

APPLICATION OF AGENCY

ALBANY COUNTY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION

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IMPORTANT NOTICE: The answers to the questions contained in this application are necessary to determine your firm's eligibility for financing and other assistance from Albany County Industrial Development Agency (the "Agency"). These answers will also be used in the preparation of papers in this transaction. Accordingly, all questions should be answered accurately and completely by an officer or other employee of your firm who is thoroughly familiar with the business and affairs of your firm and who is also thoroughly familiar with the proposed project. This application is subject to acceptance by the Agency.

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TO: Albany County Industrial Development Agency  
111 Washington Ave, Suite 100  
Albany, New York 12210

This application by applicant respectfully states:

APPLICANT: **Regeneron Pharmaceuticals, Inc.**

APPLICANT'S ADDRESS: **777 Old Saw Mill River Road**

CITY: **Tarrytown** STATE: **New York** PHONE NO.: **(914) 345-7700**

NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION: **David Simon, Vice President, Finance and Business Operations**  
**James Leggett, Director Plant Controller**

IF APPLICANT IS REPRESENTED BY AN ATTORNEY, COMPLETE THE FOLLOWING.:

NAME OF ATTORNEY: **Arnold & Porter LLP - Victoria Frankenburg, Esq**

ATTORNEY'S ADDRESS: **250 West 55th Street**

CITY: **New York** STATE: **NY** PHONE NO.: **(212) 836-8797**

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NOTE: PLEASE READ THE INSTRUCTIONS ON PAGE 2 HEREOF BEFORE FILLING OUT THIS FORM.  
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## INSTRUCTIONS

1. The Agency will not approve any application unless in the judgment of the Agency said application contains sufficient information upon which to base a decision whether to approve or tentatively approve an action.
2. Fill in all blanks, using “none” or “not applicable” or “N/A” where the question is not appropriate to the project which is the subject of this application (the “Project”).
3. If an estimate is given as the answer to a question, put “(est)” after the figure or answer which is estimated.
4. If more space is needed to answer any specific question, attach a separate sheet.
5. When completed, return four (4) copies of this application to the Agency at the address indicated on the first page of this application.
6. The Agency will not give final approval to this application until the Agency receives a completed environmental assessment form concerning the Project which is the subject of this application.
7. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the applicant feels that there are elements of the Project which are in the nature of trade secrets or information, the nature of which is such that if disclosed to the public or otherwise widely disseminated would cause substantial injury to the applicant’s competitive position, the applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.
8. The applicant will be required to pay to the Agency all actual costs incurred in connection with this application and the Project contemplated herein (to the extent such expenses are not paid out of the proceeds of the Agency’s bonds issued to finance the project). The applicant will also be expected to pay all costs incurred by general counsel and bond counsel to the Agency. The costs incurred by the Agency, including the Agency’s general counsel and bond counsel, may be considered as a part of the project and included as a part of the resultant bond issue.
9. The Agency has established an application fee of Fifteen Hundred Dollars (\$1,500) to cover the anticipated costs of the Agency in processing this application. A check or money order made payable to the Agency must accompany each application. **THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS ACCOMPANIED BY THE APPLICATION FEE.**

**FOR AGENCY USE ONLY**

1. Project Number	_____
2. Date application received by the Agency	_____, 20__
3. Date application referred to attorney for review	_____, 20__
4. Date copy of application mailed to members	_____, 20__
5. Date notice of Agency meeting on application posted	_____, 20__
6. Date notice of Agency meeting on application mailed	_____, 20__
7. Date of Agency meeting on application	_____, 20__
8. Date Agency conditionally approved application	_____, 20__
9. Date scheduled for public hearing	_____, 20__
10. Date Environmental Assessment Form ("EAF") received	_____, 20__
11. Date Agency completed environmental review	_____, 20__
12. Date of final approval of application	_____, 20__



Estimated Average Annual Salary of Jobs to be Retained:

\_\_\_\_\_0\_\_\_\_\_

- I. Proposed occupant of Project (hereinafter, the "Company").
- A. Company Name: **Regeneron Pharmaceuticals, Inc**
- B. Present Address: Corp. Headquarters: **777 Old Saw Mill River Road,  
Tarrytown, NY 10591**  
**Local Office: 81 Columbia Turnpike, Rensselaer, NY 12144**
- C. Employer's ID No.: **13-3444607**
- D. If the Company differs from the Applicant, give details of relationship: **Not Applicable.**
- E. Indicate type of business organization of Company:
1.  Corporation (If so, incorporated in what country? **United States of America**; What State? **New York**; Date Incorporated? **January 11, 1988**; Type of Corporation? **"C"**; Authorized to do business in New York?  yes  no).
  2.  Partnership (If so, indicate type of partnership \_\_\_\_\_, Number of general partners \_\_\_\_\_, Number of limited partners \_\_\_\_\_).
  3.  Limited liability company (If so, formed in what State? \_\_\_\_\_, Date formed? \_\_\_\_\_, Authorized to do business in New York? \_\_\_\_\_).
  4.  Sole proprietorship.
- F. Is the Company a subsidiary or direct or indirect affiliate of any other organization(s)? If so, indicate name of related organization(s) and relationship: **No.**

