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# APPLICATION FOR FINANCIAL ASSISTANCE

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## Oneida County Industrial Development Agency

584 Phoenix Drive  
Rome, New York 13441-1405  
(315) 338-0393 telephone  
(315) 338-5694 fax

Shawna M. Papale, Executive Director

*A non-refundable application fee of \$500.00 must be submitted at the time of application along with a \$1,000 commitment fee; the \$1,000 commitment fee will be applied to closing fees.*

*Please submit the original and two (2) copies of the **signed and notarized** application, and **signed** SEQR form with the above fees. Cost benefit will be completed based on information from this application.*

*Please also deliver an electronic copy of all.*

*All applications must be submitted at least 10 days prior to meeting.*

Griffiss Surgery Center

Project Name

Number (to be provided by the agency)

Date of Submission

### ***Note to Applicant:***

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

Return the original signed and notarized application and two copies with a check in the amount of \$1500.00 made payable to: **Oneida County Industrial Development Agency (OCIDA)**, 584 Phoenix Drive, Rome, New York 13441-1405, Attn.: Shawna M. Papale, Executive Director. \$1000 will be applied at closing against the IDA legal fees. In addition, an electronic version of the application (signed), and SEQR form (signed), to [spapale@mvedge.org](mailto:spapale@mvedge.org).

Upon the submission of this application to OCIDA, this applicant becomes a public document. Be advised that any action brought before the OCIDA is public information. All agendas for OCIDA are issued prior to full agency meetings and posted in public domain. If there is information that the applicant feels is proprietary please identify as such and that information will be treated confidentially to the extent permitted by law.

By signing and submitting this Application, the Applicant acknowledges that it received a copy of the Uniform Tax Exemption Policy and the Oneida County IDA Penalty for Failure to Meet Employment Levels as adopted by the Agency and Agency Memorandums pertaining to the benefits of projects financed through the Agency.

A project financed through the Agency involves the preparation and execution of significant legal documents. Please consult with an attorney before signing any documents in connection with the proposed project. You will receive an engagement letter from the OCIDA legal counsel. You will be asked to sign the engagement letter acknowledging you will be responsible for all legal fees of OCIDA legal counsel and that you understand the process. Should you not close and legal services have been rendered by the OCIDA legal counsel, your company will be responsible for those costs.

If your project requires a public hearing, a representative of the applicant is required to be present. A date will be coordinated by the OCIDA legal counsel.

If you have questions how to calculate your company's IDA application fee please consult with the Memorandum to Companies Sale – Leaseback Transactions or please contact the IDA Executive Director.

**Part I: Applicant Information**

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

**Applicant**

1(a) Applicant's Legal Name:

Griffiss EC, LLC

1(b) Principal Address:

105 Dart Circle

Rome ny 13441

1(c) Telephone/Facsimile Numbers:

315-533-5747 phone

315-533-5881 Fax

1(d) Email Address:

bloomquistGSC@hotmail.com

1(e) Federal Identification Number:

26-3738675

1(f) Contact Person:

Heather Bloomquist

1(g) Is the Applicant a

Corporation:  
If yes, Public  Private   
If public, on which exchange is it listed?

- Subchapter S
- Sole Proprietorship
- General Partnership
- Limited Partnership
- Limited Liability Corporation/Partnership
- Single-Member LLC (name and EIN below):

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

- EIN: \_\_\_\_\_
- DISC
- Other(specify) \_\_\_\_\_

1(h) State of Organization (if applicable) \_\_\_\_\_

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

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

<u>Name</u>	<u>Address</u>	<u>Percentage of Ownership</u>
Rome Memorial Hospital 1700 James St., Rome NY		29.100%
John Costello Jr. 578 Seneca St. Oneida ny		24.250%

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

The landlord and tenants are affiliates by virtue of common ownership by Drs. John Costello, Patrick Costello, Femia and Harris.

