# APPLICATION FOR FINANCIAL ASSISTANCE

# 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)

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.

App	licant
TTPP.	LICULIE

1(a)	Applicant's Legal Name: Mo	ohawk	nawk Valley Community College Dormitory Corporation					
1(b)			nerman Avenue New York 13501					
1(c)	c) Telephone/Facsimile Numbers:		(3	(315) 792-5361/(315) 792-5422				
1(d)	l(d) Federal Identification Number:		16	16-0922390				
1(e)	(e) Contact Person:		Ra	Ralph Feola				
1(f)	f) Is the Applicant a		[ X	[ ]	Corporation: If yes, Public [ ] Private [ X ] 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 applic	cable)			New York			

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

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

Name

Home Address

Social Security No.

Percentage of 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)	of	the	nancing by the Agency result in the removal or abandonment of a plant or other facility applicant or any related entity presently located in another area of New York State?  Yes [X] No If yes, please explain briefly the reason for the move.
5(f)	Co otl	ount her	ne Applicant or any related entity previously secured financial assistance in Oneida y (whether through the Agency, the Empire State Development Corporation, or any entity)? [X] Yes [] No , please explain (indicate date of benefit, location of facility and outstanding balance).
Locati	on:	110	Original Construction of four (4) dormitories) Of Sherman Drive, Utica, NY 13501 5,000 (as of 7/31/2003)
Locati	on:	110	2003 (Modernization of exiting facilities) 01 Sherman Drive, Utica, NY 13501 000,000
5(g)	Un rec	iteo ceivi	The Applicant or any related entity secured financial assistance anywhere within the last 90 days or does the Applicant or any related entity anticipate $\frac{1}{2}$ ing financial assistance within the next 90 days? [X] Yes [] No $\frac{1}{2}$ please explain.
existin safety, upgrad Intern	and le d et	our d pr of thace	we, the Dormitory Corporation secured financing to modernize and up grade the (4) dormitory facilities in order to accommodate changes in technology, improve ovide better services to student residents. Renovations included replacement of doors, he existing fire alarm system, installation of an emergency generator, installation of ess, cable TV, and other infrastructure projects to student suites in order to a computers and other needs of today's student.
5(h)	Ch	eck	all categories best describing the type of project:
	[	]	Manufacturing
	[	]	Industrial Assembly or Service
	[	]	Research and Development
2	[	]	Warehousing
	[	]	Commercial or Recreational
	[	]	Pollution Control (specify)
	[ }	[ ]	Other (specify) College Dormitory

\* (F = 1

5(i)	Chec	k all categories best describing the scope of the	project:					
	[ ]	Acquisition of land						
	[ ]	Acquisition of existing building						
	[X]	Renovations to existing building						
	[X]	Construction of addition to existing building						
	[ ] Demolition of existing building							
	[ X]	Construction of a new building	6					
	[ ] Acquisition of machinery and/or equipment							
	·[ ]	Installation of machinery and/or equipment						
	[ X ]	Other (specify) Consolidation of existing debt						
	CSGIII	ated value of said assistance.  Assistance	Estimated Value					
	r 1	Pool Proporty Tay Abstement	•					
	ſJ	Real Property Tax Abatement	φ					
	[ ]	Mortgage Tax Exemption	\$					
	[ ]	Sales and Use Tax Exemption	\$					
	[ X ]	Issuance by the Agency of Tax Exempt Bonds	\$8,000,000 not to exceed \$10 million					

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### 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 Dinning 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 [X] 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

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 [X] No If yes, please describe.

6(j)	Will the project have a sign	ificant 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	e facility? 50 years							
Facil	ity (Legal Information)								
7(a)	With respect to the <b>present owner</b> 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							
		present owner of the facility, please attach any written agreements as acquisition of the real property and/or equipment.							
7(b)	Is there a legal relationship related persons, between the [ ] Yes [ ] No. If ye	, directly or indirectly, by virtue of common control or through ne Applicant and the present owner of the facility? s, please explain.							
		Not Applicable							
7(c)		holding company, partnership or other entity, be involved in 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? [X]Yes [] No. If no, please explain.							
7(e)	Is the Applicant currently a tenant in the facility? [ ] Yes [ X ] No							
7(f)	Are you planning to use the entire proposed facility? [X] 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	Floors	Square Feet	Nature of				
	Tenant	Occupied	Occupied	Business				
	ь ж							
7(g)	Are any of the tenants re If yes, please explain.	lated to the owner o Not Applicable	f the facility? [ ]	Yes [ ] No				
Equi	pment	9						
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 (b equipment items include	eds, dressers, desks, boiler, HVAC equip	chairs, conference to ment, emergency ge	ables) enerator, 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	5 to 10 years mi	nor equipment items najor equipment item					