E. Management of Company:

1. List all owners, officers, members, directors and partners (complete all columns for each person):

NAME (First, Middle, Last) HOME ADDRESS	OFFICE HELD	OTHER PRINCIPAL BUSINESS
<b>See 10-K Annual Report available at SEC.GOV (symbol:REGN)</b>		

2. Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation?  yes \_\_\_\_\_ no. **All material litigation is described in the 10-K Annual Report.**

3. Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)? \_\_\_\_\_ yes  no.

4. Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt? \_\_\_\_\_ yes  no. If yes to any of the foregoing, furnish details in a separate attachment. **See the 10-K Annual Report**

F. Principal owners of Company: Is Company publicly held?  yes \_\_\_\_\_ no. If yes, list exchanges where stock traded: **NASDAQ**

If no, list all stockholders having a 5% or more interest in the Company:

NAME	ADDRESS	PERCENTAGE OF HOLDING
N/A		

G. Company's Principal Bank(s) of account: **JP Morgan Chase Bank, New York, NY**

II. Information concerning lease or sublease of the project. (Please complete the following section if the Company intends to lease or sublease the Project).

A. Does the Company intend to lease or sublease more than 10% (by area or fair market value) of the Project? \_\_\_ yes X no. If yes, please provide detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

B. What percentage of the space intended to be leased or subleased is now subject to a binding written lease or sublease? \$0 n/a \_\_\_\_\_.

C. 1. Sublessee name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's ID No.: \_\_\_\_\_

Sublessee is: \_\_\_ Corporation: \_\_\_ Partnership: \_\_\_ Sole

Proprietorship Relationship to Company:

\_\_\_\_\_ Percentage of Project to be

leased or subleased: \_\_\_\_\_ Use of Project intended by

Sublessee: \_\_\_\_\_ Date of lease or sublease to

Sublessee: \_\_\_\_\_ Term of lease or sublease to

2. Sublessee name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's ID No.: \_\_\_\_\_

Sublessee is: \_\_\_ Corporation: \_\_\_ Partnership: \_\_\_ Sole Proprietorship

Relationship to Company: \_\_\_\_\_

Percentage of Project to be leased or subleased: \_\_\_\_\_



Use of Project intended by Sublessee: \_\_\_\_\_

Date of lease or sublease to Sublessee: \_\_\_\_\_

Term of lease or sublease to Sublessee: \_\_\_\_\_

3. Sublessee name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's ID No.: \_\_\_\_\_

Sublessee is: \_\_\_ Corporation: \_\_\_ Partnership: \_\_\_ Sole Proprietorship

Relationship to Company: \_\_\_\_\_

Percentage of Project to be leased or subleased: \_\_\_\_\_

Use of Project intended by Sublessee: \_\_\_\_\_

Date of lease or sublease to Sublessee: \_\_\_\_\_

Term of lease or sublease to Sublessee: \_\_\_\_\_

III. Data regarding Proposed Project

A. Summary: (Please provide a brief narrative description of the Project.) **Purchase the property, perform minor upgrades to existing office space, create mechanical space, provide flood mitigation.**

B. Location of Proposed Project:

1. Street Address: **431 Broadway, Menands**
2. City of **N/A**
3. Town of **Colonie**
4. Village of **Menands**
5. County of **Albany**

C. Project Site:

1. Approximate size (in acres or square feet) of Project site: **~142,364 sf on 20.45 acres**. Is a map, survey, or sketch of the project site attached?  yes \_\_\_ no.
2. Are there existing buildings on project site?  yes \_\_\_ no. If yes, indicate number and approximate size (in square feet) of each existing building: **One building, ~142,364 sf**
3. Are existing buildings in operation?  yes \_\_\_ no.  
If yes, describe present use of present buildings: **Office space**
4. Are existing buildings abandoned? \_\_\_ yes  no. About to be abandoned? \_\_\_ yes  no. Attach photograph of present buildings.
5. Utilities serving project site:  
Water-Municipal: **Village of Menands**  
Other (describe) \_\_\_\_\_  
Sewer-Municipal: **Village of Menands**  
Other (describe) \_\_\_\_\_  
Electric-Utility: **National Grid (Electricity Transportation)**  
Other (describe) **Direct Energy (Electricity Delivery)**  
Heat-Utility: **National Grid (Natural Gas Transportation)**  
Other (describe) **Direct Energy (Natural Gas Delivery)**
6. Present legal owner of project site: **Regeneron Pharmaceuticals, Inc.**  
If the Company owns project site, indicate date of purchase: **September 28, 2023**; Purchase price: **\$16,900,000**.  
If Company not owner, does Company have option signed with owner to purchase the project site? \_\_\_ yes \_\_\_ no. If yes, indicate date option signed with owner: \_\_\_\_\_, 20\_\_.