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

No

**Applicant's Counsel and Accountant**

3(a). Applicant's Attorney

Name/Title: Bruce Smith  
Firm: Wood + Smith, P.C.  
Address: 110 West Fayette St.  
Syracuse ny 13202  
Telephone/Fax: 315-423-0400 / Fax: 315-424-1011  
Email: bsmith@woodsmithlaw.com

3(b) Applicant's Accountant

Name/Title: Dewey Rowlands / CFO  
Firm: Rome Hospital  
Address: 1700 James St  
Rome ny 13440  
Telephone/Fax: 315-338-7024 / Fax: 315-338-7262  
Email: drowlands@romehospital.org

**Business Description**

4(a) Describe the nature of your business and principal products and/or services. Attach additional sheets if necessary.

Griffiss surgery center provides surgical services to patients in a safe, compassionate environment on an outpatient basis. Surgical services include cataract removal, gyn, plastic surgery.

## Part II: Project Information

5(a) Explain your project in detail. This description should include explanation of all activities which will occur due to this project. Attach additional sheets if necessary.

Our project is to add two operating rooms and two procedure rooms. This would allow us to add up to 10,000 medical procedures per year at the Griffiths Business Park.

## Reasons for Project

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

Center of excellence providing state of the art treatments and technology that is not available within the region. Many of our procedures are available nowhere else in Oneida County or any of its bordering counties. We want to continue to grow in our mission of providing the most advanced and compassionate care to the citizens of our region.

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

The growth of our center including staff, patients and their families and care givers bolsters the economic engine of Griffiths Technology Park, regional medical groups, hospitals and service industries. It also relieves the burden placed on our tax payers by individuals with need for services but no insurance.

6(c) Please confirm by checking the box, below, if there is likelihood that the Project would not be undertaken but for the Financial Assistance provided by the Agency?

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:

The center provides medical services to all income brackets including those individuals with no insurance and offers pro bono work on a need basis. We provide these services for folks not only of Oneida Co. but bring from surrounding counties which drives revenue to all local businesses.

How will the Applicant's plans be affected or scaled back if Agency approval is not granted?

As we move forward with staffing and equipment purchases, this program allows us to anticipate the needs of our patients and to meet them before we stretch ourselves too thin.

6(d) Is the proposed project reasonably necessary to discourage the Applicant from removing such other plant or facility to a location outside the State of New York?

Yes  No If yes, please explain briefly.

6(e) Will financing by the Agency result in the removal or abandonment of a plant or other facility of the applicant or any related entity presently located in another area of New York State?

Yes  No

If yes, is the proposed project reasonably necessary to preserve the competitive position of the Applicant in its respective industry?  Yes  No

If yes, please provide a statement and evidence supporting the same. Include the name of all taxing jurisdictions in which the abandoned facility or plant lies, and whether Applicant has had any discussions with said taxing jurisdictions regarding the abandonment. Please provide as much detail as possible.

6(f) Has the Applicant or any related entity previously secured financial assistance in Oneida County (whether through the Agency, the Empire State Development Corporation, or any other entity) ?  Yes  No

If yes, please explain (indicate date of benefit, location of facility and outstanding balance).

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

6(h) Check all categories best describing the type of project for all end users at project site (you may check more than one; if checking more than one indicate percentage of square footage the use represents):

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/>            | Manufacturing                                    | Percentage of sq. footage of each use (if more than one category): |
| <input type="checkbox"/>            | Industrial Assembly or Service                   |  |
| <input type="checkbox"/>            | Back office operations                           |  |
| <input type="checkbox"/>            | Research and Development                         |  |
| <input type="checkbox"/>            | Technology/Cybersecurity                         |  |
| <input type="checkbox"/>            | Warehousing                                      |  |
| <input type="checkbox"/>            | Commercial or Recreational                       |  |
| <input checked="" type="checkbox"/> | Retail   |  |
| <input type="checkbox"/>            | Residential housing (specify) _____              |  |
| <input type="checkbox"/>            | Pollution Control (specify) _____                |  |
| <input type="checkbox"/>            | Environmental (e.g., Brownfield) (specify) _____ |  |
| <input type="checkbox"/>            | Other (specify) _____                            |  |



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

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

6(j) Please indicate the financial assistance you are requesting of the Agency, and provide the estimated value of said assistance. Attach a sheet labeled Annual PILOT that shows the annual utilization of the Real Property Tax Abatement by year and by taxing jurisdiction.

