

**COUNTY OF OTSEGO INDUSTRIAL DEVELOPMENT AGENCY**

**APPLICATION**

**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 the County of Otsego Industrial Development 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.

**TO: COUNTY OF OTSEGO INDUSTRIAL DEVELOPMENT AGENCY**  
c/o Department of Economic Development  
242 Main Street  
Oneonta, New York 13820

This application by applicant respectfully states:

Otsego County Health Facilities Corporation, on behalf of a for-profit entity to be identified

**APPLICANT:** as a future owner/operator of the facility

**APPLICANT'S ADDRESS:** 197 Main Street

**CITY:** Cooperstown **STATE:** NY **ZIP CODE:** 13326

**PHONE NO.:** (585) 419-8744 **FAX NO.:** (585) 419-8816 **E-MAIL:** sgriffin@harrisbeach.com  
**CELL NO.:** (585) 750-7364

**NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION:** Shawn M. Griffin, Esq.

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

**NAME OF ATTORNEY:** Shawn M. Griffin, Esq.

**ATTORNEY'S ADDRESS:** Harris Beach PLLC, 99 Gamsey Road

**CITY:** Plattsford **STATE:** NY **ZIP CODE:** 14534

**PHONE NO.:** (585) 419-8614 **FAX NO.:** (585) 419-8816 **E-MAIL:** sgriffin@harrisbeach.com  
**CELL NO.:** (585) 750-7364

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

## INSTRUCTIONS

1. The Agency will not approve any application unless, in the judgment of the Agency, said application and the summary 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 two (2) 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 [One Hundred Dollars (\$100)] 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 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

AGENCY FEE SCHEDULE INFORMATION

1. APPLICATION FEE: \$200.00 (Non-refundable)

2. AGENCY FEE: 1% of project cost

3. AGENCY COUNSEL FEE:

- (a) \$3,000 minimum agency counsel fee
- (b) 1% up to and including \$1,500,000
- (c) 1/2 of 1% for all amounts in excess of \$1,500,000
- (d) \$20,000 maximum agency counsel fee, provided that an additional counsel fee at a rate of \$100/hour may be charged in special circumstances
- (e) disbursements (e.g., photocopying, telephone charges, postage) are charged in addition to the legal fee

4) Agency Bond / Leaseback Council Fee: To be determined by Council upon review of project.

SUMMARY OF PROJECT

Applicant: Otsego County Health Facilities Corporation, on behalf of a for-profit entity to be identified as a future owner/operator of the facility

Contact Person: Shawn M. Griffin, Esq.

Phone Number: Wk (585) 419-8614; Cell (585) 750-7364

Occupant: N/A

Project Location: 128 Phoenix Mills Cross Rd

Approximate Size of Project Site:

Description of Project: Aged Home

Type of Project:
[ ] Manufacturing
[ ] Warehouse/Distribution
[ ] Commercial
[ ] Not-For-Profit
[ ] Other-Specify

Employment Impact: Existing Jobs TBD
New Jobs TBD

Project Cost: \$ TBD

Type of Financing: [ ] Tax-Exempt [ ] Taxable [x] Straight Lease

Amount of Bonds Requested: \$ N/A

Estimated Value of Tax-Exemptions:

N.Y.S. Sales and Compensating Use Tax: \$ N/A
Mortgage Recording Taxes: \$ N/A
Real Property Tax Exemptions: \$ TBD
Other (please specify): \$ N/A

\* The Applicant is requesting a Total PILOT Payment calculated as \$600 x bed in Year 1, increasing at 2% per year every year thereafter through and including Year 20. This calculation will constitute a deviation from the Agency's Uniform Tax Exemption Policy.