Date option expires: \_\_\_\_\_, 20\_\_\_\_. If the Company does not own the project site, is there a relationship legally or by common control between the Company and the present owners of the project site? \_\_\_\_ yes \_\_\_\_ no. If yes, describe in detail on separate attachment.

6. Zoning District in which the project site is located: **BBD Broadway Business District**

- Are there any variances or special permits affecting the site? \_\_\_\_ yes **X** no. If yes, list below and attach copies of all such variances or special permits: **None at this time. Permits will be needed for flood mitigation in the future.**

D. Buildings:

1. Does part of the project consist of a new building or buildings? **X** yes \_\_\_\_ no. If yes, indicate number and size of new buildings: **This includes the purchase of a ~142,364 sf building .**
2. Does part of the project consist of additions and/or renovations to the existing buildings? **X** yes \_\_\_\_ no. If yes, indicate nature of expansion and/or renovation: **perform minor upgrades to existing office space, create mechanical space, provide flood mitigation.**
3. Describe the principal uses to be made by the Company of the building or buildings to be acquired, constructed, or expanded: **This space will be used as office space.**

DI. Project Use:

1. What are the principal products to be produced at the Project? **n/a office space.**

2. What are the principal activities to be conducted at the Project? **office space**
3. Will any portion of the Project be used for any of the following purposes:  
 retail food and beverage services: \_\_\_ Yes X No  
 automobile sales or service: \_\_\_ Yes X No  
 recreation or entertainment: \_\_\_ Yes X No  
 golf course: \_\_\_ Yes X No  
 country club: \_\_\_ Yes X No  
 massage parlor: \_\_\_ Yes X No  
 tennis club: \_\_\_ Yes X No  
 skating facility (including roller skating, skateboard and ice skating): \_\_\_  
 Yes X No  
 racquet sports facility (including handball and racquetball court):  
 \_\_\_ Yes X No  
 hot tub facility: \_\_\_ Yes X No  
 suntan facility: \_\_\_ Yes X No  
 racetrack: \_\_\_ Yes X No  
 If the answer to any of the above questions is yes, please furnish details on a separate attachment.
4. Does the Project include facilities or property that are primarily used in making retail sales of goods or services to customers who personally visit such facilities? \_\_\_ Yes X No. If yes, please provide detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.
5. If the answer to question 4 is yes, what percentage of the cost of the Project will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project? N/A %
6. If the answer to question 4 is yes, and the answer to question 5 is more than 33.33%, indicate whether any of the following apply to the Project:
- a. Will the Project be operated by a not-for-profit corporation?  
 Yes \_\_\_ No \_\_\_.

b. Is the Project likely to attract a significant number of visitors from outside the economic development region in which the Project will be located? Yes \_\_\_\_; No \_\_\_\_.

c. Would the project occupant, but for the contemplated financial assistance from the Agency, locate the related jobs outside the State of New York? Yes \_\_\_\_; No \_\_\_\_.

d. Is the predominant purpose of the Project to make available goods or services which would not, but for the Project, be reasonable accessible to the residents of the city, town or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services? Yes \_\_\_\_; No \_\_\_\_ . If yes, please provide detail. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

e. Will the Project be located in one of the following: (a) an area designed as an economic development zone pursuant to Article 18-B of the General Municipal Law or (b) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (i) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates? Yes \_\_\_\_; No \_\_\_\_.

7. If the answers to any of subdivisions c. through e. of question 6 is yes, will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? Yes \_\_\_\_ No \_\_\_\_ . If yes, please provide detail.  
N/A

8. Will the completion of the Project result in the removal of a plant or facility of the Company or another proposed occupant of the Project (a "Project Occupant") from one area of the State of New York to another area of the State of New York? Yes \_\_\_\_; No **X**. If yes, please explain:

9. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Company located in the State of New York? Yes \_\_\_\_; No **X**. If yes, please provide detail: \_
10. If the answer to either question 8 or question 9 is yes, indicate whether any of the following apply to the Project:
- a. Is the Project reasonably necessary to preserve the competitive position of the Company on such Project Occupant in its industry? Yes \_\_\_\_; No \_\_\_\_\_. If yes, please provide detail: **N/A**.
  - b. Is the Project reasonably necessary to discourage the Company or such Project Occupant from removing such other plant or facility to a location outside the State of New York? Yes \_\_\_\_; No \_\_\_\_\_. If yes, please provide detail: **N/A**.
11. Will the Project be owned by a not-for-profit corporation? Yes \_\_\_\_; No **X**. If yes, please provide detail:
12. If the answer to question 11 is yes, indicate whether any of the following apply to the Project:
- a. Is the Project a housing facility primarily designed to be occupied by individuals 60 years of age or older? Yes \_\_\_\_; No \_\_\_\_\_. If yes, please explain: **N/A**

b. Is the Project a dormitory for an educational institution? Yes \_\_\_\_; No \_\_\_\_\_. If yes, please explain: N/A

c. Is the Project a facility as defined in Article 28 of the Public Health Law? Yes \_\_\_\_; No \_\_\_\_\_. If yes, please explain: N/A