Assistance	Estimated Value
<input type="checkbox"/> Real Property Tax Abatement	\$ _____
<input checked="" type="checkbox"/> Mortgage Tax Exemption (.75%)	\$ <u>8415.23</u>
Amount of mortgage: \$ <u>1,122,030</u>	
<input checked="" type="checkbox"/> Sales and Use Tax Exemption ** (8.75%)	\$ <u>88,150.00</u>
Value of goods/services to be exempted from sales tax: \$ <u>6,027,411</u>	
<input type="checkbox"/> Issuance by the Agency of Tax Exempt Bonds	\$ _____

Is the financial assistance requested by the Applicant consistent with the IDA's Uniform Tax Exemption Policy?    Yes     No

If no, please provide a written statement describing the financial assistance being requested and detailing the reasons the IDA should consider deviating from its Policy.

**\*\* Note that the estimate provided above will be provided to the New York State Department of Taxation and Finance. The Applicant acknowledges that the transaction documents will include a covenant by the Applicant that the estimate, above, represents the maximum amount of sales and use tax benefit currently authorized by the Agency with respect to this Application. The Agency may utilize the estimate, above, as well as the proposed total Project Costs as contained within this Application, to determine the Financial Assistance that will be offered. It is the responsibility of the applicant to inform the IDA within 10 days if the project amount changes.**

**Part III: Facility Information (if project that you are applying for is a housing project please also complete questions 7(m) through 7(q))**

**Facility (Physical Information) If multiple locations please provide information on all.**

7(a) Street Address of Facility:

105 Dart Circle

7(b) City, Town and/or Village (list ALL incorporated municipalities):

Rome NY 13441

7(c) School District:

Rome

7(d) Tax Map Number(s):

243.000-0001-001-036 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach copies of the most recent real property tax bills. Include copies for all taxing jurisdictions for the site/ facility that IDA assistance is being sought.**

7(e) For what purpose was the facility site most recently used (i.e., light manufacturing, heavy manufacturing, assembly, etc.)?

7(f) Zoning Classification of location of the project:

Commercial

7(g) Please describe in detail the facility to be acquired, constructed or renovated (including number of buildings, square footage, number of floors, type of construction,) and attach plot plans, photos or renderings, if available. If there are infrastructure improvements (water, sewer, gas, electrical, etc.) please provide details along with who will carry out those improvements and who will fund them. **Please be as specific as possible.**

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

If yes, please describe the work in detail that has been undertaken to date, including the date of commencement.

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

Construction commencement: 12-15-2017

Construction completion: 5-15-2018

7(i) Will the construction or operation of the facility or any activity which will occur at the site require any local ordinance or variance to be obtained or require a permit or prior approval of any state or federal agency or body (other than normal occupancy and/or construction permits)?

Yes  No

If yes, please describe.

*City of Rome Building Dept.  
NYS Dept of Health - Certificate of Need.*

Has the Project received site plan approval from the planning department?

Yes  No  N/A

*pending*

If Yes, please provide the Agency with a copy of the planning department approval along with the related State Environmental Quality Review (SEQR) determination. If no, please provide the status of approval:

