

## Application Title

Tax Incentive Application

## Section I: Applicant Background Information

### Applicant Information - Company Receiving Benefit

**Total Project Cost** 1710000  
**Applicant Name** Pollock Research & Design dba Simmers Crane Design & Svc.  
**Applicant Address** 255 Fire Tower Drive, Tonawanda, NY 14150  
**Phone** 716-332-0760  
**Fax** 716-332-0759  
**E-mail** tbrock@simmerscrane.com  
**Website** www.simmerscrane.com  
**Fed ID#**

### Individual Completing Application

**Name** Tammie Brock  
**Title** Office Manager  
**Address** 255 Fire Tower Drive, Tonawanda, NY 14150  
**Phone** 716-332-0760 ext 118  
**Fax** 716-332-0759  
**E-Mail** tbrock@simmerscrane.com

### Company Contact (if different from individual completing application)

**Name**  
**Title**  
**Address**  
**Phone**  
**Fax**  
**E-Mail**

### Company Counsel

**Name of Attorney** Stephen G. Rhodes  
**Firm Name** Gawthrop Greenwood, PC  
**Address** 17 East Gay Street - Suite 100, PO Box 562, West Chester, PA 19381-0562  
**Phone** 610-696-8225 x152  
**Fax** 6106967111

**Identify the assistance being requested of the Agency**

<b>Exemption from Sales Tax</b>	Yes
<b>Tax Exempt Financing</b>	No
<b>Exemption from Mortgage Tax</b>	Yes
<b>Exemption from Real Property Tax</b>	Yes
<b>Assignment/Assumption of existing PILOT benefits</b>	No

**Business Organization**

<b>Type of Business</b>	Corporation
<b>Year Established</b>	1958
<b>State of Organization</b>	Pennsylvania

**List all stockholders, members, or partners with % of ownership greater than 20%**

Please include name and % of ownership.

n/a

**Business Description**

**Describe in detail company background, products, customers, goods and services**

Simmers Crane was founded in 1958 and became a division of Pollock Research and Design in 1966. Simmers does Engineering, Custom Design and build, inspections, preventative maintenance, service, and parts for overhead indoor cranes and hoists. We are currently working with Welded Tube to install cranes in their new facility.

Estimated % of sales within Erie County	45
Estimated % of sales outside Erie County but within New York State	54
Estimated % of sales outside New York State	1
Estimated % of sales outside the U.S.	0

**What percentage of your total annual supplies, raw materials and vendor services are purchased from firms in Erie County? (You may be asked to provide supporting documentation of the estimated percentage of local purchases)**

29%

## Section II: Project Description & Details

### Location of proposed project facility

<b>Address</b>	365 Wheeler Street
<b>City</b>	Tonawanda,
<b>State</b>	New York
<b>Zip Code</b>	14150
<b>SBL Number</b>	52.08-4-17.1
<b>Town/City/Village</b>	Tonawanda
<b>School District</b>	City of Tonawanda
<b>Present Project Site Owner</b>	City of Tonawanda

### Please provide a brief narrative of the project

We will be purchasing appx. 5 acres of land at the former Spaulding Fibre site and constructing a 20,000 sq. ft. facility. 15,000 sq. ft. of space will be devoted to manufacturing with 5,000 dedicated to offices.

### Site Characteristics

**Is the proposed Project located on a site where the known or potential presence of contaminants is complicating the development/use of the property?**

Yes

**If yes, please explain**

The property was known to have some contamination under the base of the parking lot, the City of Tonawanda performed a clean up of the site, and is obtaining a certificate of completion for the clean up.

### Has a Phase I Environmental Assessment been prepared, or will one be prepared with respect to the proposed Project Site? (If yes, please provide copy)

Yes

If yes, please provide a copy.

### Have any other studies, or assessments been undertaken with respect to the proposed Project Site that indicate the known or suspected presence of contamination that would complicate the site's development?

Yes

If yes, please provide copies of the study.

### Will project include leasing any equipment?

No

If yes, please describe equipment and lease terms

**If you are purchasing new machinery and equipment, does it provide demonstrable energy efficiency benefits?**

No  
If yes, please attach additional documentation describing the efficiencies achieved.