13. If the answer to any of the questions contained in question 12 is yes, indicate whether the cost of the Project will exceed \$15 million. Yes \_\_\_\_; No \_\_\_\_\_. If yes, please provide detail: N/A

14. Will the Project be sold or leased to a municipality? Yes \_\_\_\_; No **X**. If yes, please provide detail:

F. Construction Status:

1. Has construction work on this project begun? \_\_\_\_ Yes; **X** No. If yes, please discuss in detail the approximate extent of construction and the extent of completion. Indicate in your answer whether such specific steps have been completed as site clearance and preparation; completion of foundations; installation of footings; etc.:

2. Please indicate amount of funds expended on this project by the Company in the past three (3) years and the purposes of such expenditures:  
**\$16,900,000 purchase price plus \$200,000 for furniture September 28, 2023**

3. Please indicate the date the applicant estimates the Project will be completed: **by December 2026 (flood mitigation).**

G. Method of Construction after Agency Approval:

1. If the Agency approves the project which is the subject of this application, there are two methods that may be used to construct the project. The applicant can construct the project privately and sell the project to the Agency upon completion. Alternatively, the applicant can request to be appointed as “agent” of the Agency, in which case certain laws applicable to public construction may apply to the project. Does the applicant wish to be designated as “agent” of the Agency for purposes of constructing the project?  Yes;  No.

H. Other Involved Agencies:

1. Please indicate all other local agencies, boards, authorities, districts, commissions or governing bodies (including any city, county and other political subdivision of the State of New York and all state departments, agencies, boards, public benefit corporations, public authorities or commissions) involved in approving or funding or directly undertaking action with respect to the Project. For example, do you need a municipal building permit to undertake the Project? Do you need a zoning approval to undertake the Project? If so, you would list the appropriate municipal building department or planning or zoning commission which would give said approvals. **ACOE, DEC, Village of Menands bldg. dept**
2. Describe the nature of the involvement of the federal, state, or local agencies described above: **we will need bldg. permits from the village and permitting for flood mitigation from the ACOE and DEC**



IV. Employment Impact

- A. Indicate the number of people presently employed at the Project site and the **additional** number that will be employed at the Project site at the end of the first and second years after the Project has been completed, using the tables below for (1) employees of the Applicant, (2) independent contractors, and (3) employees of independent contractors. (Do not include construction workers). Also indicate below the number of workers employed at the Project site representing newly created positions as opposed to positions relocated from other project sites of the applicant. Such information regarding relocated positions should also indicate whether such positions are relocated from other project sites financed by obligations previously issued by the Agency.

<b>TYPE OF EMPLOYMENT</b>					
<b>Employees of Applicant</b>					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals
Present Full Time					
Present Part Time					
Present Seasonal					
First Year Full Time	22	15	2		39
First Year Part Time					
First Year Seasonal					
Second Year Full Time	45	30	5		80
Second Year Part Time					
Second Year Seasonal					

<b>TYPE OF EMPLOYMENT Independent Contractors</b>					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals
Present Full Time	N/A				
Present Part Time					
Present Seasonal					
First Year Full Time					
First Year Part Time					
First Year Seasonal					
Second Year Full Time					
Second Year Part Time					
Second Year Seasonal					

<b>TYPE OF EMPLOYMENT Employees of Independent Contractors</b>					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals
Present Full Time	N/A				
Present Part Time					

Present Seasonal					
First Year Full Time					
First Year Part Time					
First Year Seasonal					
Second Year Full Time					
Second Year Part Time					
Second Year Seasonal					

B. Indicate below (1) the estimated salary and fringe benefit averages or ranges and (2) the estimated number of employees residing in the Capital Region Economic Development Region for all the jobs at the Project site, both retained and created, listed in the tables described in subsection A above for each of the categories of positions listed in the chart below.

<b>RELATED EMPLOYMENT INFORMATION</b>				
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled
Estimated Salary and Fringe Benefit Averages or Ranges	\$134k - \$158k	\$80k - \$117k	\$66k - \$88k	
Estimated Number of Employees Residing in the Capital Region Economic Development Region <sup>1</sup>	45	30	5	

C. Please describe the projected timeframe for the creation of any new jobs with respect to the undertaking of the Project:

**We expect to move 39 employees into the building in 2024 and 41 in 2025**

<sup>1</sup> The Capital Region Economic Development Region consists of the following counties: Albany, Schenectady, Rensselaer, Greene, Columbia, Saratoga, Warren, and Washington.

- D. Please prepare a separate attachment describing in detail the types of employment at the Project site. Such attachment should describe the activities or work performed for each type of employment.

**Primarily office and manufacturing support work**

V. Project Cost

- A. Anticipated Project Costs. State the costs reasonably necessary for the acquisition of the Project site, the construction of the proposed buildings and the acquisition and installation of any machinery and equipment necessary or convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

<u>Description of Cost</u>	<u>Amount</u>
Land	\$5,297,272
Buildings	\$ 19,682,728
Machinery and equipment costs	\$ 1,520,000
Utilities, roads and appurtenant costs	\$ _____
Architects and engineering fees	\$ 1,000,000
Costs of Bond Issue (legal, financial and printing)	\$ _____
Construction loan fees and interest (if applicable)	\$ _____
Other (specify)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL PROJECT COSTS</b>	<b>\$ 27,500,000</b>

- B. Anticipated Project Financing Sources. State the sources reasonably necessary for the financing of the Project site, the construction of the proposed buildings and the acquisition and installation of any machinery and equipment necessary or

convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

<u>Description of Sources</u>	<u>Amount</u> Private
Sector Financing	\$ _____ 0 _____
Public Sector	
Federal Programs	\$ _____ 0 _____
State Programs	\$ _____ 0 _____
Local Programs	\$ _____ 0 _____
Applicant Equity	\$ _____ 0 _____
Other (specify, e.g., tax credits)	
_____	\$ _____ 0 _____
_____	\$ _____ 0 _____
_____	\$ _____ 0 _____
<b>TOTAL AMOUNT OF PROJECT FINANCING SOURCES</b>	<b>\$ _____ 0 _____</b>

C. Have any of the above expenditures already been made by the applicant? Yes **X**; No \_\_\_\_\_. If yes, indicate particulars. **\$16,900,000 Purchase Price plus \$200,000 furniture**

D. Amount of loan requested: \$ **N/A**;  
Maturity requested: **\_\_\_N/A\_\_\_** years.

E. Has a commitment for financing been received as of this application date, and if so, from whom?

Yes \_\_\_\_; No **X**. Institution Name: \_\_\_\_\_

Provide name and telephone number of the person we may contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

F. The percentage of Project costs to be financed from public sector sources is estimated to equal the following: 0 %

G. The total amount estimated to be borrowed to finance the Project is equal to the following: \$ 0

VI. Benefits expected from the Agency

A. Is the applicant requesting that the Agency issue bonds to assist in financing the project?  Yes  No.

B. Is the interest on such bonds intended to be exempt from federal income taxation?  Yes  No.

C. Is the applicant requesting any real property tax exemption that would not be available to a project that did not involve the Agency?  Yes  No. If yes, is the real property tax exemption being sought consistent with the Agency's Uniform Tax Exemption Policy? Yes ; No . **There is a pilot deviation whereby a fixed rate is being requested. See attached schedule under the 'Cost/Benefit Analysis', Projected Operating Impact, section II.**

D. Is the applicant expecting that the financing of the Project will be secured by one or more mortgages?  Yes  No. If yes, what is the approximate amount of financing to be secured by mortgages? \$ N/A.

E. Is the applicant expecting to be appointed agent of the Agency for purposes of avoiding payment of N.Y.S. Sales Tax or Compensating Use Tax?  Yes  No. If yes, what is the approximate amount of purchases which the applicant expects to be exempt from the N.Y.S. Sales and Compensating Use Taxes? \$ 450,000.

F. What is the estimated value of each type of tax-exemption being sought in connection with the Project? Please detail the type of tax-exemption and value of the exemption.

1. N.Y.S. Sales and Compensating Use Taxes: \$850,000

~~2.~~ Mortgage Recording Taxes: 0

3. Real Property Tax Exemptions: ~~\$1,768,920~~ \$1,748,231

*see 3-OCT 2023*

4. Other (please specify):

G. Please list the affected taxing jurisdictions for the Project.

1. Village (if any): **Menands**

2. Town: **Colonie**

3. City (if any): **n/a**

4. School District: **Menands Commons**

H. Are any of the tax-exemptions being sought in connection with the Project inconsistent with the Agency's Uniform Tax Exemption Policy?

Yes  No. If yes, please explain. **There is a pilot deviation whereby a fixed rate is being requested. See attached schedule under the 'Cost/Benefit Analysis', Projected Operating Impact, section II.**

I. Project Benefit Information. Complete the attached Cost/Benefit Analysis so that the Agency can perform a cost/benefit analysis of undertaking the Project. Such information should consist of a list and detailed description of the benefits of the Agency undertaking the Project (e.g., number of jobs created, types of jobs created, economic development in the area, etc.). Such information should also consist of a list and detailed description of the costs of the Agency undertaking the Project (e.g., tax revenues lost, buildings abandoned, etc.).