7(j) Will the project have a significant effect on the environment?  Yes  No

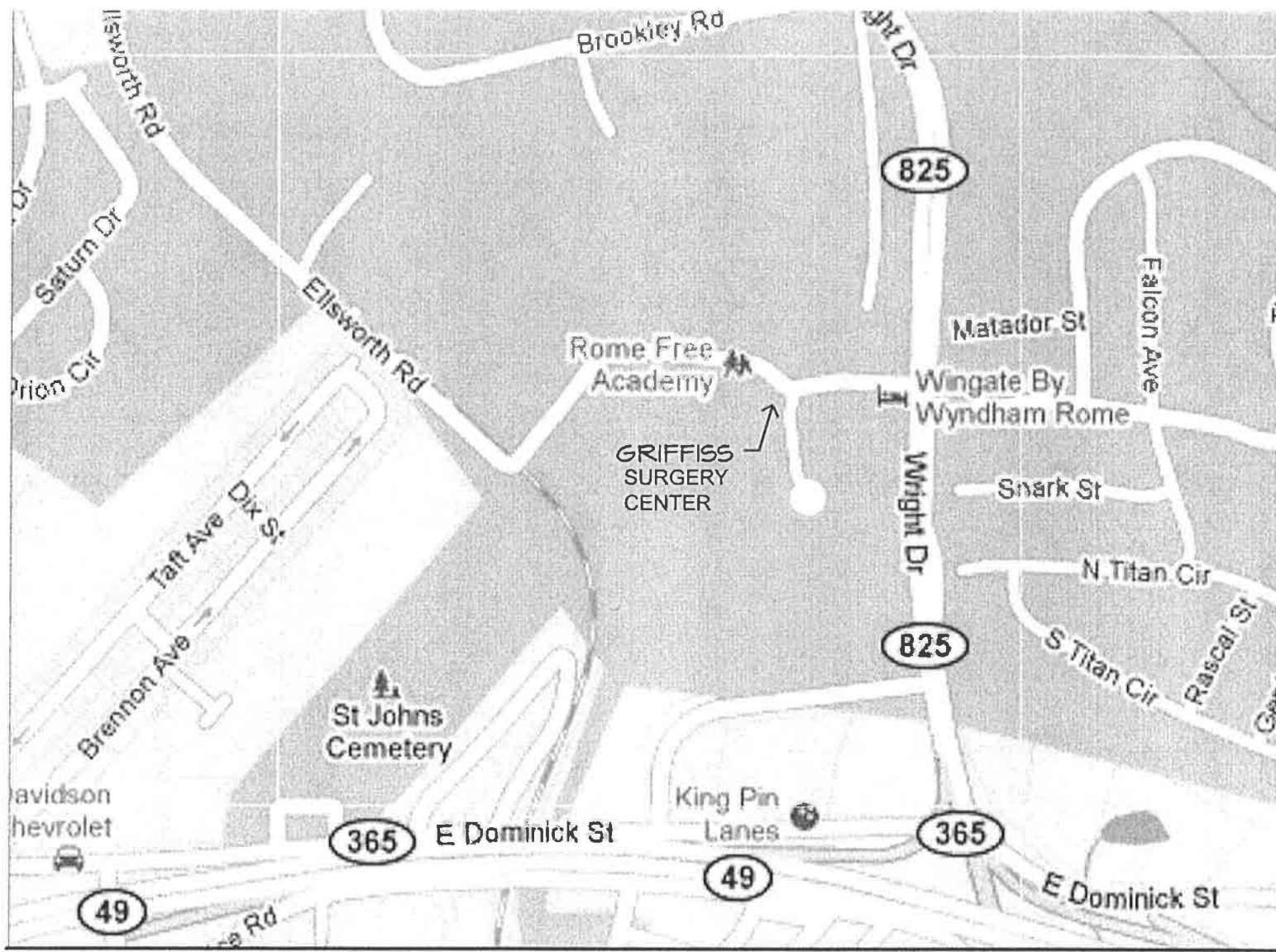
**Important: please attach and sign Part 1 of either the the long or short Environmental Assessment Form to this Application.**

7(k) What is the useful life of the facility? \_\_\_\_\_ years

7(l) Is the site in a former Empire Zone?  Yes  No

If yes, which Empire Zone: *(87) Oneida Co. Development zone - (43) Rome Investment zone*

Is project located in a Federal HUB Zone or distressed area:  Yes  No  
Provide detail.



