

NIAGARA COUNTY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR FINANCIAL ASSISTANCE

Macerich Niagara LLC

(Applicant Name)

6311 Inducon Corporate Drive, Suite One
Sanborn, New York 14132
Phone: 716-278-8760 Fax: 716-278-8769
<http://niagaracountybusiness.com>

Updated May 2025

Please note the following Application conditions:

1. One (1) original signed copy of the Application for Assistance along with a signed Environmental Assessment form is to be submitted to the Niagara County Industrial Development Agency ("Agency").
2. A **\$1,000.00 non-refundable application fee** payable to the Niagara County Industrial Development Agency **MUST** accompany the Application submission.
3. Subject to the applicable statute, information provided by applicant will be treated as confidential until such time as the Agency takes action on the request. However, in accordance with Article 6 of the Public Officers Law, all records in possession of the Agency are open to public inspection and copy.
4. At the time of the Project closing, the project Applicant is required to pay certain costs associated with the Project, including payment of an Agency Fee in the amount of 1% of the total value of the project, and payment of Agency Counsel fees as set forth in the Agency fee policy schedule, together with various related costs, including but not limited to public hearing expenses. Upon request, a fee summary will be provided to each applicant.

IMPORTANT NOTE: In the event of a project termination or withdrawal, the Applicant will still be responsible for payment of the Agency Counsel fees mentioned above.

The Niagara County Industrial Development Agency does not discriminate on the basis of race, color, religion, sex, sexual orientation, marital status, age, national origin, disability or status as a disabled or Vietnam Veteran or any other characteristic protected by law.

6311 Inducon Corporate Drive, Suite One ■ Sanborn, NY 14132-9099 ■ 716-278-8760
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NIAGARA COUNTY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR FINANCIAL ASSISTANCE

I. APPLICANT INFORMATION

Company Name: Macerich Niagara LLC

Mailing Address: 401 Wilshire Blvd., Suite 700

City/Town/Village & Zip code: Santa Monica, California 90401

Phone: 310-899-6673

Website: https://www.macerich.com/

Fed Id. No.: 47-3158141

Contact Person and Title: Neal Kleinman, SVP, National Operations & Real Estate Tax

Email: Neal.Kleinman@macerich.com

Principal Owners/Officers/Directors (list owners with 15% or more in equity holdings with percentage ownership):

The Macerich Company

Corporate Structure (attach schematic if applicant is a subsidiary or otherwise affiliated with another entity)

Form of Entity

Corporation

Date of Incorporation: _____

State of Incorporation: _____

Partnership

General _____ or Limited _____

Number of general partners _____

If applicable, number of limited partners _____

Date of formation _____

Jurisdiction of Formation _____

Limited Liability Company/Partnership (number of members _____)

Date of organization: February 18, 2015

State of Organization: Delaware

Sole Proprietorship

If a foreign organization, is the applicant authorized to do business in the State of New York?

Applicant's Counsel

Company Name: Cullen and Dykman LLP

Contact Person, and Title: Kevin Clyne, Esq.

Mailing Address: 333 Earle Ovington Boulevard, 2nd Floor

City/Town/Village & Zip code: Uniondale, New York 11553

Email: kclyne@cullenllp.com

Phone: 516.296.9118

Fax No.: 516.357.3792

II. PROJECT INFORMATION

A) Project Address: 1900 Military Rd

Tax Map Number (SBL) 145.20-1-14 & 145.20-1-15
(Section/Block/Lot)

SWIS Number 293000

Located in City of _____

Located in Town of Niagara

Located in Village of _____

School District of Niagara-Wheatfield Central School District

B) Current Assessment of Property:

Land 5,018,000

Total 20,588,200

C) Present legal owner of the site Macerich Niagara LLC

If other than from applicant, by what means will the site be acquired for this project?

D) Describe the project:

Retention of existing shopping center

located at 1900 Military Road in the Town of Niagara.

1. Project site (land)

(a) Indicate approximate size (In acres or square feet) of project site.

34.85 acres (145.20-1-15); 2.74 acres (145.20-1-14)

(b) Indicate the present use of the project site.