VII. Agreements by Applicant: The applicant understands and agrees with the Agency as follows:

A. Job Listings. 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 Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the "DOC") and with the administrative entity (collectively with the DOC, the "JTPA Entities") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JTPA"), as replaced by the Workforce Investment Act of 1998 (Public Law 105-220), in which the Project is located.

B. First Consideration for Employment. 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 Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for new employment opportunities created as a result of the Project.

C. Annual Sales Tax Filings. In accordance with Section 874(8) 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.

D. 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, including (1) the NYS-45 – Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return – for the quarter ending December 31 (the “NYS-45”), and (2) the US Dept. of Labor BLS 3020 Multiple Worksite report if applicable.

E. Uniform Agency Project Agreement. The applicant agrees to enter into a project benefits agreement with the Agency where the applicant agrees that (1) the amount of Financial Assistance to be received shall be contingent upon, and shall bear a direct relationship to the success or lack of success of such project in delivering certain described public benefits (the “Public Benefits”) and (2) the Agency will be entitled to recapture some or all of the Financial Assistance granted to the applicant if the project is unsuccessful in whole or in part in delivering the promised Public Benefits.

F. Representation of Financial Information. Neither this Application nor any other agreement, document, certificate, project financials, or written statement furnished to the Agency or by or on behalf of the applicant in connection with the project contemplated by this Application contains any untrue statement of a material fact or omits to state a material fact necessary in order to make the statements contained herein or therein not misleading. There is no fact within the special knowledge of any of the officers of the applicant which has not been disclosed herein or in writing by them to the Agency and which materially adversely affects or in the future in their opinion may, insofar as they can now reasonably foresee, materially adversely affect the business, properties, assets or condition, financial or otherwise, of the applicant.

G. Agency Financial Assistance Required for Project. The Project would not be undertaken but for the Financial Assistance provided by the Agency or, if the Project could be undertaken without the Financial Assistance provided by the Agency, then the Project should be undertaken by the Agency for the following reasons:



- H. Compliance with Article 18-A of the General Municipal Law: The Project, as of the date of this Application, is in substantial compliance with all provisions of article 18-A of the General Municipal including, but not limited to, the provisions of Section 859-a and subdivision one of Section 862; and the provisions of subdivision one of Section 862 of the General Municipal Law will not be violated if Financial Assistance is provided for the Project.
- I. Compliance with Federal, State, and Local Laws. The applicant is in substantial compliance with applicable local, state, and federal tax, worker protection, and environmental laws, rules, and regulations.
- J. False or Misleading Information. The applicant understands that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemptions claimed by reason of Agency involvement in the Project.
- K. Absence of Conflicts of Interest. The applicant acknowledges that the members, officers, and employees of the Agency are listed on the Agency's website. No member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:
- L. Additional Information. Additional information regarding the requirements noted in this Application and other requirements of the Agency are included in the Agency's Additional Documents which can be accessed at:  
<http://www.albanycounty.com/Businesses/ACIDA/ACIDA-Documents.aspx> .

I affirm under penalty of perjury that all statements made on this application are true, accurate, and complete to the best of my knowledge.

  
\_\_\_\_\_  
Applicant

By: David Simon

Title: Senior Vice President, IOPS Finance & Bus Ops

-----  
NOTE: APPLICANT MUST COMPLETE THE APPROPRIATE VERIFICATION APPEARING ON PAGES 26 THROUGH 29 HEREOF BEFORE A NOTARY PUBLIC AND MUST SIGN AND ACKNOWLEDGE THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 30.  
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VERIFICATION

(If Applicant is a corporation)

STATE OF New York )  
 )SS.:  
COUNTY OF Rensselaer )

David Simon \_\_\_\_\_ deposes and says that he is the  
(Name of chief executive of applicant)  
Senior Vice President, Ops Finance & IT of Regeneron Pharmaceuticals, Inc.  
(Title) Bus Ops (Company Name)

the corporation named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. Deponent further says that the reason this verification is made by the deponent and not by said company is because the said company is a corporation. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as an officer of and from the books and papers of said corporation.

Sworn to before me this  
30 day of October, 2023.

Kathryn Rayno  
(Notary Public)

KATHRYN RAYNO  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01RA6340597  
Qualified in Rensselaer County  
My Commission Expires 04-18-2024

N/A KER 30 OCT 2023

VERIFICATION

(If applicant is partnership)

STATE OF )  
 )SS.:  
COUNTY OF )

\_\_\_\_\_, deposes and says that he is one of  
(Name of Individual)  
the members of the firm of \_\_\_\_\_, the partnership named  
(Partnership Name)

in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as a member of and from the books and papers of said partnership.