N/A

**Part IV: Housing Project Questionnaire**

**Complete the following questions only if your project is a Housing Project. Please reference the Oneida County Industrial Development Agency Uniform Tax Exemption and Agency Benefits Policy Market Rate Rental Housing Development Initiatives. (Add additional pages as needed).**

7(m) Describe the housing project to be constructed or renovated in detail (type of housing, number of units, etc.):

7 (n) Describe how you will change the current use of the facility or property being utilized for the project. To assist the IDA in their determination of an eligible vacant urban infill site project please provide an extensive explanation as well as photos of what is being removed or replaced with the new construction.

7 (o) Will the project have any impact on the existing infrastructure or upgrades to the current infrastructure (water, sewer, electrical, gas, etc.)? If yes please provide detail and who you are working with at the applicable organization.

7 (p) If your project is a multi-use facility please provide details of the project, project square footage breakdown of non-housing to housing usage, detail the job creation and retention associated with the non-housing component.

7 (q) Does the project provide a community benefit? If yes provide detail substantiating (reference the IDA policy).

**Part V: Retail Project Questionnaire**

To ensure compliance with Section 862 of the New York General Municipal Law, the Agency requires additional information if the proposed Project is one where customers personally visit the Project site to undertake either a retail sale transaction or to purchase services.

- A. Will any portion of the project (including that portion of the cost to be financed from equity or other sources) consist of facilities or property that are or will be primarily used in making sales of goods or services to customers who personally visit the project site?

Yes or  No. If the answer is yes, please continue. If no, proceed to next section.

For purposes of Question A, the term "retail sales" means (i) sales by a registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the retail sale of tangible personal property (as defined in Section 1101(b)(4)(i) of the Tax Law), or (ii) sales of a service to customers who personally visit the Project.

- B. What percentage of the cost of the Project will be expended on such facilities or property primarily used in making sales of goods or services to customers who personally visit the project? 100 %. **If the answer is less than 33% do not complete the remainder of the retail determination and proceed to next section.**

**If the answer to A is Yes AND the answer to Question B is greater than 33.33%, indicate which of the following questions below apply to the project:**

1. Will the project be operated by a not-for-profit corporation  Yes or  No.

2. Is the Project location or facility likely to attract a significant number of visitors from outside Oneida County?

Yes or  No

If yes, please provide a third party market analysis or other documentation supporting your response. *(see con)*

3. Is the predominant purpose of the project to make available goods or services which would not, but for the project, be reasonably accessible to the residents of the municipality within which the proposed project would be located because of a lack of reasonably accessible retail trade facilities offering such goods or services?

Yes or  No

If yes, please provide a third party market analysis that demonstrates that a majority of the project's customers are expected to come from outside of Oneida County and the project will not directly compete with existing businesses located in Oneida County.

*(see con)*

All applicants answer the following questions.

4. 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 or  No.

If yes, explain This project will preserve current jobs at GSC and additional positions will be required.

5. Is the project located in a Highly Distressed Area?  Yes or  No

### Part VI: Facility (Legal Information)

8(a) With respect to the **present owner** of the facility, please give the following information and provide a brief statement regarding the status of the acquisition.:

(Note: the present owner is not necessarily the user of the facility, but that party which holds legal title to the facility.)

Legal Name: Griffiss Real Estate Group

Address: 110 E. Chestnut St.

Rome NY 13440

Telephone: 315-339-1445

Balance of Mortgage: 2 loans: \$502,933.33 and \$324,702.60

Holder of Mortgage: NBT

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

8(b) Is there a legal relationship, directly or indirectly, by virtue of common control or through related persons, between the Applicant and the present owner of the facility?

Yes  No. If yes, please explain. The landlord and tenants are affiliates by virtue of common ownership by Drs. John Costello, Patricia Costello, Fernia and Harris

8(c) Will a related real estate holding company, partnership or other entity, be involved in the ownership structure of the transaction?

Yes  No. If yes, please explain.