**I. INFORMATION CONCERNING THE PROPOSED OCCUPANT OF THE PROJECT (HEREINAFTER, THE "COMPANY")**

**A. Identity of Company**

1. **Company Name:** Otsego County Health Facilities Corporation, on behalf of a for-profit entity to be identified as a future owner/operator of the facility

**Present Address:** c/o Harris Beach PLLC, 99 Gamsey Road, Pittsford, NY 14534

**Zip Code:**

**Employer's ID No.:** 90-0978427

2. **If the Company differs from the Applicant, give details of relationship:**

3. **Indicate type of business organization of Company:**

a.  **Corporation** (if so, incorporated in what country? May 07, 2013  
**What State?** New York **Date Incorporated?** May 07, 2013 **Type of Corporation?** Domestic Not-For-Profit **Authorized to do business in New York?**  
**Yes** , **No** )

b. **Partnership** (if so, indicate type of partnership \_\_\_\_\_  
**Number of general partners** \_\_\_\_\_, **Number of limited partners** \_\_\_\_\_)

c. **Limited liability company,**  
**Date created?** \_\_\_\_\_

d. **Sole proprietorship**

4. **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.

**B. Management of Company**

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

Please see attached Figure "1"



NAME (First, Middle, Last) HOME ADDRESS	OFFICE HELD	OTHER PRINCIPAL BUSINESS

2. Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation? Yes \_\_\_\_\_; No

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)

5. If the answer to any of questions 2 through 4 is yes, please, furnish details in a separate attachment.

**C. Principal Owners of Company**

1. Principal owners of Company: Is Company publicly held? Yes \_\_\_\_\_; No   
If yes, list exchanges where stock traded:

2. If no, list all stockholders having a 5% or more interest in the Company: N/A

NAME	ADDRESS	PERCENTAGE OF HOLDING

**D. Company's Principal Bank(s) of account:** TBD

**II. DATA REGARDING PROPOSED PROJECT**

**A. Summary: (Please provide a brief narrative description of the Project.)**

The project will consist of the owning and operating of the existing Aged Home (at present exempt from real property taxes), which the Applicant requests be subject to the proposed real property tax abatement schedule identified hereinabove. The Applicant was formed by Otsego County and is applying on behalf of a for-profit purchaser/operator to be identified.

**B. Location of Proposed Project:**

- 1. Street Address 128 Phoenix Mills Cross Rd
  - 2. City of N/A
  - 3. Town of Otsego
  - 4. Village of N/A
  - 5. County of Otsego
- Being more particularly identified as Tax Parcel ID # 146-2-10.04

**C. Project Site:**

- 1. Approximate size (in acres or square feet) of Project site: 18.50 acres
- Is a map, survey or sketch of the project site attached? Yes  No
- 2. Are there existing buildings on project site? Yes  No 
  - a. If yes, indicate number and approximate size (in square feet) of each existing building:  
1 Building with 144,000 gross floor area (sq ft) containing 2 stories
  - b. Are existing buildings in operation? Yes  No   
If yes, describe present use of present buildings:  
Aged Home
  - c. Are existing buildings abandoned? Yes  No  About to be abandoned? Yes  No  If yes, describe:
  - d. Attach photograph of present buildings.  
Attached as Figure "2"

3. Utilities serving project site:
- Water-Municipal: \_\_\_\_\_
  - Other (describe): \_\_\_\_\_ Water - Private \_\_\_\_\_
  - Sewer-Municipal: \_\_\_\_\_
  - Other (describe): \_\_\_\_\_ Sewer - Private \_\_\_\_\_
  - Electric-Utility: \_\_\_\_\_ Yes \_\_\_\_\_
  - Other (describe): \_\_\_\_\_
  - Heat-Utility: \_\_\_\_\_ Yes \_\_\_\_\_
  - Other (describe): \_\_\_\_\_

4. Present legal owner of project site: Otsego County Health Facilities Corporation

- a. If the Company owns project site, indicate date of purchase: June 11, 2013. Purchase price: \$ 1.00 (Purchased from County of Otsego)
- b. If Company does not own the Project site, does Company have option signed with owner to purchase the Project site? Yes \_\_\_\_\_; No . If yes, indicate date option signed with owner: \_\_\_\_\_, 20\_\_\_\_, and the date the option expires: \_\_\_\_\_, 20\_\_\_\_.
- c. 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: \_\_\_\_\_

5. a. Zoning District in which the project site is located: Commercial

b. Are there any variances or special permits affecting the site? Yes \_\_\_\_\_; No . If yes, list below and attach copies of all such variances or special permits: \_\_\_\_\_