\_\_\_\_\_

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public)

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NOTE: THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS THE  
HOLD HARMLESS AGREEMENT APPEARING ON PAGE 30 IS SIGNED BY THE  
APPLICANT.  
-----

N/A KER 30 OCT 2023

VERIFICATION

(If applicant is sole proprietor)

STATE OF )  
 )SS.:  
COUNTY OF )

\_\_\_\_\_, deposes and says that he has read  
(Name of Individual)

the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application.

\_\_\_\_\_

Sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public)

N/A KER 30 OCT 2023

VERIFICATION

(If applicant is a limited liability company)

STATE OF )  
 )SS.:  
COUNTY OF )

\_\_\_\_\_, deposes and says

(Name of Individual)

that he is one of the members of the firm of \_\_\_\_\_,

(Limited Liability Company)

the limited liability company named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as a member of and from the books and papers of said limited liability company.

Sworn to before me this  
\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public)


HOLD HARMLESS AGREEMENT

Applicant hereby releases Albany County Industrial Development Agency and the members, officers, servants, agents and employees thereof (hereinafter collectively referred to as 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 (i) 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 issuance of bonds requested therein are favorably acted upon by the Agency, (ii) the Agency's financing of the Project described therein; and (iii) 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 find buyers willing to purchase the total bond issue requested, then, and in that event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred by the Agency in the processing of the Application, including attorneys' fees, if any.

  
\_\_\_\_\_  
(Applicant)

BY: David Simon

Sworn to before me this  
30 day of October, 2023.

  
\_\_\_\_\_  
(Notary Public)

KATHRYN RAYNO  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01RA6340597  
Qualified in Rensselaer County  
My Commission Expires 04-18-2024

TO: Project Applicants  
 FROM: Albany County Industrial Development Agency  
 RE: Cost/Benefit Analysis

In order for the Albany County Industrial Development Agency (the "Agency") to prepare a Cost/Benefit Analysis for a proposed project (the "Project"), the Applicant must answer the questions contained in this Project Questionnaire (the "Questionnaire") and complete the attached Schedules. This Questionnaire and the attached Schedule will provide information regarding various aspects of the Project, and the costs and benefits associated therewith.

This Questionnaire must be completed before we can finalize the Cost/Benefit Analysis, please complete this Questionnaire and forward it to us at your earliest convenience.

**PROJECT QUESTIONNAIRE**

1. Name of Project Beneficiary ("Company"):	<b>Regeneron Pharmaceuticals, Inc</b>
2. Brief Identification of the Project:	<b>431 Menands Purchase and Renovation</b>
3. Estimated Amount of Project Benefits Sought:	
A. Amount of Bonds Sought:	\$ <b>0</b>
B. Value of Sales Tax Exemption Sought	\$ <b>850,000</b>
C. Value of Real Property Tax Exemption Sought	\$ <del>1,768,928</del> <b>1,748,231.</b> <i>~300 CT 202?</i>
D. Value of Mortgage Recording Tax Exemption Sought	\$ <b>0</b>
4. Likelihood of accomplishing the Project in a timely fashion: <b>Very Good</b>	

**PROJECTED PROJECT INVESTMENT**

A. Land-Related Costs	
1. Land acquisition	\$2,797,272
2. Site preparation	\$
3. Landscaping	\$
4. Utilities and infrastructure development	\$
5. Access roads and parking development	\$
6. Other land-related costs (describe) Flood Mitigation	\$2,500,000
B. Building-Related Costs	
1. Acquisition of existing structures	\$14,102,728
2. Renovation of existing structures	\$5,780,000
3. New construction costs	\$



4.	Electrical systems	\$ _____
5.	Heating, ventilation and air conditioning	\$ _____
6.	Plumbing	\$ _____
7.	Other building-related costs (describe)	\$ _____
C.	Machinery and Equipment Costs	
1.	Production and process equipment	\$ _____
2.	Packaging equipment	\$ _____
3.	Warehousing equipment	\$ _____
4.	Installation costs for various equipment	\$ _____
5.	Other equipment-related costs (describe)	\$ _____
D.	Furniture and Fixture Costs	
1.	Office furniture	\$200,000
2.	Office equipment - includes data center	\$1,120,000
3.	Computers	\$ _____
4.	Other furniture-related costs (describe)	\$ _____
E.	Working Capital Costs	
1.	Operation costs	\$ _____
2.	Production costs	\$ _____
3.	Raw materials	\$ _____
4.	Debt service	\$ _____
5.	Relocation costs	\$ _____
6.	Skills training	\$ _____
7.	Other working capital-related costs (describe)	\$ _____
F.	Professional Service Costs	
1.	Architecture and engineering	\$1,000,000
2.	Accounting/legal	\$ _____
3.	Other service-related costs (describe)	\$ _____
G.	Other Costs	
1.		\$ _____
2.		\$ _____
H.	Summary of Expenditures	
1.	Total Land-Related Costs	\$5,297,272
2.	Total Building-Related Costs	\$ 19,882,728
3.	Total Machinery and Equipment Costs	\$ _____
4.	Total Furniture and Fixture Costs	\$1,320,000
5.	Total Working Capital Costs	\$ _____
6.	Total Professional Service Costs	\$1,000,000
7.	Total Other Costs	\$ _____