8(d) Will the title owner of the facility/property also be the user of the facility?

Yes  No If no, please explain.

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

8(f) Are you planning to use the entire proposed facility?  
 Yes  No

If no, please give the following information with respect to tenant(s) which will remain in the facility after the completion of the project, including the square footage the Applicant will occupy:

<u>Name of Tenant</u>	<u>Floors Occupied</u>	<u>Square Feet Occupied</u>	<u>Nature of Business</u>
-----------------------	------------------------	-----------------------------	---------------------------

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

8(h) Will there be any other users utilizing the facility?  
 Yes  No  
If yes, please explain. Provide detail of the contractual arrangement including any financial exchange for the use of the site or property.

### Part VII: Equipment

9(a) List the principal items or categories of equipment to be acquired as part of the project. If you are requesting sales tax exemption it is important to be as detailed as possible. (If a complete list is not available at time of application, as soon as one is available but prior to final authorizing resolution, please submit a detailed inventory of said equipment to be covered.) Attach a sheet if needed.

9(b) Please provide a brief description of any equipment which has already been purchased or ordered, attach all invoices and purchase orders, list amounts paid and dates of expected delivery. Attach a sheet if needed. *NONE*

9(c) What is the useful life of the equipment? \_\_\_\_\_ years



**Part VIII: Employment Information**

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

Construction Jobs: 10

10(b) Job Information related to project \*\*\*

Estimate below how many jobs will be created and retained as a result of this project, if OCIDA assistance is granted - chart will auto-sum each category

Number of Jobs BEFORE Project	Location 1 CSC	Location 2	Location 3	Location 4	Location 5	Total
Address in NYS	105 Hart Circle Rome NY 13441					
Full-Time Company	20					20
Full-Time Independent Contractors	0					0
Full-Time Leased	0					0
<b>Total Full-Time BEFORE</b>	20	0	0	0	0	20
Part-Time Company	1					1
Part-Time Independent Contractors	0					0
Part-Time Leased	0					0
<b>Total Part-Time BEFORE</b>	1	0	0	0	0	1

\*Continued on next page

- chart will auto-sum each category

Number of Jobs AFTER Project (within 3 years of project completion)	Location 1 GSC	Location 2	Location 3	Location 4	Location 5	Total
Full-time Company	30					<del>0</del> 30
Full-Time Independent Contractors	0					0
Full-Time Leased	0					0
<b>Total Full-Time AFTER</b>	<del>0</del> 30	0	0	0	0	<del>0</del> 30
Part-Time Independent Company	3					<del>0</del> 3
Part-Time Independent Contractors	0					0
Part-Time Leased	0					0
<b>Total Part-Time AFTER</b>	<del>0</del> 3	0	0	0	0	<del>0</del> 3

Estimate the number of residents from the Labor Market Area** in which the Project is located that will fill the jobs created within three years of project completion	Location 1 GSC	Location 2	Location 3	Location 4	Location 5	Total
Full-Time	30					<del>0</del> 30
Part-Time	3					<del>0</del> 3
<b>Total AFTER</b>	<del>0</del> 33	0	0	0	0	<del>0</del> 33

\*Continued on next page

- chart will auto-sum each category

SALARY AND BENEFITS	Retained Jobs		Created Jobs	
	Average Annual Salary	Average Fringe Benefits (as a percentage of wages)	Average Annual Salary	Average Fringe Benefits (as a percentage of wages)
Management	\$ 100,000	% 19	\$	%
Administrative	\$ 25,000	% 19	\$ 25,000	% 19
Production	\$	%	\$	%
Independent Contractor	\$	%	\$	%
Other <i>Nurses</i>	\$ 62,400	% 19	\$ 62,400	% 19
Overall Weighted Average	\$ 62,500	% 19	\$ 43,700	% 19

\*\* Labor Market Area includes Oneida, Lewis, Herkimer, and Madison Counties

\*\*\* By statute, Agency staff must project the number of Full-Time Jobs that would be retained and created if the request for Financial Assistance is granted. A Full-Time Job works 35 hours or more per week. Agency staff converts Part-Time Jobs into Full-Time Equivalents (FTE) by dividing the number of Part-Time Jobs by two(2). Agency staff will project such jobs over the THREE (3)-year time period FOLLOWING Project Completion.