Shopping Center

2. Indicate number, size (in square feet) and approximate age of existing buildings on site
605,000 square feet ; 44 years (NK)

3. Does the project consist of the construction of a new building or buildings?
If yes, indicate number and size (in square feet) of new buildings.
No

4. Does the project consist of additions and/or renovations to existing buildings? If yes,
indicate nature of expansion and/or renovation.
No

5. If any space in the project is to be leased to third parties, indicate total square footage
of the project amount to be leased to each tenant and proposed use by each tenant.
approximately 600,000 square feet

6. Will onsite childcare be provided at the project facility?
No

7. List principal items/categories of equipment to be acquired as part of the project.
N/A

8. Has construction work on this project begun?
No.

E) Inter-Municipal Move Determination

Will the project result in the removal of a plant or facility of the applicant from one area of the
State of New York to another?

Yes or No

Will the project result in the removal of a plant or facility of another proposed occupant of the
project from one area of the State of New York to another area of the State of New York?

Yes or No

Will the project result in the abandonment of one or more plants or facilities located in the
State of New York?

Yes or No

If Yes to any of the questions above, explain how, notwithstanding the aforementioned closing or
activity reduction, the Agency's Financial Assistance is required to prevent the Project from relocating
out of the State, or is reasonably necessary to preserve the Project occupant's competitive position in its
respective industry:

F) Furnish a copy of any environmental application presently in process of completion concerning
this project, providing name and address of the agency, and copy all pending or completed
documentation and determinations.

- G) Project Annual Compliance Reporting Contact(s) - Upon project closing, there are several required annual compliance reports applicable to the Project that will need to be completed each year throughout the length of the financial assistance. Please list contact information for the Annual Reports that will include; Local Labor, Project Investment, Project Employment, Insurance verification.

Name/Title: Jared Puzo, Asst. G.M. Name/Title: _____
 Address: 401 Wilshire Boulevard Address: _____
Santa Monica, CA 90401 _____
 Phone: 610-742-2371 Phone: _____
 Email: Jared.puzo@macerich.com Email: _____

III. **SOURCES & USES OF FUNDS**

- A) Estimated Project Costs:

Property Acquisition	\$	
Construction (Improvements)	\$	
Equipment Purchases/Fixtures/Furnishings	\$	
Soft costs (i.e. engineering, architectural)	\$	
Other (describe)	\$	
TOTAL USES OF FUNDS	\$	0

- B) Sources of Funds for Project Costs (Must match above Total Uses of Funds):

Bank Financing	\$	0
Equity	\$	-----
Grants/Tax Credits	\$	0
Taxable or Tax Exempt Bond	\$	0
Other	\$	0
TOTAL SOURCES OF FUNDS	\$	0

- C) Identify each state and federal grant/credit:

	\$	
	\$	
	\$	
	\$	
TOTAL PUBLIC FUNDS	\$	0

IV. FINANCIAL ASSISTANCE REQUESTED

A.) Benefits Requested:

- Sales Tax Exemption
 Mortgage Recording Tax Exemption
 Real Property Tax Abatement (PILOT)

B.) Value of Incentives: LEAVE THIS SECTION BLANK (will be estimated by NCIDA Staff)

Property Tax Exemption

Estimated duration of Property Tax exemption: _____

Sales and Use Tax

Estimated value of Sales Tax exemption for facility construction: \$ _____

Estimated value of Sales Tax exemption for fixtures and equipment: \$ _____

Estimated duration of Sales Tax exemption: _____

Mortgage Recording Tax Exemption Benefit

Estimated value of Mortgage Recording Tax exemption: \$ _____

C.) Financial Assistance Determination:

If financial incentives are not provided by NCIDA, is the project financially viable?

