|----------------|--------------|---------------------|----------------------------|
| Not Applicable |              |                     |                            |

2(b) Is the Applicant, or any of the individuals listed in 2(a) above, related directly or indirectly to any other entity by more than 50% common ownership? If so, indicate name of such entity and the relationship.

Not Applicable

2(c) Is the Applicant affiliated with any other entity, directly or indirectly, other than as listed in the response to 2(c) above? If yes, please indicate name and relationship of such other entity and the address thereof: Yes

Mohawk Valley Community College  
1101 Sherman Ave.  
Utica, NY 13501

Relationship: Educational

## **Applicant's Counsel and Accountant**

### **3(a) Applicant's Attorney**

Name/Title: John Petrone, Partner  
Firm: Petrone & Petrone  
Address: 1624 Genesee St.  
Utica, NY  
Telephone/Fax: (315) 735-7566/(315) 735-5368

### **3(b) Applicant's Accountant**

Name/Title: Mark Semo, Partner  
Firm: D'Arcangelo & Co.  
Address: 120 Lomond Ct.  
Utica, NY 13502  
Telephone/Fax: (315) 735-5216/(315) 735-5210

## **Business Description**

4(a) Describe the nature of your business and principal products and/or services.

Construct, equip, operate, and maintain dormitories for occupancy of students who attend Mohawk Valley Community College, a community college organized under the Education Law of the State of New York located in Utica, NY.

**Part II: Project Information**  
**Reasons for Project**

5(a) Please explain in detail why you want to undertake this project.

Currently the Dormitory Corporation provides student housing for 342 students in 4 dormitories. Due to the demand for on campus housing the Dormitory Corporation has had to limit the number of both Freshman and Senior (second year students) that can be accommodated. At this time the Corporation has referred approximately 100 students to off campus locations for housing, while others must find accommodations on their own throughout the area. At any one time the Corporation has a waiting list of approximately 30 to 50 Freshman students and another 70 senior students seeking on campus housing. Construction of a fifth dormitory with approximately 125 to 155 beds would enable students to reside on campus, reduce commute time thereby allowing students to participate more fully in academic and cultural activities of the College and meet the intellectual and social growth needs of students.

5(b) Why are you requesting the involvement of the Agency in your project?

The Dormitory Corporation seeks the assistance of the Oneida County IDA as an alternative to low cost financing for the project. Lower financing cost will result in lower overall carrying costs to the Corporation and result in a more competitive room rate to students.

5(c) How will the Applicant's plans be affected if Agency approval is not granted?

Without Agency support carrying costs will be higher, which will increase rental costs to students. The increase in cost will result in a less competitive project overall. Mohawk Valley Community College and the MVCC Dormitory Corporation compete for students both locally (Herkimer County Community College) and regionally (Onondaga Community College, Monroe Community College, and Tompkins Cortland Community College) with institutions that have constructed residential facilities with the support of local tax exempt financing. The lower financing costs afforded these institutions enabled them to offer an attractive room rate with which to attract and retain students.

5(d) Is the proposed project reasonably necessary to discourage the Applicant from removing such other plant or facility to a location outside the State of New York? [ ] Yes [ X ] No

Is the proposed project reasonably necessary to preserve the competitive position of the Applicant in its respective industry? [ X ] Yes [ ] No

5(e) Will financing by the Agency result in the removal or abandonment of a plant or other facility of the applicant or any related entity presently located in another area of New York State?  
 Yes  No If yes, please explain briefly the reason for the move.

5(f) Has the Applicant or any related entity previously secured financial assistance in Oneida County (whether through the Agency, the Empire State Development Corporation, or any other entity)?  Yes  No  
If yes, please explain (indicate date of benefit, location of facility and outstanding balance).

Date: 1965 (Original Construction of four (4) dormitories)

Location: 1101 Sherman Drive, Utica, NY 13501

Balance: \$165,000 (as of 7/31/2003)

Date: August 2003 (Modernization of exiting facilities)

Location: 1101 Sherman Drive, Utica, NY 13501

Balance: \$1,000,000

5(g) Has the Applicant or any related entity secured financial assistance anywhere within the United States within the last 90 days or does the Applicant or any related entity anticipate receiving financial assistance within the next 90 days?  Yes  No  
If yes, please explain.