10(c) Please list NIC codes for the jobs affiliated with this project:



11(b) Sources of Funds for Project Costs (will auto sum):

Bank Financing: \$ 1,651,700

Equity (excluding equity that is attributed to grants/tax credits) \$ 165,170

Tax Exempt Bond Issuance (if applicable) \$ \_\_\_\_\_

Taxable Bond Issuance (if applicable) \$ \_\_\_\_\_

Public Sources (Include sum total of all state and federal grants and tax credits) \$ \_\_\_\_\_

Identify each state and federal grant/credit:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Sources of Funds for Project Costs: \$ 1,816,870

**Real Estate Taxes**

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

Tax Map #	Current Assessed Value (Land)	Current Assessed Value (Building)	Real Estate Taxes
243.000-0001-001.036	464,095		City of Rome 9,392.94
			School 14,243.87
			County 4,249.55

12(b) Address of Receiver of Town and/or Village Taxes:

City of Rome Treasurer  
198 N. Washington St.  
Rome ny 13440

12(c) Address of Receiver of School Taxes:

SAME

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

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

### Financial Information

13(a) Has the Applicant contacted any bank, financial/lending institution or private investor with respect to the financing of the proposed project?

Yes  No

If yes, please provide details.

13(b) Has the Applicant received a commitment letter for said financing?

Yes  No

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

13(c) Please complete the Cost/Benefit Analysis form and attach to this Application. As you begin completing the form and have questions, please call the IDA office.

## Short Environmental Assessment Form

### Part 1 - Project Information

#### 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.

<b>Part 1 - Project and Sponsor Information</b>			
Name of Action or Project: <b>Griffiss Surgery Center</b>			
Project Location (describe, and attach a location map): <b>105 Dart Circle, Rome, New York 13421</b>			
Brief Description of Proposed Action: <b>The proposed project involves the expansion of the existing surgical center within the existing building envelope. The expansion program includes the addition of two operating rooms and two procedure rooms and the necessary support facilities. This amounts to a build-out of 5,088 square feet of floor area adjacent to the existing 6,900 square foot surgical facility.</b>			
Name of Applicant or Sponsor: <b>Griffiss Surgery Center</b>		Telephone: <b>315 -334-6918</b>	
		E-Mail <b>bloomquistgsc@hotmail.com</b>	
Address: <b>105 Dart Circle</b>			
City/PO: <b>Rome</b>		State: <b>NY</b>	Zip Code: <b>13421</b>
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 <input type="checkbox"/>
			YES <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: <b>City of Rome Building Department</b> <b>New York State Department of Health</b>			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		<u>1.9</u> acres	
b. Total acreage to be physically disturbed?		<u>None</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>1.9</u> 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			





<p>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)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p>	NO	YES
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p>	NO	YES
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p>	NO	YES
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: <u>Patrick Costello</u> Date: <u>10/25/17</u></p> <p>Signature: _____</p>		

## REPRESENTATIONS AND CERTIFICATION BY APPLICANT

The undersigned requests that this Application be submitted for review to the Oneida County Industrial Development Agency (the "Agency") and its Board of Directors.