**Does or will company perform substantial research and development activities on new products/services at the project location?**

No  
If yes, please explain

**What percentage of annual operating expenses are attributed to the above referenced research and development activities?**

**Explain why IDA participation is necessary for this project to proceed. Focus on competitiveness issues, project shortfalls, etc.**

Over the past few years, we have seen a rapid increase in new equipment sales throughout our organization. Our continued outsourcing to other suppliers outside of New York State is affecting our competitiveness mostly due to the cost of freight to bring these completed cranes in to the state and losing the ability to control material markups. By localizing our manufacturing of our bridge cranes, we can better control lead times, quality and continue to employ skilled trades in Erie County rather than continue to assist in our competition's growth. In order to keep manufacturing local, we need a larger support facility to include manufacturing space, assembly and machining operations all which will employ skilled trades. We have been in the Tonawanda area for the past 10 years and feel it is a good fit for us but we are also considering Niagara County in our search for our new facility. To remain in this area, we are seeking financial assistance to keep our overhead low and maintain our competitive edge.

**Project Information**

**Estimated costs in connection with project**

<b>Land and/or Building Acquisition</b>	<b>\$ 200000</b>
4.90 acres    0.00 square feet	
<b>New Building Construction</b>	<b>\$ 1300000</b>
20.00 square feet	
<b>New Building addition(s)</b>	<b>\$ 0</b>
0.00 square feet	
<b>Renovation</b>	<b>\$ 0</b>
0.00 square feet	
<b>Manufacturing Equipment</b>	<b>\$ 150000</b>
<b>Non-Manufacturing Equipment: (furniture, fixtures, etc.)</b>	<b>\$ 25000</b>
<b>Soft Costs: (professional services, etc.)</b>	<b>\$ 35000</b>
<b>Other Cost</b>	<b>\$ 0</b>
<b>Explain Other Costs</b>	
<b>Total Cost</b>	<b>1710000</b>
<b>Project Refinancing (est. amount)</b>	<b>0</b>

**Select Project Type (check all that apply)**

Yes <b>Industrial</b>	No <b>Multi-Tenant</b>	No <b>Mixed Use</b>
No <b>Acquisition of Existing Facility</b>	Yes <b>Commercial</b>	No <b>Facility for the Aging</b>
No <b>Housing</b>	No <b>Back Office</b>	No <b>Civic Facility (not for profit)</b>
No <b>Equipment Purchase</b>	No <b>Retail</b>	No <b>Other</b>

**SIC Code**  
**NAICS Code**

**For proposed facility please include # of sq ft for each of the uses outlined below**

<b>Manufacturing/Processing</b>	15000.00 square feet
<b>Warehouse</b>	0.00 square feet
<b>Research &amp; Development</b>	0.00 square feet
<b>Commercial</b>	0.00 square feet
<b>Retail</b>	0.00 square feet
<b>Office</b>	5000.00 square feet
<b>Other</b>	0.00 square feet
<b>Specify Other</b>	

**Utilities and services presently serving site. Provide name of utility provider**

<b>Gas</b>	National Fuel Gas	
<b>Electric</b>	National Grid	<b>Size</b>
<b>Water</b>	Erie County Water	<b>Size</b>
<b>Sewer</b>	City of Tonawanda	<b>Size</b>
<b>Other (Specify)</b>		

**If you are undertaking new construction or renovations, are you seeking LEED certification from the US Green Building Council?**

No

**If you answered yes to question above, what level of LEED certification do you anticipate receiving? (Check applicable box)**

<BLANK>

**What is your project timetable (Provide dates)**

**Start date : acquisition of equipment**

2013-08-01

**End date : Estimated completion of project**

2014-04-30

**Project occupancy : estimated starting date of operations**

2014-05-01

**Have site plans been submitted to the appropriate planning department for approval?**

No

**Have any expenditures already been made by the company?**

No

**If yes, indicate particulars (ECIDA benefits do not apply to expenses incurred prior to Board approval)**

**Is project necessary to expand project employment?**

Yes

**Is project necessary to retain existing employment?**

No

**Employment Plan (project location)**

	Current Jobs	If project is to retain jobs, number of jobs to be retained	Total # of jobs 2 years after project completion
<b>Full time</b>	30	30	35
<b>Part time</b>	0	0	0
<b>Current Full Time Jobs in other Erie county locations</b>	0		
<b>Current Part Time Jobs in other Erie county locations</b>	0		