**D. Buildings:**

1. Does part of the project consist of a new building or buildings? Yes \_\_\_\_\_; No . If yes, indicate number and size of new buildings: \_\_\_\_\_

2. Does part of the project consist of additions and/or renovations to the existing buildings? Yes \_\_\_\_\_; No . If yes, indicate the buildings to be expanded or renovated, the size of any expansions and the nature of expansion and/or renovation: \_\_\_\_\_

3. Describe the principal uses to be made by the Company of the building or buildings to be acquired, constructed or expanded: \_\_\_\_\_

Company will continue to use property as an Aged Home



E. Description of the Equipment:

1. Does a part of the Project consist of the acquisition or installation of machinery, equipment or other personal property (the "Equipment")? Yes \_\_\_; No . If yes, describe the Equipment:

2. With respect to the Equipment to be acquired, will any of the Equipment be Equipment which has previously been used? Yes \_\_\_; No \_\_\_. If yes, please provide detail:

N/A

3. Describe the principal uses to be made by the Company of the Equipment to be acquired or installed:

N/A

F. Project Use:

1. What are the principal products to be produced at the Project?

N/A

2. What are the principal activities to be conducted at the Project?

N/A

3. 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 \_\_\_; No \_\_\_. If yes, please provide detail:

N/A

4. If the answer to question 3 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? \_\_\_%

5. If the answer to question 3 is yes, and the answer to question 4 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 . If yes, please explain:

The Project will be owned/operated by for-profit entity to be identified by the Application through a routine RFP process

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 . If yes, please explain:

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 . If yes, please explain:

d. 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 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:

The Project will preserve permanent jobs that would be lost should the facility be closed. For further discussion, please see the attached Questionnaire under the heading, "Projected Permanent Employment Impact", and attached Figures "3" and "4".

e. Will the Project be located in one of the following: (i) an area designed as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (ii) 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 (x) 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 (y) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates? Yes \_\_\_\_\_; No . If yes, please explain: \_\_\_\_\_

6. If the answers to any of subdivisions c. through e. of question 5 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 explain:

The number of permanent, private sector jobs that will remain at the facility as operated as as Aged Home are set forth more fully on the attached Questionnaire under the heading, "Projected Permanent Employment Impact", and attached Figures "3" and "4".

7. 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 . If yes, please explain:

8. 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:

9. If the answer to either question 7 or question 8 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 or 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 X. If yes, please provide detail:

G. 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:

Town of Otsego Special Permit

2. Describe the nature of the involvement of the federal, state or local agencies described above:

N/A

H. Construction Status:

1. Has construction work on this project begun? Yes \_\_\_\_\_; No X. 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. N/A

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.

N/A

**I. 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   x  

2. If the answer to question 1 is Yes, does the applicant desire such "agent" status prior to the closing date of the financing? Yes \_\_\_\_\_ No   x  

**III. INFORMATION CONCERNING LEASES OR SUBLEASES OF THE PROJECT (PLEASE COMPLETE THE FOLLOWING SECTION IF THE COMPANY INTENDS TO LEASE OR SUBLEASE ANY PORTION OF THE PROJECT)**

A. Does the Company intend to lease or sublease more than 10% (by area or fair market value) of the Project? Yes \_\_\_\_\_ No   x  . If yes, please complete the following for each existing or proposed tenant or subtenant:

1. Sublessee name: N/A  
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: \_\_\_\_\_  
Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

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:  
Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such 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:  
Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

B. What percentage of the space intended to be leased or subleased is now subject to a binding written lease or sublease?

#### IV. Employment Impact

A. Indicate below the number of people presently employed at the project site and the number that will be employed at the project site at end of the first and second years after the project has been completed (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.

The Manor employs approximately 250 people, in a wide variety of positions, such as Administrator, Director of Nursing, licensed professional nurses, certified nurse assistants, physical, occupational and speech therapists, universal workers, maintenance workers, dietary specialists, cooks and other employees. Retention of the services provided to current residents of the Aged Home and of the many jobs now provided by the Aged Home are important to the health and welfare of the residents of the County and the economic life of the county.