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

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

1. **Annual Sales Tax Filings.** In accordance with Section 858-b(2) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the Applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the Applicant and all consultants or subcontractors retained by the Applicant.
2. **Annual Employment, Tax Exemption & Bond Status 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 as well as tax exemption benefits received with the action of the Agency. For Applicants not responding to the Agency's request for reports by the stated due date, a \$500 late fee will be charged to the Applicant for each 30-day period the report is late beyond the due date, up until the time the report is submitted. Failure to provide such reports as provided in the transaction documents will be an Event of Default under the Lease (or Leaseback) Agreement between the Agency and Applicant. In addition, a Notice of Failure to provide the Agency with an Annual Employment, Tax Exemption & Bond Status Report may be reported to Agency board members, said report being an agenda item subject to the Open Meetings Law.
3. **Absence of Conflict of Interest.** The Applicant has consulted the Agency website of the list of the Agency members, officers and employees of the Agency. No member, officer, or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as herein after described (if none, state "none"):
4. **Hold Harmless.** Applicant hereby releases the Agency and its members, officers, servants, agents and employees from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the Project described therein or the tax exemptions and other assistance requested therein are favorably acted upon by the Agency, (B) the Agency's acquisition, construction and/or installation of the Project described therein and (C) any further action taken by the Agency with respect to the Project; including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the Agency or the Applicant are unable to reach final

agreement with respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all costs incurred by the Agency in the processing of the Application, including attorneys' fees, if any.

5. The Applicant acknowledges that the Agency has disclosed that the actions and activities of the Agency are subject to the Public Authorities Accountability Act signed into law January 13, 2006 as Chapter 766 of the 2005 Laws of the State of New York.
6. The Applicant acknowledges that the Agency is subject to New York State's Freedom of Information Law (FOIL). **Applicant understands that all Project information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.**
7. The Applicant acknowledges that it has been provided with a copy of the Agency's recapture policy (the "Recapture Policy"). The Applicant covenants and agrees that it fully understands that the Recapture Policy is applicable to the Project that is the subject of this Application, and that the Agency will implement the Recapture Policy if and when it is so required to do so. The Applicant further covenants and agrees that its Project is potentially subject to termination of Agency financial assistance and/or recapture of Agency financial assistance so provided and/or previously granted.
8. The Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:

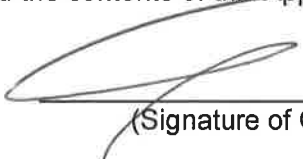
§ 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.
9. The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
10. The Applicant confirms and acknowledges 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 exemption claimed by reason of the Agency's involvement the Project.
11. The Applicant confirms and hereby acknowledges that as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) of the New York General Municipal Law.
12. The Applicant and the individual executing this Application on behalf of the Applicant acknowledge that the Agency will rely on the representations made herein when acting on this Application and hereby represent that the statements made herein do not contain any untrue statement of a material

fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

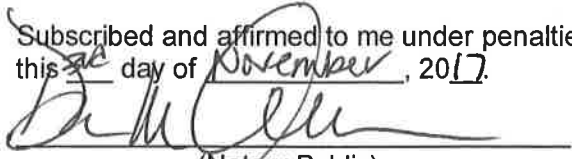
STATE OF NEW YORK )  
COUNTY OF ONEIDA ) ss.:

\_\_\_\_\_, being first duly sworn, deposes and says:

1. That I am the \_\_\_\_\_ (Corporate Office) of \_\_\_\_\_ (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)

Dawn M. Allamon  
Notary Public, State of New York  
No. 01AL5017969  
Qualified in Oneida County  
Commission Expires Sept. 13, 2021

Subscribed and affirmed to me under penalties of perjury  
this 3<sup>rd</sup> day of November, 2017.  
  
\_\_\_\_\_  
(Notary Public)

If the application has been completed by or in part by other than the person signing this application for the applicant please indicate who and in what capacity:

By: Heather Bloomquist  
Name: \_\_\_\_\_  
Title: Administrator  
Date: 11-3-17

Return the original signed and notarized application and two copies with a check in the amount of \$1500.00 made payable to: **Oneida County Industrial Development Agency (OCIDA)**, 584 Phoenix Drive, Rome, New York 13441-1405, Attn.: Shawna M. Papale, Executive Director. \$1000 will be applied at closing against the IDA closing fee. In addition, please send an electronic version of the application (signed), and SEQR form (signed), to [spapale@mvedge.org](mailto:spapale@mvedge.org).