**Payroll Information**

**Annual payroll**

2000000

**Estimated average annual salary of jobs to be retained**

66000

**Average estimated annual salary of jobs to be created**

360000

**Estimated salary range of jobs to be created**

**From** 45000 **To** 50000

**Is the project reasonably necessary to prevent the project occupant from moving out of New York State?**

No

**If yes, please explain and identify out-of-state locations investigated**

**Were you offered financial assistance to locate outside of New York State?**

No

**If yes, from whom and what type of assistance was offered**

**What competitive factors led you to inquire about sites outside of New York State?**

**Have you contacted or been contacted by other economic or governmental agencies regarding this project?**

No

**If yes, please indicate the Agency and nature of inquiry below**



### Section V: Inter-Municipal Move Determination

**Does this project involve relocation or consolidation of a project occupant from another municipality or abandonment of an existing facility?**

Within New York State Yes

Within Erie County Yes

IF EITHER IS YES, please complete the following. If BOTH ARE NO, please 'save and continue' to the next section (Section VI: Facility Type - Single or Multi Tenant).

The Agency is required by state law to make a determination that Agency assistance is required to prevent the project occupant from relocating out of the state, or to preserve the project occupant's competitive position in its respective industry.

**Will the project result in a relocation of an existing business operation from the City of Buffalo?**

No

If yes, please explain the factors which require the project occupant to relocate (For example, present site is not large enough, or owner will not renew leases etc.)

**What are some of the key requirements the project occupant is looking for in a new site? (For example, minimum sq. ft., 12 foot ceilings, truck loading docs etc...)**

more production and assembly space which would increase sq. ft significantly, Room for expansion as our business grows, truck loading dock.

**If the project occupant is currently located in Erie County and will be moving to a different municipality, has the project occupant attempted to find a suitable location within the municipality?**

<BLANK>

**Is the project reasonably necessary to preserve the project occupant's competitive position in its industry?**

Yes

If yes, please explain and provide supporting documentation

We do not have room in our current location to assemble cranes for our customers. We have had to outsource this work out of state. We want to bring this work back into NYS and be able to assemble the cranes on site in our new location.

**What factors have lead the project occupant to consider remaining or locating in Erie County?**

We have looked at locations in other counties, but would like to remain in Erie County.

**What is going to happen to the current facility that project occupant is located in?**

We are leasing space at this time. It will be re-leased by the owner when we move.

**Please provide a list of properties considered, and the reason they were not adequate. (Some examples include: site not large enough, layout was not appropriate, did not have adequate utility service, etc.) Please include full address for locations.**

American Axel 2392 Kenmore Avenue, Buffalo, NY 14207 - not cost prohibitive to fix building up to our needs. Additional sites reviewed include 2 in Town of Tonawanda - Riverview and Woodward. Information supplied by Tammie Brock (email) "We looked at the following properties, however, they didn't suit our needs: - 595 Filmore Ave, this property required an extensive amount of remodeling for it to fit our needs. After a few months of investigation, the owner decided not to sell. - Lot 8 in Riverview Solar Tech Park, Land was expensive but this area was simply too far from where we wanted to be - 300 Woodward Ave, price was good but the overall layout of the building would not work for our business

## Section VI: Facility Type - Single or Multi Tenant

### Is this a Single Use Facility or a Multi-Tenant Facility?

Single Use Facility

#### For Single Use Facility

**Occupant Name** Pollock Research & Design dba Simmers Crane Design & Svc  
**Address** 255 Fire Tower Dr., Tonawanda, NY 14150  
**Contact Person** Tammie Brock  
**Phone** 716-332-0760  
**Fax** 716-332-0759  
**E-Mail** tbrock@simmerscrane.com  
**Federal ID #**  
**SIC/NAICS Code**

#### Multi-Tenant Facility

**Please explain what market conditions support the construction of this multi-tenant facility**

**Have any tenant leases been entered into for this project?**

<BLANK>

**If yes, please list below and provide square footage (and percent of total square footage) to be leased to tenant and NAICS Code for tenant and nature of business**