See attached Figure "3"

TYPE OF EMPLOYMENT					
	PROFESSIONAL MANAGERIAL	SKILLED	SEMI- SKILLED	UNSKILLED	TOTALS
Present Full Time					
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. 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.

See attached Figure "4".

V. Project Cost

A. Anticipated Project Costs. State the costs reasonably necessary for the acquisition of the project site and the construction of the proposed project including 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	\$ N/A
Buildings	\$ N/A
Machinery and equipment costs	\$ N/A
Utilities, roads and appurtenant costs	\$ N/A
Architects and engineering fees	\$ N/A
Costs of Bond issue (legal, financial and printing)	\$ N/A
Construction loan fees and interest	\$ N/A

(If applicable)  
 Other (specify) \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
**TOTAL PROJECT COST** \$ N/A

B. Have any of the above expenditures already been made by applicant?  
 Yes \_\_\_; No \_\_\_ (If yes, indicate particular.) N/A

V. **BENEFITS EXPECTED FROM THE AGENCY**

A. **Financing**

1. Is the applicant requesting that the Agency issue bonds to assist in financing the project? Yes \_\_\_; No x If yes, indicate:

a. Amount of loan requested: \_\_\_\_\_ Dollars;  
 b. Maturity requested: \_\_\_\_\_ Years.

2. Is the interest on such bonds intended to be exempt from federal income taxation? Yes \_\_\_; No \_\_\_ N/A

3. If the answer to question 2 is yes, will any portion of the Project be used for any of the following purposes: N/A

- a. retail food and beverage services: Yes \_\_\_; No \_\_\_
- b. automobile sales or service: Yes \_\_\_; No \_\_\_
- c. recreation or entertainment: Yes \_\_\_; No \_\_\_
- d. golf course: Yes \_\_\_; No \_\_\_
- e. country club: Yes \_\_\_; No \_\_\_
- f. massage parlor: Yes \_\_\_; No \_\_\_
- g. tennis club: Yes \_\_\_; No \_\_\_
- h. skating facility (including roller skating, skateboard and ice skating): Yes \_\_\_; No \_\_\_
- i. racquet sports facility (including handball and racquetball court): Yes \_\_\_; No \_\_\_
- k. hot tub facility: Yes \_\_\_; No \_\_\_
- l. suntan facility: Yes \_\_\_; No \_\_\_
- m. racetrack: Yes \_\_\_; No \_\_\_

4. If the answer to any of the above questions contained in question 3 is yes, please furnish details on a separate attachment. N/A

5. Is the Project located in the City's federally designated Enterprise Zone?  
 Yes \_\_\_; No x

6. Is the applicant requesting the Agency to issue federally tax-exempt Enterprise Zone bonds? Yes \_\_\_; No x

**B. Tax Benefits**

1. Is the applicant requesting any real property tax exemption that would not be available to a project that did not involve the Agency? Yes x; No \_\_\_

2. Is the applicant expecting that the financing of the Project will be secured by one or more mortgages? Yes \_\_\_; No x. If yes, what is the approximate amount of financing to be secured by mortgages? \$ \_\_\_\_\_

3. 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 x. 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? \$ \_\_\_\_\_

4. 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.

The Applicant is requesting a Total PILOT Payment calculated as \$800 x bed in Year 1, increasing at 2% per year every year thereafter through and including Year 20. This calculation will constitute a deviation from the Agency's Uniform Tax Exemption Policy.

a.	N.Y.S. Sales and Compensating Use Taxes:	\$ N/A
b.	Mortgage Recording Taxes:	\$ N/A
c.	Real Property Tax Exemptions:	\$ TBD
d.	Other (please specify):	\$ _____
		\$ _____
		\$ _____

5. Are any of the tax-exemptions being sought in connection with the Project inconsistent with the Agency's tax-exemption policy contained in its Rules and Regulations? Yes x; No \_\_\_; If yes, please explain:

Proposed real property tax abate deviates from the Agency's Uniform Tax Exemption Policy

6. Is the Project located in the City's state designated Empire Zone? Yes \_\_\_; No x

**C. Project Cost/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.).

**VI. REPRESENTATIONS BY THE APPLICANT.** The applicant understands and agrees with the Agency as follows:

**A. Job Listings.** 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



New York  
COUNTY OF OTSEGO

KATHERINE SWILLEY  
President, OTSEGO COUNTY HEALTH FACILITIES CORP.

[Redacted text block]

*Katherine Swilley*  
Officer of Applicant

Sworn to before me this  
10 day of July 2013

*Pen Y. Con*  
Notary Public

ELEN LEARY COCCOMA  
Notary Public, State of New York  
4772043  
Qualified in Otsego County  
Commission Expires March 30, 2014



**VERIFICATION**

**(If applicant is sole proprietor)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SS: \_\_\_\_\_

deposes and says:

(Name of Individual)

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.

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

(Notary Public)

VERIFICATION

(If applicant is partnership)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

SS:

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

(Name of Individual)  
that he is one of the members of the firm of \_\_\_\_\_  
(Partnership Name)

the partnership 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 partnership.

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

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

VERIFICATION

(If applicant is limited liability company)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.:

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

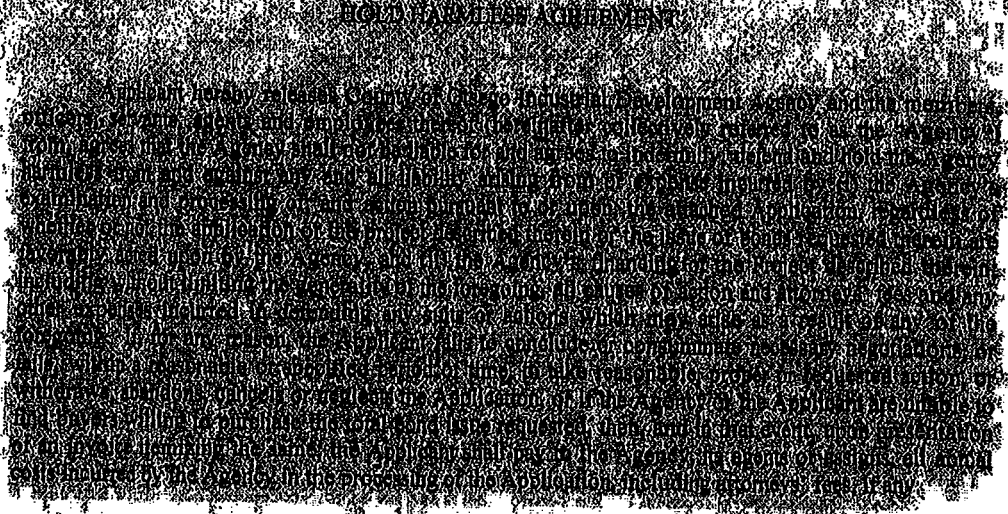
(Name of Individual)  
that he is one of the members of the firm of \_\_\_\_\_  
(Limited Liability Company)

the limit 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)

**NOTE: THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 22 IS SIGNED BY THE APPLICANT.**



(Applicant)

*Katharina Paulig*

Subscribed before me this  
10th day of July, 2014

*Ellen Leary Coccoma*  
(Notary Public)

**ELEN LEARY COCCOMA**  
Notary Public, State of New York  
4772043  
Qualified in Otsego County  
Commission Expires March 30, 2014

11/26/2014 10:11:01 AM

10A-23

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

In order for the County of Otsego 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.

Since we need this Questionnaire to 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"):	Otsego County Health Facilities Corporation, on behalf of a for-profit entity to be identified as a future owner/operator of the facility	
2. Brief Identification of the Project:	Aged Home at 126 Phoenix Mills Cross Rd, Otsego, NY	
3. Estimated Amount of Project Benefits Sought:		
A. Amount of Bonds Sought:	\$	N/A
B. Value of Sales Tax Exemption Sought:	\$	N/A
C. Value of Real Property Tax Exemption Sought:	\$	TBD*
D. Value of Mortgage Recording Tax Exemption Sought:	\$	N/A