Per 5(f) above, the Dormitory Corporation secured financing to modernize and up grade the existing four (4) dormitory facilities in order to accommodate changes in technology, improve safety, and provide better services to student residents. Renovations included replacement of doors, upgrade of the existing fire alarm system, installation of an emergency generator, installation of Internet access, cable TV, and other infrastructure projects to student suites in order to accommodate computers and other needs of today's student.

5(h) Check all categories best describing the **type of project**:

Manufacturing

Industrial Assembly or Service

Research and Development

Warehousing

Commercial or Recreational

Pollution Control (specify) \_\_\_\_\_

Other (specify) College Dormitory

5(i) Check all categories best describing the **scope of the project**:

- Acquisition of land
- Acquisition of existing building
- Renovations to existing building
- Construction of addition to existing building
- Demolition of existing building
- Construction of a new building
- Acquisition of machinery and/or equipment
- Installation of machinery and/or equipment
- Other (specify) Consolidation of existing debt

5(j) Please indicate the financial assistance you are requesting of the Agency, and provide the estimated value of said assistance.

| <b>Assistance</b>  | <b>Estimated Value</b>                                  |
|--|---|
| <input type="checkbox"/> Real Property Tax Abatement                           | \$ _____  |
| <input type="checkbox"/> Mortgage Tax Exemption                                | \$ _____  |
| <input type="checkbox"/> Sales and Use Tax Exemption                           | \$ _____  |
| <input checked="" type="checkbox"/> Issuance by the Agency of Tax Exempt Bonds | <u>\$8,000,000 not to exceed</u><br><u>\$10 million</u> |



**Part III: Facility Information**

**Facility (Physical Information)**

6(a) Street Address of Facility: 1101 Sherman Drive

6(b) City, Town and/or Village: Utica, New York

*(Note: It is important that you list all incorporated municipalities in which the facility lies. This information will be used in scheduling a public hearing as required by statute.)*

6(c) School District: Utica Public School District

6(d) Tax Account Number(s): 331.13-2-1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6(e) For what purpose was the facility site most recently used (i.e., light manufacturing, heavy manufacturing, assembly, etc.)?  
Educational/Student Dormitory

6(f) Zoning Classification: RS 1 - Special permit use for Education Facility

6(g) Please describe in detail the facility to be acquired, constructed or renovated (including number of buildings, square footage, number of floors,) and attach plot plans, photos or renderings, if available. *Please be as specific as possible.*

The project involves new construction, renovations to existing Dormitory Corporation Property, and work to existing College facilities. The new construction will consist of a dormitory no more than three stories in height that can house up to 155 students in suite style living arrangements. Each suite will accommodate five students and consist of 2 double rooms and a single room, with a small gathering area for seating and to allow for small group study sessions and/or conversation. The new facility will include housing for a full time Resident Director (RD) and two Resident Assistants (RA) to oversee student activities and counsel student residents. Suites will be single gender with shared bath and shower facilities with a mix of male-female student suites on each floor. Dorm rooms will include a data outlet per bed. Each suite will have provisions for cable TV and phone services. Security features will include video cameras at entrances, secured access by appropriate ID, such as card swipe and/or hand print, peepholes in all bedrooms, connection to the College's existing emergency call system. The new dormitory will comply with all applicable New York State Life Safety Code requirements.

Interior walls will be constructed of masonry block and the facility will be air-conditioned to allow for use during the summer months for orientation and other Corporation and College related activities. Construction will include parking for a minimum of 300 cars to accommodate dorm residents.

Renovations to existing dormitory facilities will consist of replacement of roofs and re-structuring of existing building entries as necessary to accommodate the new facility and ensure a more secure access to existing dormitory facilities. A minor amount of work is anticipated to the College's Alumni College Center to accommodate the influx of residential students needing access to dining and other student support areas, such as student mailboxes, the Health Center, Security, and Dining facilities.

The applicant also seeks to consolidate debt for renovations to existing facilities slated for completion in summer of 2004 at an estimated cost of \$1,000,000 [5(f) above].

6(h) Has construction or renovation commenced?      Yes      No

**If yes, please describe the work in detail, including the date of commencement.**

**If no, indicate the estimated dates of commencement and completion:**

Construction commencement:     June 2004

Construction completion:     July 2005

6(i) Will the construction or operation of the facility require any local ordinance or variance to be obtained or require a permit or prior approval of any state or federal agency or body (other than normal occupancy and/or construction permits)?      Yes      No

**If yes, please describe.**

6(j) Will the project have a significant effect on the environment? [ ] Yes [ X ] No

**Important: please attach Environmental Assessment Form to this Application.**

6(k) What is the useful life of the facility? 50 years

**Facility (Legal Information)**

7(a) With respect to the **present owner** of the facility, please give the following information:  
*(Note: the present owner is not necessarily the user of the facility, but that party which holds legal title to the facility.)*

Legal Name: Mohawk Valley Community College Dormitory Corporation

Address: 1101 Sherman Drive  
Utica, New York 13501

Telephone: (315) 792-5361

Balance of Mortgage: \$165,000 ( as of 7/31/2003)

Holder of Mortgage: HSBC

If the Applicant is not the present owner of the facility, please attach any written agreements and contracts concerning the acquisition of the real property and/or equipment.

7(b) Is there a legal relationship, directly or indirectly, by virtue of common control or through related persons, between the Applicant and the present owner of the facility?  
[ ] Yes [ ] No. If yes, please explain.

Not Applicable

7(c) Will a related real estate holding company, partnership or other entity, be involved in the ownership structure of the transaction? [ ] Yes [ X ] No. If yes, please explain.

7(d) Will the title owner of the facility also be the user of the facility?  Yes  No. If no, please explain.

7(e) Is the Applicant currently a tenant in the facility?  Yes  No

7(f) Are you planning to use the entire proposed facility?  Yes  No  
If no, please give the following information with respect to tenant(s) which will remain in the facility after the completion of the project:

| Name of<br>Tenant | Floors<br>Occupied | Square Feet<br>Occupied | Nature of<br>Business |
|-------------------|--------------------|-------------------------|-----------------------|
|-------------------|--------------------|-------------------------|-----------------------|

7(g) Are any of the tenants related to the owner of the facility?  Yes  No  
If yes, please explain.

Not Applicable

## Equipment

8(a) List the principal items or categories of equipment to be acquired as part of the project. (As soon as one is available, please submit a detailed inventory of said equipment.)

Basic dorm room furnishings (beds, dressers, desks, chairs, conference tables)

Major equipment items include boiler, HVAC equipment, emergency generator, etc.

8(b) Please provide a brief description of any equipment which has already been purchased or ordered, attach all invoices and purchase orders, list amounts paid and dates of expected delivery.

Not Applicable

8(c) What is the useful life of the equipment?

5 to 10 years minor equipment items

10 to 25 years major equipment items

## Part IV: Employment Information

9(a) Estimate how many construction and permanent jobs will be created or retained as a result of this project.

Construction                      150

Permanent                              4

Retained                                      669

**Part V: Estimated Project Cost and Financing**

10(a) List the costs necessary for the construction, acquisition or renovation of the facility. Do *not* include working capital needs, moving expenses, work in progress, stock in trade, Applicant's debt repayment, real estate broker fees or your legal fees.

Acquisition of Land    \_\_\_\_\_  
 Acquisition of Building(s)    \_\_\_\_\_  
 Renovation Costs    \$500,000

New Construction of Buildings    \$6,800,000  
 Machinery and Equipment  
 (other than furniture costs)    \_\_\_\_\_  
 Fixtures    \$300,000  
 Installation Costs    \_\_\_\_\_

Fees (other than your own  
 broker and legal fees)    \$200,000  
 Architectural/Engineering    \$250,000

Interest on Interim Financing    \$100,000

Other (specify) – Refinancing per 5(f) & 6(g) above    \$1,000,000

Subtotal    \$9,150,000

Agency Fee    \$60,000

**Total Project Cost**    \$9,210,000

10(b) What amount of the Total Project Cost is the Applicant requesting financing by the Agency?

\$9,210,000

**Real Estate Taxes**

11(a) For each tax parcel which comprises the facility, please provide the following information, using figures from the most recent tax year:

| Tax Acct #   | Assessed Value<br>(Land) | Assessed Value<br>(Building) | Real Estate<br>Taxes |
|--------------|--------------------------|------------------------------|----------------------|
| 331.13-2-1 * | \$948,300                | \$38,698,100                 | \$ - 0 -             |

Property is tax exempt. Valuation includes both College & Dormitory property as one unit. Estimated value of Dormitory property is as follows:

|          |             |
|----------|-------------|
| Land     | \$69,226    |
| Building | \$2,894,188 |
| Taxes    | \$ - 0 -    |

11(b) Address \_\_\_\_\_ of \_\_\_\_\_ Receiver \_\_\_\_\_ of \_\_\_\_\_  
 Town and/or Village \_\_\_\_\_  
 Taxes: N/A \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11(c) Address \_\_\_\_\_ of \_\_\_\_\_ Receiver \_\_\_\_\_ of \_\_\_\_\_  
 School Taxes: N/A \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11(d) Will the completion of the proposed project result in the increase of the assessment of any of the parcels named above? [ X ] Yes [ ] No

If yes, please indicate which tax account numbers will be affected.

331.13-2-1

## Financial Information

12(a) Has the Applicant contacted any bank, financial/lending institution or private investor with respect to the financing of the proposed project? [ X ] Yes [ ] No

If yes, please provide details.

College is working with the investment banking firm of George K. Baum & Company and Robert Ranger.

12(b) Has the Applicant received a commitment letter for said financing? [ X ] Yes [ ] No

If yes, please submit a copy of said commitment letter along with this Application.

12(c) Please complete the Cost/Benefit Analysis form and attach to this Application.

**REPRESENTATIONS AND CERTIFICATION  
BY APPLICANT**

The undersigned requests that this Application be submitted for review to the Oneida County Industrial Development Agency's Board of Directors.

Approval of the Application can be granted solely by this Agency's Board of Directors. The undersigned acknowledges that Applicant shall be responsible for all costs incurred by the Agency and its counsel in connection with the attendant negotiations whether or not the transaction is carried to a successful conclusion.

The Applicant further understands and agrees with the Agency as follows:

1. **Annual Sales Tax Filings.** 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 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.
2. **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.
3. **Absence of Conflict of Interest.** The Applicant has received from the Agency a list of the members, officers and employees of the Agency. No member, officer, or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as herein after described:



4. **Hold Harmless.** Applicant hereby releases Oneida County Industrial Development Agency 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 the processing of the Application, including attorneys' fees, if any.

The Applicant and the individual executing this Application on behalf of the Applicant acknowledge that the Agency will rely on the representations made herein when acting on this Application and hereby represent 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.

Mohawk Valley Community College Dormitory Corp.

(Applicant)

By: Michael I. Schafer

Name: Michael I. Schafer

Title: President

Date: 4/21/04

*Return the original and nine copies of the application with a check in the amount of \$250.00 made payable to: **Oneida County Industrial Development Agency, 153 Brooks Road, Rome, New York 13441-1405, Attn.: Joseph G. Karam, Secretary.***

ONEIDA COUNTY INDUSTRIAL DEVELOPMENT AGENCY  
COST/BENEFIT ANALYSIS  
Required by §859-a(3) of the  
New York General Municipal Law

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TO BE ATTACHED TO AND MADE PART OF APPLICATION TO THE OCIDA

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NAME OF APPLICANT: Mohawk Valley Community College Dormitory Corporation

DESCRIPTION OF PROJECT: Construction of 155 bed dormitory facility, renovations to existing College facilities, and consolidation of debt.

NAME OF ALL SUBLESSEES OR OTHER OCCUPANTS OF FACILITY: Not applicable

PRINCIPALS OR PARENT OF APPLICANT:

PRINCIPALS OF ANY SUBLESSEE OR OCCUPANT:

PRODUCT/SERVICES: Student housing

ESTIMATED DATE OF COMPLETION OF PROJECT: July 2005

TYPE OF FINANCING/STRUCTURE:  Tax-Exempt Financing  
 Taxable Financing  
 Sale/Leaseback  
 Other \_\_\_\_\_  
\_\_\_\_\_

**TYPES OF BENEFITS RECEIVED:**

- Taxable Financing
- Tax-Exempt Bonds
- Sales Tax Until Completion Date
- Mortgage Tax Abatement
- Real Property Tax Abatement

