
APPLICATION FOR FINANCIAL ASSISTANCE

Oneida County Local Development Corporation

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.

TRUSTEES OF THE EASTERN STAR HALL AND HOME OF THE STATE OF NEW YORK

Project Name Number (to be provided by the Corporation)

Date of Submission

Note to Applicant:

The information requested by this application is necessary to determine the eligibility of your project for OCLDC 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 Local Development Corporation (OCLDC)**, 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.

Upon the submission of this application to OCLDC, this applicant becomes a public document. Be advised that any action brought before the OCLDC is public information. All agendas for OCLDC are issued prior to full Corporation 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.

A project through OCLDC 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 OCLDC legal counsel. You will be asked to sign the engagement letter acknowledging you will be responsible for all legal fees of OCLDC legal counsel and that you understand the process. Should you not close and legal services have been rendered by the OCLDC 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 OCLDC legal counsel.

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

Applicant

1(a) Applicant's Legal Name: TRUSTEES OF THE EASTERN STAR HALL AND HOME OF THE STATE OF NEW YORK

1(b) Principal Address: 8290 STATE RTE 69
PO BOX 959
ORISKANY, NY 13424

1(c) Telephone/Facsimile Numbers: 315-736-9311 / 315-736-3047

1(d) Email Address: jfrench@eshomeny.org / mgetchell@eshomeny.org

1(e) Federal Identification Number: 13-2683047

1(f) Contact Person: JEFF FRENCH / MARY BETH GETCHELL

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: _____

Other(specify) NONPROFIT 501 (c) 3

1(h) State of Organization (if applicable) NEW YORK

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>
N/A		

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.

N/A

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:

APPLYING ENTITY HAS A SHARED SERVICES CONTRACT WITH POUNDER HALL SENIOR CARE FACILITY (ENRICHED HOUSING/ SENIOR APARTMENTS) IN WHICH APPLYING ENTITY PROVIDES GOOD AND SERVICES FOR A FEE. THIS CONTRACT IS ADJUSTED ANNUALLY BY AGREEMENT OF BOTH PARTIES.

Applicant's Counsel and Accountant

3(a). Applicant's Attorney

Name/Title: RICHARD COOK

Firm: HANCOCK ESTABROOK, LLP

Address: 1500 AXA TOWER 1, 100 MADISON STREET
SYRACUSE, NY 13202

Telephone/Fax: 315-565-4514

Email: rcook@hancocklaw.com

3(b) Applicant's Accountant

Name/Title: RICHARD ZWEIFEL, CPA

Firm: THE BONADIO GROUP

Address: 7936 SENECA TURNPIKE
CLINTON, NY 13323

Telephone/Fax: 315-292-6750 / 315-570-9511

Email: rzweifel@bonadio.com

Business Description

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

WE ARE A SKILLED NURSING FACILITY (NURSING HOME) PROVIDING 24 - HOUR SKILLED SERVICES TO BOTH INDIVIDUALS WITH CHRONIC CONDITIONS AS WELL AS SHORT-TERM REHABILITATION AND SERVICES FOR ACUTE EPISODIC NEEDS. WE OFFER A FULL ARRAY OF SERVICES INCLUDING PHYSICIAN COVERAGE 24/7, PODIATRY, DENTAL, PSYCHIATRY, PSYCHOLOGY, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY, ACTIVITIES AND TRANSPORTATION.

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.

SEE ATTACHED

Reasons for Project

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

SEE ATTACHED

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

SEE ATTACHED

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

Yes or No

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

SEE ATTACHED

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

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 Corporation 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 Corporation, the Empire State Development Corporation, or any other entity) ? [x] Yes [] No

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

MULTI-MODE VARIABLE RATE CIVIC FACILITY REVENUE BONDS (EASTERN STAR HALL AND HOME PROJECT-LETTER OF CREDIT SECURED), SERIES 2007.

OUTSTANDING BALANCE = \$4,060,000

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 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"/> | Civic Facility _____ | |
| <input checked="" type="checkbox"/> [x] | Other (specify) <u>Assisted Living, Skilled Nursing, Short Term Rehabilitation, Memory Care, Senior Living</u> | |

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 Corporation, 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 type="checkbox"/> Mortgage Tax Exemption (.75%) \$ _____	
Amount of mortgage: \$ _____	
<input type="checkbox"/> Sales and Use Tax Exemption ** (8.75%) \$ _____	
Value of goods/services to be exempted from sales tax: \$ _____	
<input checked="" type="checkbox"/> Issuance by the Corporation of Tax Exempt Bonds \$ <u>5,265,801</u>	

Is the financial assistance requested by the Applicant consistent with the OCLDC'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 OCLDC 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 Corporation with respect to this Application. The Corporation 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 LDC within 10 days if the project amount changes.**

Part III: Facility Information

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

7(a) Street Address of Facility:

8290 STATE RTE 69

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

ORISKANY

7(c) School District:

ORISKANY

7(d) Tax Map Number(s):

276.014-1-83

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

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

SKILLED NURSING FACILITY

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.**

The facility to be renovated was built in three different time periods: 1971, 1984, and 2011. The 1971 section is 15,140 gross sq ft, the 1984 section is 53,188 gross sq. ft., and the 2011 section is 45,000 gross sq. ft. The three sections are all connected and considered in general as one building, the Eastern Star Home and is currently licensed as one building containing 84 skilled nursing home beds. The majority of the building is comprised of 2 levels; however, due to the slope of the property, the newest portion (2011) contains three levels. The entire building has a masonry exterior (brick/stucco/efis), studded behind that. We have both stone and rubber roof sections. Building is fully sprinklered and has two emergency generators.