Part IV: Employment Information

9(a)	Estimate how many c this project.	onstruction and permanent	jobs will be created or retained as	a result of
	Construction	150		
	Permanent	4		
	Retained .	669		
Part V 10(a)	List the costs necessar include working cap	t Cost and Financing by for the construction, acquirital needs, moving expensions, real estate broker fee	isition or renovation of the facilit nses, work in progress, stock es or your legal fees.	y. Do <i>not</i> in trade,
	Acquisition of Land		(	
	Acquisition of Buildin Renovation Costs	g(s)	\$500,000	
	New Construction of Machinery and Equip		\$6,800,000	
2	(other than furniture of Fixtures Installation Costs		\$300,000	
	Fees (other than your	own	\$200,000	
	broker and legal fees) Architectural/Engine		\$250,000	
	Interest on Interim Fi	nancing	\$100,000	
	Other (specify) – Refi	inancing per 5(f) & 6(g) abo	ve\$1,000,000	
		Subtotal	\$9,150,000	
		Agency Fee	\$60,000	
		Total Project Cost	\$9,210,000	
10(b)	What amount of the 7	Total Project Cost is the App	olicant 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 A	Acct#	Ass	sessed Value (Land)		ssed Valu uilding)	le	Real Es Taxe		
331.1	3-2-1 *	\$94	-8,300	\$38,6	98,100		\$ - 0 -		
			Valuation inclu		College 8	k Dormitory	property	as one	unit.
Estima Land	ited value of Do	rmit	ory property is a \$69,226						
Land Buildii	nα		\$2,894,				-		
Taxes	<b>"</b> \$		\$ - 0 -						
									Si .
11(b)	Address		of			Receiver			of
	Town and/or	Villag	ge -						
	Taxes: N/A		,			32			
					-				
11(c)	Address		of			Receiver			of
	School Taxes:	N/A							
11(d)			n of the proposed bove? [ X ] Ye			e increase of	the assessn	nent of	any of
	If yes, please ir	ndicat	te which tax acco	unt numb	ers 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 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)

Bv:

Name: Michael I. Schafer

Title: President

Date:  $\frac{4/21/04}{}$ 

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

TO BE ATTACHED TO AND MADE PAI	RT OF APPLICATION TO THE OCIDA
NAME OF APPLICANT: Mohawk Valley C	ommunity College Dormitory Corporation
<b>DESCRIPTION OF PROJECT</b> : Construction to existing College facilities, and consolidation	on of 155 bed dormitory facility, renovations of debt.
NAME OF ALL SUBLESSEES OR Not OTHER OCCUPANTS OF FACILITY:	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:	X_ Tax-Exempt Financing
	Taxable Financing
	Sale/Leaseback
	Other

TYPES OF BENEFITS RECEIVED:	Taxable Financing
	X Tax-Exempt Bonds
	Sales Tax Until Completion Date
	Mortgage Tax Abatement
	0 0
	Real Property Tax Abatement
PROJECT COSTS - CAPITAL INVEST	TMENT
TROJECT COSTS - CRITTALE IN TEST	
Land	Cost per Acre
Existing Building	¥
Rehab of Existing Building	\$300,000
Construction of New Building	\$6,800,000 Cost per Sq Ft. \$162
Addition or Expansion	<u>\$200,000</u> Cost per Sq Ft. <u>\$175</u>
Engineering and Architectural Fees	\$250,000
Equipment	\$300,000 Cost per Sq Ft. \$7
Legal Fees	
Bank, Bond, Transaction, Company,	
Credit Provider, Trustee	\$200,000
Finance Charges	
Title Insurance, Environmental	
Review, Bank Commitment Fee,	<i>y</i>
Appraisals, etc.	\$100,000
Agency Fee	\$60,000
TOTAL COST OF PROJECT	\$8,210,000
County Revolving Fund Loan	· · · · · · · · · · · · · · · · · · ·

### **COMPANY INFORMATION**

#### **EARNINGS INFORMATION**

Existing Jobs 46 Cty Spec Average Dir Jobs \$ 24,000 Created Jobs (Year 3) 4 Cty Spec Average Indir Jobs \$ 21,000 Retained Jobs 50 Cty Spec Average Const Jobs \$ 28,000