**PROJECT COSTS – CAPITAL INVESTMENT**

|                                    |                    |                 |              |
|------------------------------------|--------------------|-----------------|--------------|
| Land                               | _____              | Cost per Acre   | _____        |
| Existing Building                  | _____              |                 |              |
| Rehab of Existing Building         | <u>\$300,000</u>   |                 |              |
| Construction of New Building       | <u>\$6,800,000</u> | Cost per Sq Ft. | <u>\$162</u> |
| Addition or Expansion              | <u>\$200,000</u>   | Cost per Sq Ft. | <u>\$175</u> |
| Engineering and Architectural Fees | <u>\$250,000</u>   |                 |              |
| Equipment                          | <u>\$300,000</u>   | Cost per Sq Ft. | <u>\$7</u>   |
| Legal Fees                         |                    |                 |              |
| Bank, Bond, Transaction, Company,  |                    |                 |              |
| Credit Provider, Trustee           | <u>\$200,000</u>   |                 |              |
| Finance Charges                    |                    |                 |              |
| Title Insurance, Environmental     |                    |                 |              |
| Review, Bank Commitment Fee,       |                    |                 |              |
| Appraisals, etc.                   | <u>\$100,000</u>   |                 |              |
| Agency Fee                         | <u>\$60,000</u>    |                 |              |
| <b>TOTAL COST OF PROJECT</b>       | <u>\$8,210,000</u> |                 |              |
| County Revolving Fund Loan         | _____              |                 |              |
| Other Grants or Loans              | _____              |                 |              |

COMPANY INFORMATION

|                       |           |
|-----------------------|-----------|
| Existing Jobs         | <u>46</u> |
| Created Jobs (Year 3) | <u>4</u>  |
| Retained Jobs         | <u>50</u> |

EARNINGS INFORMATION

|                             |                  |
|-----------------------------|------------------|
| Cty Spec Average Dir Jobs   | \$ <u>24,000</u> |
| Cty Spec Average Indir Jobs | \$ <u>21,000</u> |
| Cty Spec Average Const Jobs | \$ <u>28,000</u> |

MULTIPLIER INFORMATION

|   |                |
|---|----------------|
| Indirect Job Rate                           | 2.5            |
| Sales Tax Rate (8.25%)                      |                |
| Mortgage Tax Rate (1%)                      |                |
| Assumed Real Property Tax Rate Per Thousand | <u>\$36.90</u> |
| Assumed Real Property Assessment            | <u>90%</u>     |
| Assumed NYS Income Tax rate on earnings     | 4.1%           |

**Note:** \$1,000,000 in construction expenditures generates 22 person – years of employment

CALCULATION OF BENEFITS (3 – YEAR PERIOD)

NYS PERSONAL INCOME TAX RECEIVED

|                    | <u>Total Earnings</u>     | <u>Revenues</u>         |
|--------------------|---------------------------|-------------------------|
| Direct Jobs        |                           |                         |
| Created            | <u>\$288,000</u>          | <u>\$11,800</u>         |
| Existing           | <u>\$3,312,000</u>        | <u>\$135,800</u>        |
| Indirect Jobs      |                           |                         |
| Created            | <u>\$189,000</u>          | <u>\$7,750</u>          |
| Existing           | <u>\$414,000</u>          | <u>\$18,080</u>         |
| Construction       |                           |                         |
| Person Years (150) | <u>\$4,200,000</u>        | <u>\$172,200</u>        |
| <b>TOTALS</b>      | <u><b>\$8,430,000</b></u> | <u><b>\$345,630</b></u> |

**TAXABLE GOODS AND SERVICES**

|               |       | <u>Spending Rate</u> | <u>Expenditures</u> | <u>State and Local Sales Tax Revenues</u> |
|---------------|-------|----------------------|---------------------|---|
| Direct Jobs   |       |                      |                     |   |
| Created       | 36.0% | <u>\$34,560</u>      | <u>\$23,760</u>     |   |
| Existing      | 36.0% | <u>\$397,440</u>     | <u>\$273,240</u>    |   |
| Indirect Jobs |       |                      |                     |   |
| Created       | 36.0% | <u>\$68,040</u>      | <u>\$15,593</u>     |   |
| Existing      | 36.0% | <u>\$158,760</u>     | <u>\$36,380</u>     |   |
| Construction  |       |                      |                     |   |
| Person years  | 36.0% | <u>\$1,512,000</u>   | <u>\$346,500</u>    |   |
| Totals        |       |                      | <u>\$2,170,800</u>  | <u>\$695,473</u>                          |