Renovations that will take place will be in all three sections (1971, 1984, and 2011). Two of the older sections will be significant renovations including new room configuration, new larger private bathrooms with showers. The newer building will include developing the lowest floor into usable space (currently it is an unfinished envelope), along with completely renovating the second level into new program/living space. There are no external infrastructure improvements to take place.

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: JUNE 2018

Construction completion: 19 MONTHS

If a more detailed schedule exists please attach.

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 Corporation or body (other than normal occupancy and/or construction permits)?

Yes No

If yes, please describe.

NEW YORK STATE DEPARTMENT OF HEALTH

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

Yes No N/A

If Yes, please provide the Corporation 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 the long Environmental Assessment Form to this Application.

7(k) What is the useful life of the facility? 40 years

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

If yes, which Empire Zone: _____

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

Provide detail.

Part IV: Retail Project Questionnaire

To ensure compliance with Section 862 of the New York General Municipal Law, the Corporation 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? _____%. **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.

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.

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 _____

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

Part V: 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: TRUSTEES OF THE EASTERN STAR HALL AND HOME OF THE STATE OF NEW YORK

Address: PO BOX 959, 8290 STATE RTE 69

ORISKANY, NY 13424

Telephone: 315-736-9311

Balance of Mortgage: \$4,060,000

Holder of Mortgage: CURRENT BOND ISSUE BY ONEIDA COUNTY IDA

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.

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.

N/A

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 VI: 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.

MUCH OF THE EQUIPMENT IS CURRENTLY ON THE PREMISES OR IN USE; HOWEVER, AN EQUIPMENT LIST MAY BE GENERATED AS WE FINALIZE THE SCOPE OF THE PROJECT.

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.

N/A

9(c) What is the useful life of the equipment? TO BE DETERMINED years

Part VII: Employment Information

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

Construction Jobs: OUR CONSTRUCTION MANAGEMENT COMPANY ESTIMATES 16 FULL TIME POSITIONS CREATED FOR THE ENTIRE DURATION OF THE PROJECT.

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

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

Number of Jobs BEFORE Project	Location 1	Location 2	Location 3	Location 4	Location 5	Total
Address in NYS	same					
Full-Time Company	101					0
Full-Time Independent Contractors	9					0
Full-Time Leased						0
Total Full-Time BEFORE	0 110	0	0	0	0	0
Part-Time Company	59					0
Part-Time Independent Contractors	31					0
Part-Time Leased						0
Total Part-Time BEFORE	0 90	0	0	0	0	0

*Continued on next page

- sum each category

Number of Jobs AFTER Project (within 3 years of project completion)	Location 1	Location 2	Location 3	Location 4	Location 5	Total
Full-time Company	67					0
Full-Time Independent Contractors	3					0
Full-Time Leased						0
Total Full-Time AFTER	0 70	0	0	0	0	0
Part-Time Independent Company	43					0
Part-Time Independent Contractors	20					0
Part-Time Leased						0
Total Part-Time AFTER	0 63	0	0	0	0	0

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	Location 2	Location 3	Location 4	Location 5	Total
Full-Time						0
Part-Time						0
Total AFTER	0	0	0	0	0	0

*Continued on next page

- 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	\$ 104,667	% 11.63	\$	%
Administrative	\$ 34,035	% 13.97	\$	%
Production	\$	%	\$	%
Independent Contractor	\$ 48,750	%	\$	%
Other	\$ 33,753	% 74.4	\$	%
Overall Weighted Average	\$ 42,020	%	\$	%

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

*** By statute, Corporation 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. Corporation staff converts Part-Time Jobs into Full-Time Equivalents (FTE) by dividing the number of Part-Time Jobs by two (2). Corporation 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:

63119,69201,78300,81100,81210,81300,82110,87100,87300,70100,
623110,623311.

Part VIII: Estimated Project Cost and Financing

11(a) List the costs necessary for the construction, acquisition or renovation of the facility.