### MULTIPLIER INFORMATION

Indirect Job Rate 2.5

Sales Tax Rate (8.25%)

Mortgage Tax Rate (1%)

Assumed Real Property Tax Rate Per Thousand

\$36.90

Assumed Real Property Assessment

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

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

#### TAXABLE GOODS AND SERVICES State and Local Sales Tax Revenues Spending Rate Expenditures Direct Jobs \$23,760 36.0% <u>\$34,560</u> Created 36.0% \$397,440 <u>\$273,240</u> Existing Indirect Jobs \$15,593 36.0% <u>\$68,040</u> Created \$36,380 36.0% \_\$158,760 Existing Construction \$346,500 36.0% <u>\$1,512,000</u> Person years \$2,170,800 \$695,473 **Totals** 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 COSTS Real Property Taxes Abated on Improvements -0-Only (3-year period) -0-Mortgage Tax Abated

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.

Estimated Sales Tax Abated During Construction Period

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)

ART TROUBLES IN CITATION	2. PROJECT NAME	
APPLICANT/SPONSOR     Mohawk Valley Community College Dormitory Corporation	New Construction/Renovations	
3. PROJECT LOCATION:	County Oneida	
Widtholpanty Suba; TT		
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)		
1101 Sherman Drive Utica, NY 13501		
Ottoa, 141 15501		
5. IS PROPOSED ACTION:		
X New Expansion Modification		
6. DESCRIBE PROJECT BRIEFLY:  Construction of new dormitory for student housing, renovation to existing facilities, and minor renovations to		
college facilities (Mohawk Valley Community College)		
College racintles (worldwk valley Continuity College)		
•	7	
7. AMOUNT OF LAND AFFECTED:		
Initially Ultimately 2 + or - acres  8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?		
X Yes		
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?  X Residential		
X Residential  Industrial Commercial  Agriculture Describe: RS1 – Special permit use for educational facilities	Parnifoles@Open space Other	
Describe. RST - Special permit use for educational radiiidos		
	Annual City Commence to Language (Forders) State Or Language	
10. Does Action Involve A Permit Approval, Or Funding, Now Or Ultimately From Any Other Governmental Agency (Federal, State Or Local)?		
X Yes No If Yes, List Agency Name And Permit/Approval  Building And Occupancy Permit From City of Utica		
Building And Occupancy Fermit From Oily of Oilog	-	
·		
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PE	EPMIT OR APPROVAL 2	
- 10 March 194		
Yes No X If yes, list agency name and permit/approval		
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?		
Yes No Not Applicable		
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
Application/sponsor Name: Ralph Feola		
Qu. Les		
Signature:		

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

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12  Yes No	?? If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLIST may be superseded by another involved agency.  Yes No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH TI C1. Existing air quality, surface or groundwater quality or quantity, noise levels, ex erosion, drainage or flooding problems? Explain briefly:	HE FOLLOWING: (Answers may be handwritten, If legible) xisting traffic patterns, solid waste production or disposal, potential for
NONE	:
C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural reso	ources; or community or neighborhood character? Explain briefly:
NONE	
C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or the	nreatened or endangered species? Explain briefly:
NONE	-
C4. A community's existing plans or goals as officially adopted, or a change in use	e or intensity of use of land or other natural resources? Explain Briefly:
NONE	ži.
C5. Growth, subsequent development, or related activities likely to be induced by	the proposed action? Explain briefly:
NONE	*
C6. Long term, short term, cumulative, or other effects not identified in C1-5? Exp	lain briefly:
NONE	
C7. Other impacts (including changes in use of either quantify or type of energy)?	Explain briefly:
NONE	<u>.</u>
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACT	TERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTE Yes No	ENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
ART III – DETERMINATION OF SIGNIFICANCE (To be completed by Agency INSTRUCTIONS: For each adverse effect identified above, determine we significant. Each effect should be assessed in connection with its (a) such duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If that explanations contain sufficient detail to show that all relevant advertigations.	hether it is substantial, large, important or otherwise etting (i.e. urban or rural); (b) probably of occurring; (c) necessary, add attachments or reference materials. Ensure
Check this box if you have identified one or more potenti occur. Then proceed directly to the FULL EAF and/or p	repare a positive declaration.
Check this box if you have determined, based on the documentation, that the proposed action WILL NO AND provide on attachments as necessary, the real	ne information and analysis above and any supporting  Tresult in any significant adverse environmental impact  asons supporting this determination:
Oneida County IDA	<u> </u>
Name of Lead	d Agency
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Prepared (If different from responsible officer)
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