## Section VII: Environmental Questionnaire

### **General Background Information**

#### **Address of Premises**

365 Wheeler Street Tonawanda, NY 14150

### **Name and Address of Owner of Premises**

City of Tonawanda 200 Niagara Street Tonawanda, NY 14150

### **Describe the general features of the Premises (include terrain, location of wetlands, coastlines, rivers, streams, lakes, etc.)**

Vacant Industrial parcel

### **Describe the Premises (including the age and date of construction of any improvements) and each of the operations or processes carried out on or intended to be carried on at the Premises**

recently cleaned site of former Spaulding Fiber Plant

### **Describe all known former uses of the Premises**

Spaulding Fiber Plant

### **Does any person, firm or corporation other than the owner occupy the Premises or any part of it?**

No

**If yes, please identify them and describe their use of the property**

### **Have there been any spills, releases or unpermitted discharges of petroleum, hazardous substances, chemicals or hazardous wastes at or near the Premises?**

No

**If yes, describe and attach any incident reports and the results of any investigations**

**Has the Premises or any part of it ever been the subject of any enforcement action by any federal, state or local government entity, or does the preparer of this questionnaire have knowledge of: a) any current federal, state or local enforcement actions; b) any areas of non-compliance with any federal, state or local laws, ordinances, rules or regulations associated with operations over the past 12 months?**

No

**If yes, please state the results of the enforcement action (consent order, penalties, no action, etc.) and describe the circumstances**

**Has there been any filing of a notice of citizen suit, or a civil complaint or other administrative or criminal procedure involving the Premises?**

No

**If yes, describe in full detail**

**Solid And Hazardous Wastes And Hazardous Substances**

**Does any activity conducted or contemplated to be conducted at the premises generate, treat or dispose of any petroleum, petroleum-related products, solid and hazardous wastes or hazardous substances?**

No

**If yes, provide the Premises' applicable EPA (or State) identification number**

**Have any federal, state or local permits been issued to the Premises for the use, generation and/or storage of solid and hazardous wastes?**

No

**If yes, please provide copies of the permits.**

**Identify the transporter of any hazardous and/or solid wastes to or from the Premises**

**Identify the solid and hazardous waste disposal or treatment facilities which have received wastes from the Premises for the past two (2) years**

**Does or is it contemplated that there will occur at the Premises any accumulation or storage of any hazardous wastes on-site for disposal for longer than 90 days?**

No

**If yes, please identify the substance, the quantity and describe how it is stored**

**Discharge Into Waterbodies**

**Briefly describe any current or contemplated industrial process discharges (including the approximate volume, source, type and number of discharge points). Please provide copies of all permits for such discharges**

n/a

**Identify all sources of discharges of water, including discharges of waste water, process water, contact or noncontact cooling water, and stormwater. Attach all permits relating to the same. Also identify any septic tanks on site**

n/a

**Is any waste discharged into or near surface water or groundwaters?**

No

**If yes, please describe in detail the discharge including not only the receiving water's classification, but a description of the type and quantity of the waste**

**Air Pollution**

**Are there or is it contemplated that there will be any air emission sources that emit contaminants from the Premises?**

No

**If yes, describe each such source, including whether it is a stationary combustion installation, process source, exhaust or ventilation system, incinerator or other source**

**Are any of the air emission sources permitted?**

No

**If yes, attach a copy of each permit.**

**Storage Tanks**

**List and describe all above and under ground storage tanks at the Premises used to store petroleum or gasoline products, or other chemicals or wastes, including the contents and capacity of each tank. Please also provide copies of any registrations/permits for the tanks**

n/a

**Have there been any leaks, spills, releases or other discharges (including loss of inventory) associated with any of these tanks?**

<BLANK>

**If yes, please provide all details regarding the event, including the response taken, all analytical results or reports developed through investigation (whether internal or external), and the agencies which were involved**

**Polychlorinated Biphenyls ("PCB" or "PCBs") And Asbestos**

**Provide any records in your possession or known to you to exist concerning any on-site PCBs or PCB equipment, whether used or stored, and whether produced as a byproduct of the manufacturing process or otherwise.**

**Have there been any PCB spills, discharges or other accidents at the Premises?**

No

**If yes, relate all the circumstances**

**Do the Premises have any asbestos containing materials?**

No

**If yes, please identify the materials**