Acquisition of Land (if vacant)	_____
Acquisition of Existing Building(s)	_____
Renovation Costs of Existing Building(s)	<u>7,227,751</u>
New Construction of Buildings	_____
Machinery and Equipment	_____
(other than furniture costs)	_____
Fixtures	_____
Installation Costs	_____
Fees & Permits (other than your own broker and legal fees)	<u>516,300</u>
Legal Fees (IDA legal fees, Applicant legal fees)	<u>229,417</u>
Architectural/Engineering Interest on	_____
Financing Charges	<u>7,500</u>
Other (specify)	<u>281,900</u>
CONSTRUCTION MONITORING	<u>0</u>
PROJECT MANAGEMENT	<u>8,262,868</u>
CON & LICENSING APPLICATIONS	
COMMUNITY EDUCATION	
Subtotal	<u>0 8,262,868</u>
Corporation Fee¹	<u>26,329</u>
Total Project Cost	<u>0 8,289,197</u>

¹See Attached Fee Schedule (Page 25) for Corporation Fee amount to be placed on this line

11(b) **Sources of Funds for Project Costs:**

Bank Financing: \$ _____

Equity (excluding equity that is attributed to grants/tax credits) \$ 26,329

Tax Exempt Bond Issuance (if applicable) \$ 5,265,801

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:

NEW YORK STATE STATEWIDE TRANSFORMATION GRANT \$ 2,997,067

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Sources of Funds for Project Costs: \$ 8,289,197

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
276.014-1-83	192,000	6,155,800	

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

MARGARET HARDY, RECEIVER OF TAXES

8539 CLARK MILLS ROAD

WHITESBORO, NY 13492

12(c) Address of Receiver of School Taxes:

SAME AS ABOVE

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.

CITIZEN'S BANK, LETTER OF CREDIT BANK FOR EXISTING BOND ISSUE.

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.

SEE ATTACHED

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 OCLDC office.

REPRESENTATIONS AND CERTIFICATION BY APPLICANT

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

Approval of the Application can be granted solely by this Corporation's Board of Directors. The undersigned acknowledges that Applicant shall be responsible for all costs incurred by the Corporation 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 Corporation 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 Corporation, 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 Corporation, the Applicant agrees to file, or cause to be filed, with the Corporation, 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 Corporation. For Applicants not responding to the Corporation'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 Corporation and Applicant. In addition, a Notice of Failure to provide the Corporation with an Annual Employment, Tax Exemption & Bond Status Report may be reported to Corporation 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 Corporation website of the list of the Corporation members, officers and employees of the Corporation. No member, officer, or employee of the Corporation 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 Corporation and its members, officers, servants, agents and employees from, agrees that the Corporation shall not be liable for and agrees to indemnify, defend and hold the Corporation harmless from and against any and all liability arising from or expense incurred by (A) the Corporation'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 Corporation, (B) the Corporation's acquisition, construction and/or installation of the Project described therein and (C) any further action taken by the Corporation 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 Corporation 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 Corporation, its agents or assigns, all costs incurred by the Corporation in the processing of the Application, including attorneys' fees, if any.

5. The Applicant acknowledges that the Corporation has disclosed that the actions and activities of the Corporation 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 Corporation 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 Corporation'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 Corporation 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 Corporation financial assistance and/or recapture of Corporation 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 Corporation. (1) No funds of the Corporation 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 Corporation 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.

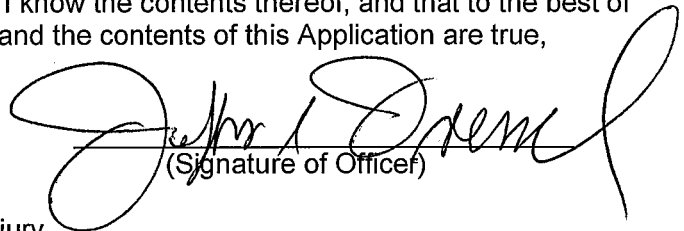
9. The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
10. The Applicant confirms 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 Corporation'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 Corporation 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.:

JEFFREY S. FRENCH, being first duly sworn, deposes and says:

1. That I am the CEO/ADMINISTRATOR (Corporate Office) of TRUSTEES OF THE EASTERN STAR HALL AND HOME OF THE STATE OF NEW YORK (Applicant) and that I am duly authorized on behalf of the Applicant to bind the Applicant.
2. That I have read the attached Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.



(Signature of Officer)

Subscribed and affirmed to me under penalties of perjury this 14 day of May, 2017.

Karen M. Reece
(Notary/Public)

KAREN M. REECE
Notary Public in the State of New York
Qualified in Oneida County 01RE6327664
My Commission Expires July 13, 2019

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: _____

Name: _____

Title: _____

Date: _____

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

OCLDC Application for Financial Assistance

Eastern Star Home Project Information

5(a)

Trustees of the Eastern Star Hall and Home of the State of New York (ESH) long term care facilities are located at 8290 State Route 69 in Oriskany, NY (Oneida County). Under a Transformation Grant ESH will right size, renovate and re-purpose its 84-bed nursing home into 14 beds of Memory Care, a 40 bed ALP (approved July 2016), 24 beds of ALR, leaving a 17-bed skilled nursing unit for sub-acute care. A related organization, Pounder Hall, currently has 17 beds of enriched housing which will be decertified at the completion of the whole project. The facility will be operated by ESH and will be named Eastern Star Home. The organization is currently an 84 bed RHC and is a member of the Central New York Care Collaborative (CNYCC) DSRIP PPS. ESH is a not-for-profit corporation that has benefited from its relationship with the Order of the Eastern Star of the State of New York, a charitable organization that has supported ESH since its inception. ESH is affiliated with Pounder Hall, Inc. an enriched housing program of 17 beds and independent living of 28 beds located on the same campus. The campus also supports 2 child day care centers that offer care for 90 children from 6 months to 4 years old since 1984. The campus also has a Children's Learning Center for children with Dyslexia in operation for 9 years. This program is supported by a separate foundation.