Local (3 year) real property tax benefit (assuming 50% % of jobs existing and created own a residence with an average assessment of \$ 90,000 and the remainder of jobs existing created pay real property taxes through rent based on an average assessment per apartment of \$ 40,000

Real Property Taxes Paid               \$ 359,800

**COSTS**

Real Property Taxes Abated on Improvements  
Only (3-year period)   \$ -0-

Mortgage Tax Abated   \$ -0-

Estimated Sales Tax Abated During Construction Period         \$ -0-

**NOTE:** If there is a tax-exempt financing of all or a portion of the project cost, there is a neutral cost/benefit because of lower interest rates by reason of exclusion of interest from gross income of bondholders for purposes of Federal and State income taxes. Taxable financing carries the same cost/benefit for State Income Tax purposes. Such cost/benefits cannot be quantified.

PROJECT I.D. NUMBER

617.21  
Appendix C

State Environmental Quality Review  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
For UNLISTED ACTIONS Only

**PART I - PROJECT INFORMATION** (To be completed by Applicant or Project sponsor)

|   |   |
|---|---|
| 1. APPLICANT/SPONSOR<br>Mohawk Valley Community College Dormitory Corporation   | 2. PROJECT NAME<br>New Construction/Renovations |
| 3. PROJECT LOCATION:<br>Municipality Utica, NY County Oneida  |   |
| 4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)<br>1101 Sherman Drive<br>Utica, NY 13501   |   |
| 5. IS PROPOSED ACTION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Expansion      Modification  |   |
| 6. DESCRIBE PROJECT BRIEFLY:<br>Construction of new dormitory for student housing, renovation to existing facilities, and minor renovations to college facilities (Mohawk Valley Community College)   |   |
| 7. AMOUNT OF LAND AFFECTED:<br>Initially      Ultimately 2 + or - acres   |   |
| 8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If No, describe briefly  |   |
| 9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?<br><input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial      Commercial <input type="checkbox"/> Agriculture      Park/Forest/Open space      Other<br>Describe: RS1 - Special permit use for educational facilities             |   |
| 10. Does Action Involve A Permit Approval, Or Funding, Now Or Ultimately From Any Other Governmental Agency (Federal, State Or Local)?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, List Agency Name And Permit/Approval<br>Building And Occupancy Permit From City of Utica |   |
| 11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?<br><input type="checkbox"/> Yes      No <input checked="" type="checkbox"/> If yes, list agency name and permit/approval   |   |
| 12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?<br><input type="checkbox"/> Yes      No      Not Applicable  |   |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   |   |
| Application/sponsor Name: <u>Ralph Feola</u> Date: <u>7-21-04</u>   |   |
| Signature: <u>Ralph Feola</u>   |   |

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**

**PART II – ENVIRONMENTAL ASSESSMENT (To be completed by Agency)**

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|--|
| A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12? If yes, coordinate the review process and use the FULL EAF.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTION IN 6NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)<br>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:<br><br>NONE<br><br>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:<br><br>NONE<br><br>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:<br><br>NONE<br><br>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain Briefly:<br><br>NONE<br><br>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:<br><br>NONE<br><br>C6. Long term, short term, cumulative, or other effects not identified in C1-5? Explain briefly:<br><br>NONE<br><br>C7. Other impacts (including changes in use of either quantify or type of energy)? Explain briefly:<br><br>NONE |
| D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |

**PART III – DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probably of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

|   |  |
|---|--|
| <input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which <b>MAY</b> occur. Then proceed directly to the <b>FULL EAF</b> and/or prepare a positive declaration.   |  |
| <input checked="" type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action <b>WILL NOT</b> result in any significant adverse environmental impact <b>AND</b> provide on attachments as necessary, the reasons supporting this determination: |  |
| _____<br>Oneida County IDA<br>Name of Lead Agency   |  |
| _____<br>Print or Type Name of Responsible Officer in Lead Agency   | _____<br>Title of Responsible Officer                                  |
| _____<br>Signature of Responsible Officer in Lead Agency  | _____<br>Signature of Prepared (if different from responsible officer) |
| _____<br>Date   |  |