**PROJECTED CONSTRUCTION EMPLOYMENT IMPACT**

I. Please provide estimates of total construction jobs and the total annual wages and benefits of construction jobs at the Project:

Year	Number of Construction Jobs	Total Annual Wages and Benefits	Estimated Additional NYS Income Tax
Current Year	5	\$ 79k	\$ 3.8k
Year 1	10	\$ 630k	\$ 30.5k
Year 2	5	\$ 189k	\$ 9.2k
Year 3		\$	\$
Year 4		\$	\$
Year 5		\$	\$

**PROJECTED PERMANENT EMPLOYMENT IMPACT**

I. Estimates of the total number of existing permanent jobs to be preserved or retained as a result of the Project are described in the tables in Section IV of the Application. **0**

II. Estimates of the total new permanent jobs to be created at the Project are described in the tables in Section IV of the Application. **80**

III. Please provide estimates for the following:

A. Creation of New Job Skills relating to permanent jobs. Please complete Schedule A.

IV. Provide the projected percentage of employment that would be filled by Albany County residents: ~40%

A. Provide a brief description of how the project expects to meet this percentage:  
**We expect approximately 40% to be Albany County residents which is consistent with our current employee population.**

**PROJECTED OPERATING IMPACT**

I. Please provide estimates for the impact of Project operating purchases and sales:

Additional Purchases (1 <sup>st</sup> year following project completion)	\$ <u>5,000,000</u>
Additional Sales Tax Paid on Additional Purchases	\$ <u>400,000</u>
Estimated Additional Sales (1 <sup>st</sup> full year following project completion)	\$ <u>0</u>
Estimated Additional Sales Tax to be collected on additional sales (1 <sup>st</sup> full year following project completion)	\$ <u>0</u>

II. Please provide estimates for the impact of Project on existing real property taxes and new payments in lieu of taxes (“Pilot Payments”):

Year	Existing Real Property Taxes (Without IDA involvement)	New Pilot Payments (With IDA)	Total (Difference)
2024	\$ 471,088	\$ 235,544	\$ (235,544)
2025	\$ 471,088	\$ 247,321	\$ (223,767)
2026	\$ 471,088	\$ 259,687	\$ (211,401)
2027	\$ 471,088	\$ 272,671	\$ (198,416)
2028	\$ 471,088	\$ 286,305	\$ (184,783)
2029	\$ 471,088	\$ 300,620	\$ (170,467)
2030	\$ 471,088	\$ 315,651	\$ (155,436)
2031	\$ 471,088	\$ 331,434	\$ (139,654)
2032	\$ 471,088	\$ 348,005	\$ (123,082)
2033	\$ 471,088	\$ 365,406	\$ (105,682)
	<b>\$ 4,710,875</b>	<b>\$ 2,962,644</b>	<b>\$ (1,748,231)</b>

III. Please provide a detailed description for the impact of other economic benefits and all anticipated community benefits expected to be produced as a result of the Project (attach additional pages as needed for a complete and detailed response): **We will have local services to support the maintenance and our current operations. The new jobs created will have approximately 40% of these employees living locally – Albany County with the remainder in the capital region.**

## CERTIFICATION

I certify that I have prepared the responses provided in this Questionnaire and that, to the best of my knowledge; such responses are true, correct, and complete.

I understand that the foregoing information and attached documentation will be relied upon, and constitute inducement for, the Agency in providing financial assistance to the Project. I certify that I am familiar with the Project and am authorized by the Company to provide the foregoing information, and such information is true and complete to the best of my knowledge. I further agree that I will advise the Agency of any changes in such information, and will answer any further questions regarding the Project prior to the closing.

I affirm under penalty of perjury that all statements made on this application are true, accurate, and complete to the best of my knowledge.

<b>Date Signed:</b> <u>October 30</u> , 20 <u>23</u> .	<b>Name of Person Completing Project Questionnaire on behalf of the Company.</b>
	<b>Name:</b> <u>David Simon</u>
	<b>Title:</b> <u>Senior Vice President, IOPS Finance &amp; Bus Ops</u>
	<b>Address:</b> <u>1 Global View, Troy NY 12180</u>
	<b>Phone Number:</b> <u>518-488-6195</u>
	<b>Signature:</b> 