The existing nursing home, owned by ESH, will be renovated to accommodate the 40 ALP, 14 SNALR, and 24 ALR beds. The contractor for the renovation project is AOW Associates of Latham, NY. They have extensive experience constructing adult care facility projects including Judson Meadows in Glensville, NY and the Valley Health assisted living project in Herkimer. They also have experience in medical buildings, nursing homes and senior housing facilities. The total cost of the project is estimated at \$8,174,622. This project is phased and is projected to be completed in November 2019.

ESH is located in Oriskany, NY an economically depressed semi-rural area in Oneida County between Rome and Utica. ESH derives 83.8% of its residents from Oneida County, primarily from a twenty-minute drive. The population to be served by the ESH project consists of chronic care and disabled adults in Oneida County. Oneida County has Medicaid enrollment rates higher than upstate average. Further, dual eligible make up a greater proportion of Medicaid beneficiaries in Oneida County than the NY state average.

Reasons for Project

6(a)

The next nearest skilled nursing home is Presbyterian Home for Central New York located in the affluent suburb of New Hartford 8.2 miles from ESH. In the Berger Commission report NYSDOH determined that Oneida County was over-bedded by 330 beds (for year 2016). ESH plans to decertify 67 beds to address this over capacity. The next nearest enriched housing/adult home facility is the Rome Home 7.7 miles from ESH. The Rome Home is an older facility with shared bathrooms and no ALR or ALP beds. There is

currently a lack of ALP beds in Oneida County. The 40 ALP beds granted to Eastern Star in July 2016 will address the need for affordable adult care services.

The population to be served by the ESH project consists of chronic care and disabled adults in Oneida County. As reported in the Central New York Care Collaborative Community Health Assessment (CNA) the population distribution by age is skewed toward older adults. Oneida County has the highest proportion of older adults (65+) 16.3% of all the CNY counties. Oneida County also has the highest percentages of Hispanic/Latino and foreign born populations of the six CNY counties.

Table 1 Demographics of Oneida County and CNYCC (6 counties)¹

Population Characteristics	Oneida County	CNYCC
2012 Population	234,336	1,002,605
Percent Age 65 and over	16.3%	14.6%
Percent Hispanic	4.6%	3.6%
Percent Black	5.6%	7.0%
Percent Foreign Born	7.2%	5.6%
% Unemployed	7.7%	7.6%

Oneida County has the second highest of those at <100% of the Federal Poverty Level and has the highest proportion of residents receiving SSI compared to the other CNY counties. The 66,647 Medicaid enrollees in Oneida County make up a high percentage of the population 28.4%, as compared to the CNYCC area 24.3%.

Table 2 Socio-Economics of Oneida County and CNYCC (6 counties)²

Socio-Economic Characteristics	Oneida County	CNYCC
Median Income	\$49,148	\$51,254
Percent Individuals at or below Poverty Line	15.6%	14.4%
Percent on SSI	3.5%	2.9%
Percent Uninsured	7.7%	8.7%
Medicaid Enrollees	66,647	243,634
Percent of Population	28.4%	24.3%
Dual Eligible as % of Medicaid Recipients	18.0%	14.6%

There are 45 skilled nursing homes and assisted living facilities in the CNYCC area, with 16 nursing homes in Oneida County with 2,606 beds. The average occupancy in Oneida County nursing homes is 90.3% as of January 2018. In the Berger Commission report NYSDOH determined that Oneida County was over-bedded by 330 beds (for year 2016). ESH will reconfigure its services decertifying 67 nursing home beds. The provision of a small post-acute care nursing unit combined with ALP, enriched housing and memory care will meet a broad range of needs and allow for care at the proper level post discharge.

¹ CNYCC Community Needs Assessment

² Ibid

The ultimate goal will be to keep residents at the lowest level of care and ultimately return them home. Those facing the end of life will receive care in either the nursing unit or in assisted living if they cannot remain home, again avoiding ED visits, hospitalizations and re-hospitalizations.

A market feasibility study was performed in 2013 and recently updated showing the need for additional ALP, EALR and SNALR beds. The study focusing concluded that the market could support the additional beds of market rate ALR/EALR beds and up to 93 ALP beds.

ESH, an essential safety net provider, will reconfigure its services decertifying 67 nursing home beds in order to provide more options to shift patients from the hospital to less intensive settings such as assisted living. The provision of a small post-acute care nursing unit combined with ALP, enriched housing and Alzheimer's care will meet a broad range of needs and allow for care at the proper level post discharge. The ultimate goal will be to keep residents at the lowest level of care and ultimately return them home. Those facing the end of life will receive care in either the nursing unit or in assisted living if they cannot remain home, again avoiding ED visits, hospitalizations and re-hospitalizations.

The ESH project expands the capacity to address the high rates of chronic disease, improve overall health status, increase quality and reduce costs, including the cost of inappropriate hospital utilization.

6(b)

Since 2007 we have had a very positive experience with the IDA, this project much like our prior project that you approved is predicated upon community need and restructuring our operation to align our services with that of the NYS Department of Health and our community collaborative the Central New York Care Collaborative (CNYCC).

6(c)

Yes,

If funding is not approved, it would jeopardize both the scope and likelihood of the transition project overall. By our receiving approval for the ALP beds in a very competitive process and then being awarded almost \$3,000,000 in a very competitive grant process to assist in renovations for this project the New York State Department of Health has demonstrated that there is a great need in our community for a transition of this magnitude. We have almost all of the Certificate of Need(CON) and licenses in place including the building permit, we are just finalizing the remainder of the financing in order to begin transformation.

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.

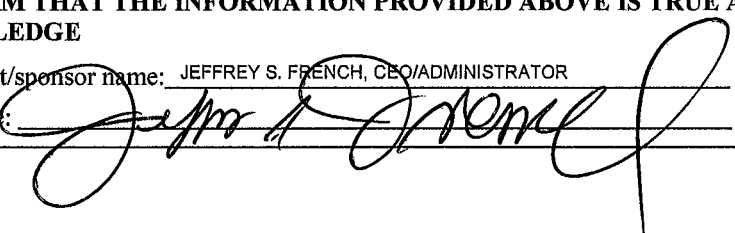
Part 1 - Project and Sponsor Information			
TRUSTEES OF THE EASTERN STAR HALL AND HOME OF THE STATE OF NEW YORK			
Name of Action or Project:			
EASTERN STAR HOME TRANSFORMATION PROJECT			
Project Location (describe, and attach a location map):			
8290 STATE RTE 69, ORISKANY, NY 13424			
Brief Description of Proposed Action:			
<p>Conversion of three existing skilled nursing buildings into assisted living (no increase in building floor area or volume, no increase in intensity of use) the project does not involve an increase in existing utility services and does not increase the imperious area nor does it result in an increase in the volume of storm or sanitary flow.</p>			
Name of Applicant or Sponsor:		Telephone: 315-736-9311	
TRUSTEES OF THE EASTERN STAR HALL AND HOME OF THE STATE OF NEW YORK		E-Mail: jfrench@eshomeny.org	
Address:			
PO BOX 959, 8290 STATE RT 69			
City/PO:		State:	Zip Code:
ORISKANY		NEW YORK	13424
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO
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.			YES
			<input checked="" type="checkbox"/>
			<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?			NO
If Yes, list agency(s) name and permit or approval:			YES
New York State Health Department and Village of Oriskany Building Department			<input type="checkbox"/>
			<input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		8.68	acres
b. Total acreage to be physically disturbed?		None	acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		8.68	acres
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			
<u>The project will not alter any existing storm drainage systems (no increase in runoff)</u>			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: JEFFREY S. FRENCH, CEO/ADMINISTRATOR Date: 5/11/18

Signature: 

ONEIDA COUNTY Local DEVELOPMENT Corporation
COST/BENEFIT ANALYSIS
Required by §859-a(3) of the
New York General Municipal Law

Date

5/11/2018

Name of Applicant:

Trustees of the Eastern Star
Hall and Home of the State of New York

Name of All Sublessees or Other Occupants of
Facility:

Principals or Parent of Applicant:

NA

Products or Services of Applicant to be produced
or carried out at facility:

Estimated Date of Completion of Project:

Type of Financing/ Structure:

X Tax-Exempt Financing
_____ Taxable Financing
_____ Sale/ Leaseback
_____ Other: _____

Type of Benefits being Sought by Applicant:

_____ Taxable Financing
x Tax-Exempt Bonds
_____ Sales Tax Exemption on Eligible Expenses Until Completion
_____ Mortgage Recording Tax Abatement
_____ Real Property Tax Abatement

Project Costs

Land	\$	-
Existing Building		
Existing Bldg. Rehab	\$	7,227,751.00
Construction of New Building Addition or Expansion		
Engineering/ Architectural Fees Installation		
Fees and Permits	\$	516,300.00
Equipment		
Legal Fees (Bank, Bond, Transaction, Credit Provider, Trustee)	\$	229,417.00
Finance Charges (Title Insurance, Environmental Review, Bank Commitment Fee, Appraisal, Etc.)	\$	7,500.00
Other	\$	281,900.00
Subtotal	\$	8,262,868.00

Agency Fee* \$ 26,329.00

IDA Agency Fee PILOT, Mortgage Recording Exemption, Sales Tax Exemption:		
o Up to a \$1.0 Million project - \$5,000	o Above \$1.0 Million project up to \$10.0 Million project - 1/2 of 1% of total project cost.	o Above \$10.0 Million project - 1/2 of 1% of total project cost up to \$10.0 Million plus incremental increase of 1/4 of 1% of total project above \$10.0 Million.

TOTAL COST OF PROJECT \$ 8,289,197.00

Assistance Provided by the Following:

EDGE & RIDC Loan:	
MVEDD Loan:	
NYS Statewide Transformation Grant	\$ 2,997,067.00
Other Loans - Please indicate source & Amount:	

Company Information

Company Information		Average Salary of these Positions	
Existing Jobs	135.00	42,020	FTE
Created Jobs (over three years)	-		
Retained Jobs	102.00	42,020	FTE

Earnings Information for Oneida County

Average Salary of Direct Jobs for Applicant	\$ 42,020.00
Average of County Indirect Jobs	\$ 25,000.00
Average of Construction Jobs	\$ 32,000.00

Note: \$1,000,000 in construction expenditures generates 15 person - years of employment

Construction Person Years of Employment:	\$ 36.14
--	----------

Calculation of Benefits (3 Year Period)

		Total Earnings	Revenues
Direct Jobs			
Created	\$	-	0
Existing	\$	17,018,100.00	723269.25
Indirect Jobs			
Created	\$	-	0
Existing	\$	25,312,500.00	1075781.25
Construction - only one year			
Person Years	\$	1,156,440.16	49149
TOTALS Calculation of Benefits (3 Year Period)	\$	43,487,040.16	1848199

TAXABLE GOODS & SERVICES

	Spending Rate	Expenditures	State & Local Sales Tax Revenues
Direct Jobs			
Created \$	0.36	0	0
Existing \$	0.36	6126516	536070.15
Indirect Jobs			
Created \$	0.36	0	0
Existing \$	0.36	9112500	797343.75
Construction - only one year			
Person Years \$	0.36	416318	36428
TOTAL TAXABLE GOODS & SERVICES		15655334	1369842

Local (3 year) real property tax benefit (assuming 60% of jobs existing and created own a residence) with an average assessment of \$80,000 and the remainder of jobs existing created pay real property taxes through rent based on an average assessment per apartment of \$50,000.

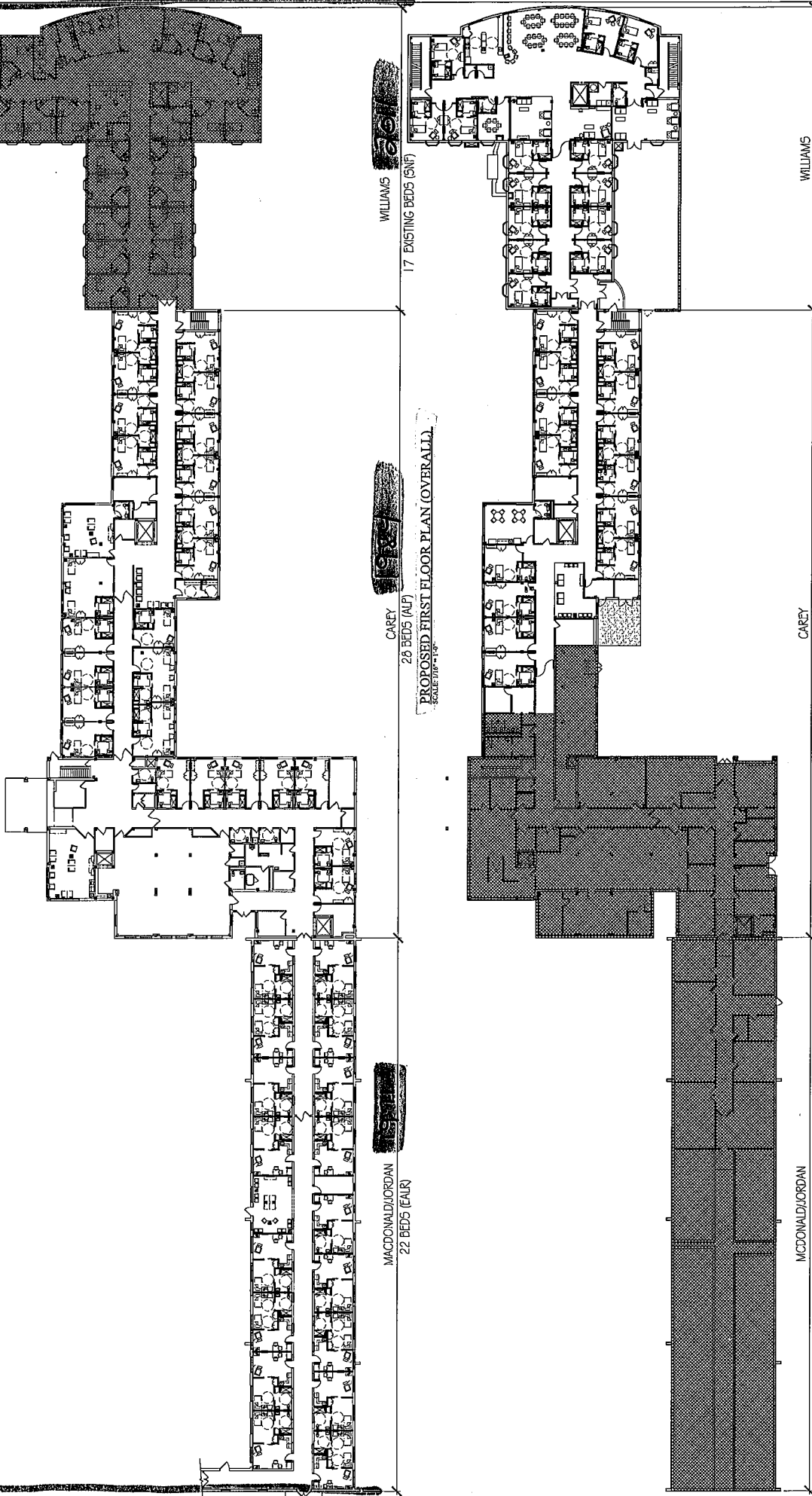
Tax Rate for School District where facility is located:	29.019057
Tax Rate for Municipality where facility is located:	3.704716
Tax Rate for County:	9.84164
Rate Total	42.565413
Real Property Taxes Paid:	\$ 390,750.49

COSTS:

Real Property Taxes Abated on Improvements Only (10 yr. Period):	0	Amount of Taxes that would be abated by applying PILOT.
Mortgage Tax Abated (.075%)	0	
Estimated Sales Tax Abated During Construction Period (8.75%)	0	

NOTE: If there is a tax-exempt financing of all or a portion of the project cost, there is a neutral cost/benefit because of lower interest rates by reason of exclusion of interest from gross income of bondholders for purposes of Federal and State income taxes. Taxable financing carries the same cost/benefit for State Income Tax purposes. Such cost/benefits cannot be quantified.

Considered one building



MACDONALD/JORDAN
22 BEDS (EALR)

CAREY
28 BEDS (ALP)

WILLIAMS
17 EXISTING BEDS (SNIP)

PROPOSED FIRST FLOOR PLAN (OVERALL)
SCALE: 1/8" = 1'-0"

MACDONALD/JORDAN

CAREY
14 BEDS (ALP)

WILLIAMS
14 BEDS (SNAR)

PROPOSED GROUND FLOOR PLAN (OVERALL)
SCALE: 1/8" = 1'-0"

ROOM TYPE	# BEDS
SNAR (SINGLE)	14
EALR (SINGLE)	12
EALR (DOUBLE)	10
ALP (SINGLE)	36
ALP (DOUBLE)	6
TOTAL	78

NO. 10	DATE	BY	APP. BY	SCALE
JOHN W. BAUMGARTEN ARCHITECT, P.C. 266 North Broadway, Suite 207 Jersey, New York 11753 Phone: (815) 339-0300 Fax: (815) 339-0033 INTERNET: http://www.jwba.com				
PROJECT:	THE 4200 PROJECT - 10000'S			
DATE:	DECEMBER 17, 2003			
FILE:	OVERALL			
NO. 10	DATE	BY	APP. BY	SCALE
TOTAL PROJECT COST: \$1,000,000				A-200.00 # OF SHEETS

LEGEND:

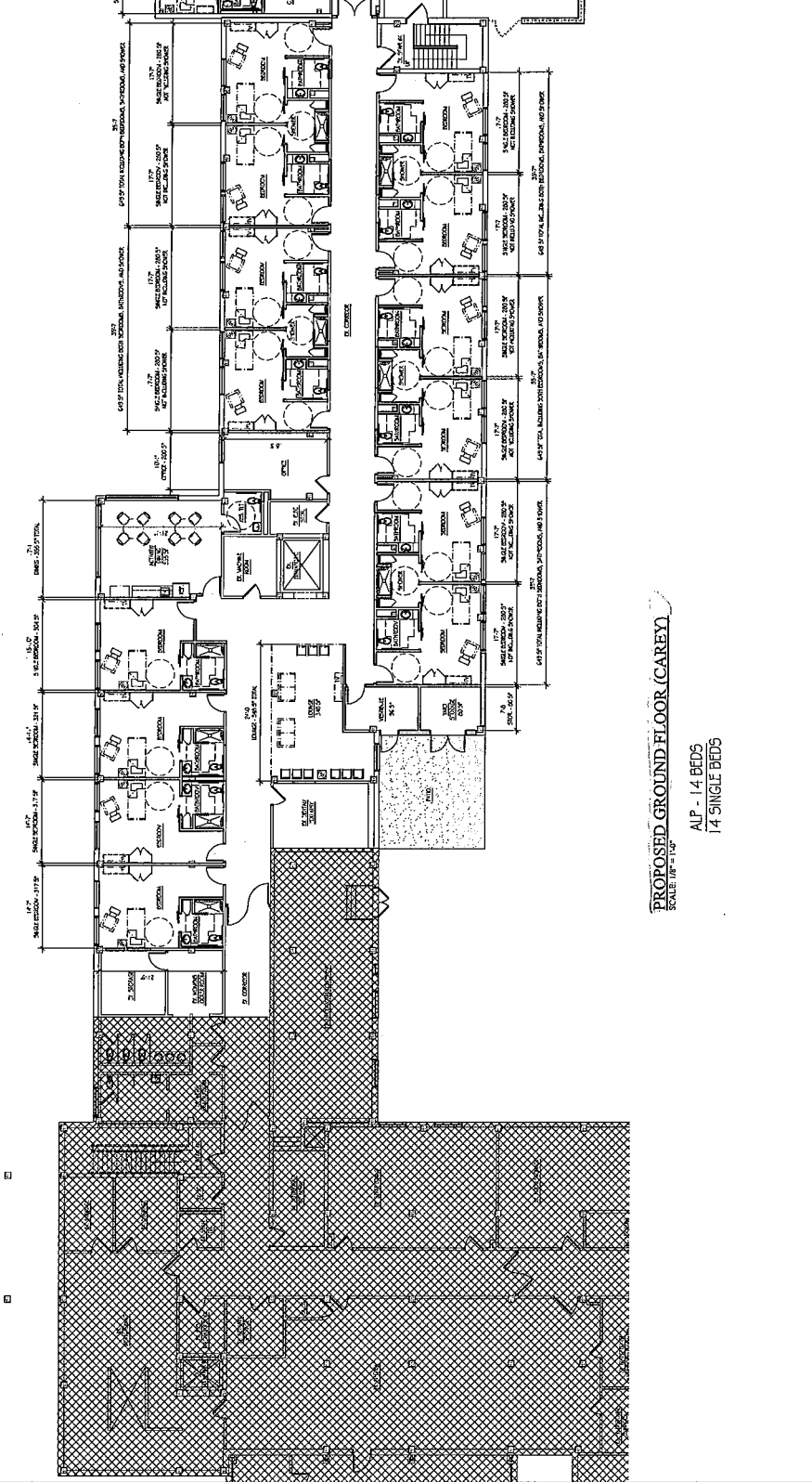
- DOUBLE DOOR SWINGS AT ALL DOOR CORNERS
- DOOR FRAME
- DOOR PANEL
- DOOR HANDLE
- DOOR LOCK
- DOOR STOP
- DOOR THRESHOLD
- DOOR LINTEL
- DOOR JAMB
- DOOR TRIM
- DOOR WEATHERSTRIPPING
- DOOR VESTIBULE
- DOOR TRANSOMS
- DOOR MUNTINS
- DOOR SASHES
- DOOR PANELS
- DOOR HARDWARE
- DOOR FINISH
- DOOR OPERATION
- DOOR SWING
- DOOR TYPE
- DOOR MATERIAL
- DOOR COLOR
- DOOR TEXTURE
- DOOR PATTERN
- DOOR DETAIL

NOTES:

- ALL NOTES WITH AN ALPHABETICAL PREFIX WHICH ARE EXTENDED ON THIS DRAWING ARE LOCATED ON SHEET A-202.00.
- REFER TO THE PLAN FOR INFORMATION ON THE ELEVATION.
- REFER TO THE SECTION FOR INFORMATION ON THE WINDOW.
- REFER TO THE SECTION FOR INFORMATION ON THE DOOR.
- REFER TO THE SECTION FOR INFORMATION ON THE GLASS.
- REFER TO THE SECTION FOR INFORMATION ON THE INSULATION.
- REFER TO THE SECTION FOR INFORMATION ON THE FINISHES.
- REFER TO THE SECTION FOR INFORMATION ON THE OPERATIONS.
- REFER TO THE SECTION FOR INFORMATION ON THE SWINGS.
- REFER TO THE SECTION FOR INFORMATION ON THE TYPES.
- REFER TO THE SECTION FOR INFORMATION ON THE MATERIALS.
- REFER TO THE SECTION FOR INFORMATION ON THE COLORS.
- REFER TO THE SECTION FOR INFORMATION ON THE TEXTURES.
- REFER TO THE SECTION FOR INFORMATION ON THE PATTERNS.
- REFER TO THE SECTION FOR INFORMATION ON THE DETAILS.

- 1. REFER TO THE SECTION FOR INFORMATION ON THE WINDOW.
- 2. REFER TO THE SECTION FOR INFORMATION ON THE DOOR.
- 3. REFER TO THE SECTION FOR INFORMATION ON THE GLASS.
- 4. REFER TO THE SECTION FOR INFORMATION ON THE INSULATION.
- 5. REFER TO THE SECTION FOR INFORMATION ON THE FINISHES.
- 6. REFER TO THE SECTION FOR INFORMATION ON THE OPERATIONS.
- 7. REFER TO THE SECTION FOR INFORMATION ON THE SWINGS.
- 8. REFER TO THE SECTION FOR INFORMATION ON THE TYPES.
- 9. REFER TO THE SECTION FOR INFORMATION ON THE MATERIALS.
- 10. REFER TO THE SECTION FOR INFORMATION ON THE COLORS.
- 11. REFER TO THE SECTION FOR INFORMATION ON THE TEXTURES.
- 12. REFER TO THE SECTION FOR INFORMATION ON THE PATTERNS.
- 13. REFER TO THE SECTION FOR INFORMATION ON THE DETAILS.

DATE	12/11/21	BY	MM/2021
PROJECT	PROPOSED GROUND FLOOR (CAREY)		
CLIENT	THE CAREY FAMILY COMPANY		
ARCHITECT	JOHN W. BAUMGARTEN ARCHITECT, P.C.		
ADDRESS	306 North Broadway, Suite 207 Baltimore, MD 21201		
PHONE	(410) 526-1173		
FAX	(410) 526-1173		
WEBSITE	WWW.JWBAUMGARTEN.COM		
SCALE	AS SHOWN		
SHEET NO.	A-202.00		
TOTAL SHEETS	15		



PROPOSED GROUND FLOOR (CAREY)
SCALE: 1/8" = 1'-0"
ALP - 14 BEDS
14 SINGLE BEDS

P&S