\*The Applicant is requesting a total PILOT Payment calculated as \$600 x bed in Year 1, increasing at 2% per year every year thereafter through and including Year 20. This calculation will constitute a deviation from the Agency's Uniform Tax Exemption Policy

**PROJECTED PROJECT INVESTMENT**

A. Land-Related Costs	N/A	
1. Land acquisition	\$	
2. Site preparation	\$	
3. Landscaping	\$	
4. Utilities and infrastructure development	\$	
5. Access roads and parking development	\$	
6. Other land-related costs (describe)	\$	
B. Building-Related Costs	N/A	
1. Acquisition of existing structures	\$	
2. Renovation of existing structures	\$	
3. New construction costs	\$	
4. Electrical systems	\$	
5. Heating, ventilation and air conditioning	\$	
6. Plumbing	\$	
7. Other building-related costs (describe)	\$	



<b>C.</b>	<b>Machinery and Equipment Costs</b>	N/A
1.	Production and process equipment	
2.	Packaging equipment	
3.	Warehousing equipment	
4.	Installation costs for various equipment	
5.	Other equipment-related costs (describe)	
<b>D.</b>	<b>Furniture and Fixture Costs</b>	N/A
1.	Office furniture	
2.	Office equipment	
3.	Computers	
4.	Other furniture-related costs (describe)	
<b>E.</b>	<b>Working Capital Costs</b>	N/A
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)	
<b>F.</b>	<b>Professional Service Costs</b>	TBD
1.	Architecture and engineering	
2.	Accounting/legal	
3.	Other service-related costs (describe)	
<b>G.</b>	<b>Other Costs</b>	N/A
1.		
2.		
<b>H.</b>	<b>Summary of Expenditures</b>	
1.	Total Land-Related Costs	N/A
2.	Total Building-Related Costs	N/A
3.	Total Machinery and Equipment Costs	N/A
4.	Total Furniture and Fixture Costs	N/A
5.	Total Working Capital Costs	N/A
6.	Total Professional Service Costs	TBD
7.	Total Other Costs	N/A

**PROJECTED PROFIT**

I. Please provide projected profit as defined by earnings after income tax but before depreciation and amortization:  
N/A

YEAR	Without JDA benefits	With JDA benefits
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$

**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		\$	\$
Year 1		\$	\$
Year 2		\$	\$
Year 3		\$	\$
Year 4		\$	\$
Year 5		\$	\$

**PROJECTED PERMANENT EMPLOYMENT IMPACT**

I. Please provide estimates of total number of existing permanent jobs to be preserved or retained as a result of the Project: See attached Figures "3" and "4".

Year	Professional	Skilled	Semi-Skilled	Unskilled
Current Year				
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

II. Please provide estimates of total new permanent jobs to be created at the Project: TBD

Year	Professional	Skilled	Semi-Skilled	Unskilled
Current Year				
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

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 County of Otsego residents: TBD

A. Provide a brief description of how the project expects to meet this percentage:

**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)	\$ N/A
Additional Sales Tax Paid on Additional Purchases	\$ N/A
Estimated Additional Sales (1 <sup>st</sup> full year following project completion)	\$ N/A
Estimated Additional Sales Tax to be collected on additional sales (1 <sup>st</sup> full year following project completion)	\$ N/A

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

The Aged Home, as an when owned by the County of Otsego, paid no real property taxes to the affected taxing jurisdictions. The Project, as proposed, would allow for payments to be made to the affected taxing jurisdictions according to the calculations set forth hereinabove, generating a stream of revenue that would not otherwise be available to the affected taxing jurisdictions.

Year	Existing Real Property Taxes (Without IDA involvement)	New Plot Payments (With IDA)	Total (Difference)
Current Year	0	TBD	
Year 1	0		
Year 2	0		
Year 3	0		
Year 4	0		
Year 5	0		
Year 6	0		
Year 7	0		
Year 8	0		
Year 9	0		
Year 10	0		

III. Please provide a brief description for the impact of other economic benefits expected to be produced as a result of the Project.

**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.

Date Signed: <u>July 19, 2013</u>	Name of Person Completing Project Questionnaire on behalf of the Company: Name: <u>Rachel B. Endress, as counsel</u> Title: <u>Attorney</u> Phone Number: <u>585-419-8769</u> Address: <u>79 Gamsey Road, Pittsford, NY</u> Signature: <u>R B Endress</u>
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Figure 1

1. The sole Member of the Applicant is the County of Otsego, acting by and through the Chairperson of the County Board of Representatives, *ex officio*.

2. Directors of the Applicant:

Katherine Stuligross  
Donald Lindberg  
Dr. Donald Pollock  
Carol Kiehn Kirkey  
Kim K. Muller  
Richard Eastman  
William W. Dornburgh

3. Offices Held by Directors of the Applicant

Katherine Stuligross, Chair  
Carol Kiehn Kirkey, Vice Chair  
Richard Eastman, Secretary  
William W. Dornburgh, Treasurer

4. Appointed Positions of Directors of the Applicant

Katherine Stuligross, President/CEO  
County Treasurer, *ex officio*, Treasurer/CFO  
Shawn M. Griffin, Secretary

FIGURE 2

# Photo for 146.00-2-10.04 in Town of Otsego



Photo

Figure "3"

Otsego Manor Staff, Fiscal Year 2013

<i>title</i>	<i>ft</i>	<i>pt</i>
<b>Administration</b>		
Administrator	1	
Senior Account Clerk	1	
Senior Account Clerk Typist	2	
Principal Account Clerk Typist	1	
Account Clerk Typist	4	
Purchasing Clerk	1	
Clerk	1	4
Clerk-W	5	
Keyboard Specialist	1	
<b>Nursing</b>		
Director of Nursing	1	
MDS Coordinator	1	
Neighborhood Manager	2	
Licensed Professional Nurse	30	17
Certified Nursing Assistant	67	30
Sr. Social Work Assistant	1	
Social Work Assistant	2	
Physical Therapy Aide	1	
Occupational Therapy Aide	1	
Clinical Services Coordinator	9	1
<b>Other</b>		
Activity Leader	1	
Activity Aide	1	
Head Custodian	1	
Cook	4	1
Universal worker	28	39
<b>Total SNF staff</b>	<b>167</b>	<b>92</b>
<b>LTHHCP</b>		
Supervising Community Health Nurse	1	
Community Health Nurse	4	1
Licensed Professional Nurse	1	
Home Health Assistant	8	2
Director of Patient Services	1	
Clerical Support Staff	2	
<b>Total LTHHCP Staff</b>	<b>17</b>	<b>3</b>

#### Figure "4"

The large majority of the Skilled Nursing Facility staff are in the Nursing Department—clinical staff involved in direct patient service. That department is overseen by a Director of Nursing. The largest segment of the department is made up of 67 full-time and 30 part-time certified nurse assistants (CNAs), and 30 full-time and 17 part-time licensed professional nurses (LPNs). Other key staff in the Manor include 28 full-time and 39 part-time Universal Workers, a hybrid position that blends roles of housekeepers and dietary support staff. Current staffing patterns reflect reductions in staff over the past few years to reduce facility costs, most recently including the elimination of the Assistant Nursing Home Administrator and Comptroller positions, as well as three of five Neighborhood Manager positions.

In addition to the County employees reflected in Figure "3", Otsego Manor also contracts out for the following services: four full-time dietary positions, including Dietary Manager; several rehab positions, including PT, OT, Speech Therapy, PTA and COTA supports; the Medical Director and four attending physicians, along with two full-time Nurse Practitioners. Otsego Manor also receives the services of five full-time designated maintenance workers included in the County Buildings and Grounds budget.

The most recent Otsego Manor profile recorded in a national clearinghouse of data about nursing homes throughout the country, Medicare.gov, suggests that Otsego Manor is within the average range on staffing, receiving 3 stars of a maximum of 5. Data recorded in the profile indicate that total staff hours per resident per day are almost identical to state and national averages. Within those overall totals, the data indicate that the Manor provides above average amounts of care from LPNs (17 more minutes per resident day) and below average amounts of RN care (18 minutes less per day), with comparable amounts of CNA levels of care.

The vast majority of employees are represented by the CSEA. Management falls under Management/ Confidential classification pursuant to state law.