- Yes or No

If the Project could be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency:

V. EMPLOYMENT PLAN

	# of Retained Jobs	Retained Jobs Average Annual Salary	# of Created Jobs (3 yrs after project completion)	Created Jobs Average Annual Salary
Full Time	630	45,000		
Part time		\$ 0		
TOTAL FTEs		\$ 0		

Annual Salary Range of Jobs to be Created: \$ _____ to \$ _____

Category of Jobs to be Retained and Created:

Job Categories (ie. Management, Administrative, Production, etc.) Retail

Los Angeles,
STATE OF ~~NEW YORK~~
COUNTY OF _____) ss.:

Neal Kleinman, being first duly sworn, deposes and says:

1. That I am the SVP (Corporate Office) of Macerich Niagara LLC (Applicant) and that I am duly authorized on behalf of the Applicant to bind the Applicant.
2. That I have read the attached Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.


(Signature of Officer)

~~Subscribed and affirmed to me under penalties of perjury
this ___ day of _____, 20__.~~

~~_____
(Notary Public)~~

please see Attached.

This Application should be submitted to the Niagara County Industrial Development Agency,
6311 Inducon Corporate Drive, Suite One, Sanborn, New York 14132.

Attach copies of preliminary plans or sketches of proposed construction or rehabilitation or both.

CALIFORNIA JURAT

GOVERNMENT CODE § 8202



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 7th day of May, 2026, by
Date Month Year

(1) Neal Kleinman

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Place Notary Seal and/or Stamp Above

Signature *Alice Jung*
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____



HOLD HARMLESS AGREEMENT

~~Applicant hereby releases the NIAGARA COUNTY INDUSTRIAL DEVELOPMENT AGENCY and its officers, servants, agents and employees thereof (the "Agency") from, and agrees that the Agency shall not be liable, and agrees to indemnify, defend and hold the Agency harmless from and to pay any and all liability arising from any expense incurred by the Agency's examination and processing of the application pursuant to or upon, the application of the Applicant, regardless of whether or not the Applicant is the Project described therein or the tax incentives and other assistance requested therein, favorably acted upon by the Agency, and (B) for other actions taken by the Agency with respect to the Project; including without limiting the generality of the foregoing, the Agency's selection and reasonable attorneys' fees and any other expenses incurred in defending any suits or actions that may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to complete or complete necessary negotiations, or fails within a reasonable and specified period of time to take reasonable requested actions, 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 any event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, or assigns, all out of pocket expenses incurred by the Agency in processing of the Application, including reasonable attorney fees, if any. Notwithstanding anything contained herein to the contrary, the foregoing indemnities shall not be applicable with respect to misconduct, negligence, or criminal activity on the part of the Agency. It is understood and agreed that the Applicant reserves the right to join in any defense, and to participate in the management of the defense, of any suit in which the Agency seeks indemnification.~~

(Handwritten initials)

In addition to the foregoing, the Applicant understands and acknowledges that (i) this application does not create or give rise to any legal obligations on the part of the Niagara County Industrial Development Agency (the "Agency") or the Applicant except as expressly stated herein, (ii) the terms and conditions governing the award of the financial assistance described herein will be set forth in a separate agreement(s), with the Agency, the form of which will be provided to the Applicant only upon the processing and approval of this application, (iii) the requested financial assistance described in application is based upon the representations made by the Applicant, based upon the Applicant's actual knowledge as of the date of this application, to the Agency, regarding the project, and (iv) that the Agency reserves the right to revise the financial assistance described in this application if any aspect of the project changes after receipt of the application, including changes to the number of jobs, amount of capital investment, or wages, by way of example only. In addition, the Applicant reserves the right to retract, clarify, amend or modify any such representations made prior to (or concurrently with) the submittal of this application to the Agency.

(Handwritten Signature)
(Applicant Signature)
By: 5/7/26
Name: Neal Kleinman
Title: SUP

~~_____
(Notary Public)
Sworn to before me this ____ day
of _____, 20____~~

[stamp]
Please see Attached

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 7th day of May, 2026, by
Date Month Year

(1) Neal Kleinman

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *Alice Jung*
Signature of Notary Public



Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information				
Macerich Niagara LLC				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO	YES
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO	YES
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		37.59 acres		
b. Total acreage to be physically disturbed?		0 acres		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		37.59 acres		
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____			
	<input type="checkbox"/> NO <input type="checkbox"/> YES		

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____ Date: _____		
Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<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 will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT