



Onondaga County Industrial Development Agency
Project Summary

1. Project: Specialists One Day Surgery **2. Project Number:** 0

3. Location: Cicero **4. School Districts:** North Syracuse

5. Tax Parcel(s): 047.-01-01.1 **6. Type of Project:** Construction and Renovation

7. Description: Specialists One-Day Surgery is requesting to enter into a straight lease agreement for a project consisting of the renovation of a 52,800 square foot vacant building located at 5801 East Taft Road, in the Town of Cicero. This new Specialists One-Day Surgery Center will accommodate the increased demand for services of their practice.

7. Total Project Cost:	\$ 13,512,723	8. Total Jobs	40
Land	\$ -	8A. Job Retention	0
Site Work	\$ 437,750		
Building	\$ 8,919,710	8B: Job Creation	40
Furniture & Fixtures	\$ -	(Next 5 Years)	
Equipment	\$ 3,341,998		
Equipment Subject to NYS Production Exemption	\$ -		
Engineering/Architecture Fees	\$ 570,000		
Financial Charges	\$ -		
Legal Fees	\$ -		
Other	\$ -		

Cost Benefit Analysis: Specialists One Day Surgery
Fiscal Impact (\$)

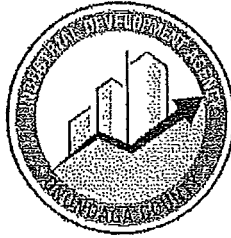
Abatement Cost:	\$2,387,126
Sales Tax	\$663,350
Mortgage Tax	\$0
Property Tax Relief (PILOT) 10yr	\$1,723,776
New Investment:	\$87,092,032
PILOT Payments 10 yrs	\$0
Project Wages (10 yrs)	\$60,658,771
Construction Wages	\$1,741,200
Employee Benefits (10 years)	\$15,164,693
Project Capital Investment	\$9,357,460
New Sales Tax Generated	\$0
Agency Fees	\$169,909
Benefit:Cost Ratio	36.48 :1

A) PILOTS Estimate Table Worksheet

Current Market Value	\$	2,119,000
Dollar Value of New Construction and Renovation Costs	\$	9,357,460
Estimated New Market Value of Property Subject to IDA	\$	8,658,000
Estimated Market Value after project is completed	\$	10,777,000
Taxes that would have been collected if the project did not occur	\$	790,530
Scheduled PILOT payments	\$	2,296,773

PILOT YEAR	Exemption %	County PILOT Amount	Local PILOT Amount	School PILOT Amount	Total PILOT	Full Tax Payment w/o PILOT	Net Exemption
1	100	\$ 11,419	\$ 9,656	\$ 51,122	\$ 72,196.38	\$ 367,183	\$ 294,986
2	90	\$ 16,406	\$ 13,873	\$ 73,450	\$ 103,728.93	\$ 374,526	\$ 270,798
3	80	\$ 21,589	\$ 18,255	\$ 96,650	\$ 136,493.89	\$ 382,017	\$ 245,523
4	70	\$ 26,972	\$ 22,807	\$ 120,749	\$ 170,527.97	\$ 389,657	\$ 219,129
5	60	\$ 32,561	\$ 27,533	\$ 145,774	\$ 205,868.81	\$ 397,450	\$ 191,582
6	50	\$ 38,364	\$ 32,440	\$ 171,751	\$ 242,555.07	\$ 405,400	\$ 162,844
7	40	\$ 44,386	\$ 37,532	\$ 198,709	\$ 280,626.44	\$ 413,507	\$ 132,881
8	30	\$ 50,633	\$ 42,814	\$ 226,677	\$ 320,123.64	\$ 421,778	\$ 101,654
9	20	\$ 57,112	\$ 48,293	\$ 255,684	\$ 361,088.47	\$ 430,213	\$ 69,125
10	10	\$ 63,830	\$ 53,974	\$ 285,760	\$ 403,563.85	\$ 438,817	\$ 35,254
TOTAL	100	\$363,271	\$ 307,177	\$ 1,626,325	\$ 2,296,773	\$ 4,020,549	\$ 1,723,776

Year						Total
	0	2018	2019	2020	2021	2022
Jobs						
Current/Actuals	57					57
Creation Goals			34	3	3	40
Total Employment Goals	57	57	91	94	97	97



**ONONDAGA COUNTY INDUSTRIAL DEVELOPMENT AGENCY
APPLICATION INSTRUCTIONS**

1. Fill in all blanks, using "none", "not applicable", or "not available" where the question is not appropriate to the project, which is the subject of this Application (the "Project"). If you have any questions about the way to respond, please call the Agency at (315)435-3770.
2. If an estimate is given as the answer to a question, put "(est.)" after the figure or answer, which is estimated.
3. If more space is needed to answer any specific question, attach a separate sheet.
4. When completed, return this application by mail or fax to the Agency at the address indicated below. A signed application may also be submitted electronically in PDF format to Isabelle Harris at iharris@ongov.net. An application will not be considered by the Agency until the application fee has been received.
5. The Agency will not give final approval for this Application until the Agency receives a completed NYS Full Environmental Assessment Form concerning the Project, which is the subject of this Application. The form is available at <http://www.dec.ny.gov/permits/6191.html>.
6. Please note that the Public Officers Law declares that all records in the possession of the OCIDA (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 which, if disclosed to the public or otherwise widely disseminated, would cause substantial injury to the Applicant's competitive position, this Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officer's law, the OCIDA may also redact personal, private, and/or proprietary information from publicly disseminated documents.
7. The Applicant will be required to pay the Agency Application fee and, if accepted as a project of the agency, all administrative and legal fees as stated in Section VI of the Application.
8. A complete application consists of the following 10 items:
 - This Application
 - Local Access Agreement
 - Employment Plan
 - Conflict of Interest
 - A feasibility statement indicating the need for the requested benefits
 - Description of project, Site Plans/Sketches, and Maps
 - NYS Full Environmental Assessment Form
 - A check payable to the Agency in the amount of \$1,000
 - A check payable to Gilberti, Stinziano, Heintz & Smith, P.C. in the amount of \$2,500

It is the policy of the Agency that any project receiving benefits from the Onondaga County Industrial Development Agency will utilize 100% local contractors and local labor for the construction period of the project unless a waiver is granted in writing by the Agency.

Return to:
Onondaga County Industrial Development Agency
Attn: Isabelle Harris
333 W. Washington Street, Suite 130
Syracuse, NY 13202
Phone: 315-435-3770 | Fax: 315-435-3669
lharris@ongov.net

Section I: Applicant Information

Please answer all questions. Use "None" or "Not Applicable" where necessary.

A) Applicant Information-company receiving benefits:

Applicant Name: Specialists' One-Day Surgery, LLC

Applicant Address: 190 Intrepid Lane, Syracuse, NY 13205

Phone: (315) 251-3106 Fax: _____

Website: <https://www.sosbones.com/services/sods/> E-mail: mhumphrey@sosbones.com

Federal ID#: 16-1601940 NAICS: _____

State and Year of Incorporation/Organization: NY, November 30, 2000

Will a Real Estate Holding Company be utilized to own the Project property/ facility? ☐ Yes or ☒ No

What is the name of the Real Estate Holding Company: _____

Federal ID#: _____

State and Year of Incorporation/Organization: _____

List of stockholders, members, or partners of Real Estate Holding Company:

B) Individual Completing Application:

Name: Bruce A. Smith

Title: Attorney

Address: One Lincoln Center, Suite 1110, Syracuse, NY 13202

Phone: (315) 423-0400 Fax: (315) 424-1011

E-mail: bsmith@woodsmithlaw.com

C) Company Contact (if different from individual completing application):

Name: Michael Humphrey
Title: CEO, Syracuse Orthopedic Specialists, P.C.
Address: 5824 Widewaters Parkway, East Syracuse, NY 13057
Phone: (315) 251-3106 Fax: _____
E-mail: mhumphrey@sosbones.com

D) Company Counsel:

Name of Attorney: Bruce A. Smith
Firm Name: Wood & Smith, P.C.
Address: One Lincoln Center, Suite 1110
Phone: (315) 423-0400 Fax: (315) 424-1011
E-mail: bsmith@woodsmithlaw.com

E) Business Organization (check appropriate category):

- | | |
|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Public Corporation | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Sole Proprietorship | <input checked="" type="checkbox"/> Limited Liability Company |

Others (please specify): _____

Year Established: 2000

State in which Organization is established: NY

F) List all stockholders, members, or partners with % of ownership greater than 5% :

Name	% of ownership
<u>No member owns more than 5% of Applicant</u>	_____
_____	_____
_____	_____
_____	_____

G) Applicant Business Description:

Describe in detail company background, products, customers, goods and services. Description is critical in determining eligibility:

See Attachment A

Estimated % of sales within Onondaga County: _____

Estimated % of sales outside Onondaga County but within New York State: _____

Estimated % of sales outside New York State but within the U.S.: _____

Estimated % of sales outside the U.S.: _____

(*Percentage to equal 100%)

H) What percentage of your total annual supplies, raw materials and vendor services are purchased from firms in Onondaga County. Include list of vendors, raw material suppliers and percentages for each. Provide supporting documentation including estimated percentages of local purchases.

I) Applicant History: If the answer to any of the following is "Yes", please explain below. If necessary, attach additional information.

1. Is the company or management of the Company now a plaintiff
or defendant in any civil or criminal litigation?

☐ Yes

☒ No

2. Has any person listed above ever been convicted of a criminal
offense (other than a minor traffic violation)?

☐ Yes

☒ No

3. Has any person listed in Section I ever been in receivership or declared bankruptcy?

☐ Yes

☒ No

Explanation:

J) Has the Project Beneficiary received assistance from OCIDA, SIDA, New York State, or the Onondaga Civic Development Corporation in the past? If yes, please give year, project name, description of benefits, and address of project.

☒ Yes

☐ No

Explanation:

See Attachment A

Section II: Project Information

- A) Project Location; Location where the investment will take place. If company is moving, the new location should be entered here and the current location should be in Section I.

Address: 5801 East Taft Road
Legal Address (if different): _____
City: Syracuse Village/Town: Cicero
Zip Code: 13212 School District: North Syracuse
Tax Map Parcel ID(s): _____
Current Assessed Value: _____ Sq. Footage of Existing Building: _____
Census Tract: _____

- B) Type (Check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> Purchase of machinery and/or equipment |
| <input type="checkbox"/> Expansion/Addition to current facilities | <input type="checkbox"/> Brownfield/Remediated Brownfield |
| <input type="checkbox"/> Renovation of Existing facility | <input type="checkbox"/> LEED Certification |
| <input type="checkbox"/> Acquisition of Existing facility/property | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Demolition | |

- C) Description of Project: Please provide a detailed narrative of the proposed Project. This narrative should include, but not be limited to: (i) the size of the Project in square feet and a breakdown of square footage per each Intended use; (ii) the size of the lot upon which the Project sits or is to be constructed; (iii) the current use of the site and the intended use of the site upon completion of the Project; (iv) the principal products to be produced and/or the principal activities that will occur on the Project site; and (v) an indication as to why the Applicant is undertaking the Project and the need for the requested benefits. Please separately attach the description and any copies of site plans, sketches, or maps.

H) Environmental Information

1. Please attach the appropriate Environmental Impact Forms to your application. Here is a link to the SEQR forms:

- a. <http://www.dec.ny.gov/permits/6191.html>

2. Have any environmental issues been identified on the property?

☐ Yes

☒ No

If yes, please explain:

Section III: Construction

A) Project Costs and Finances

Description of Costs	Total Budget Amount	% of Total Budget to be procured in Onondaga County	Total Private Expenditure (should be less than or equal to total budget amount)
Land Acquisition			
Site Work/Demo	\$437,750		\$437,750
Building Construction & Renovation	\$8,919,710		\$8,919,710
Furniture & Fixtures			
Equipment	\$3,341,998		\$3,341,998
Equipment Subject to NYS Production Sales Tax Exemption	-0-		
Engineering/Architects	\$570,000		\$570,000
Financial Charges			
Legal			
Other			
Management/Developer Fees	\$243,265		\$236,180
Total Project Cost	\$13,512,723		\$13,512,723

Note: Do not include OCIDA fees, OCIDA application fees, or OCIDA legal fees as part of the Total Project Cost

B) TOTAL Capital Costs

\$ _____

Project refinancing; estimated amount
(for refinancing of existing debt only)

\$ _____

Sources of Funds for Project Costs:

1. Bank Financing

\$ 12,891,000

2. Equity (excluding equity that is attributed to grants/tax credits)

\$ 621,723

3. Tax Exempt Bond Issuance (if applicable)

\$ N/A

4. Taxable Bond Issuance (if applicable)

\$ N/A

5. Public Sources (Include sum total of all state and federal grants
And tax credits)

\$ N/A

-Identify each state and federal grant/credit:

\$ _____

\$ _____

\$ _____

6. Total Sources of Funds for Project Costs:

\$ \$13,512,723

C) Employment and Payroll Information

*Full Time Equivalent (FTE) is defined as one employee working no less than 40 hours per week
or two or more employees together working a total of 40 hours per week.

1. Are there people currently employed at the project site?

☒ Yes

☐ No

If yes, provide number of FTE jobs at the facility: 57.6

2. Complete the following:

Estimate the number of FTE jobs to be retained as a result of this Project:	57.6
Estimate the number of construction jobs to be created by this Project:	80
Estimate the average length of construction jobs to be created (months):	six months
Current annual payroll at facility	\$3,238,300
Average annual growth rate of wages:	
Please list, if any, benefits that will be available to either full and/or part time employees:	Health insurance, 401(k)
Average annual benefit paid by the company (\$ or % salary) per FTE job:	25%
Average growth rate of benefit cost:	
Amount or percent of wage employees pay for benefits:	
Provide an estimate of the number of residents in the Economic Development Region (Onondaga, Madison, Cayuga, Oneida, Oswego, and Cortland Counties) to fill new FTE jobs:	100%

E) Financial Assistance sought (estimated values):

- ☒ Real Property Tax Abatement (PILOT): _____
- ☐ Mortgage Recording Tax Exemption (.75% of amount mortgaged): _____
- ☒ Sales and Use Tax Exemption (4% Local, 4% State): \$552,790 _____
- ☐ Tax Exempt Bond Financing (Amount Requested): _____
- ☐ Taxable Bond Financing (Amount Requested): _____

F) Mortgage Recording Tax Exemption Benefit Calculator: Amount of mortgage that would be subject to mortgage recording tax:

Mortgage Amount (include sum total of construction/permanent/bridge financing): \$ _____

Estimated Mortgage Recording Tax Exemption Benefit (product of mortgage amount as indicated above multiplied by . ____ %): \$ _____

G) Sales and Use Tax Benefit Calculator: Gross amount of costs for goods and services that are subject to State and local Sales and US tax -- said amount to benefit from the Agency's Sales and Use Tax exemption benefit:

\$ 6,909,882 _____

Estimated State and local Sales and Use Tax Benefit (product of 8% multiplied by the figure, above) (This should match the amount in section "E" on this page, this calculation only exists to help you with your estimate):

\$ 552,790 _____

A) PILOTS Estimate Table Worksheet

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	Year					Total
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Jobs						
Current/Actuals	57					57
Creation Goals			34	3	3	40
Total Employment Goals	57	57	91	94	97	97

Section IV: Estimate of Real Property Tax Abatement Benefits*** and Percentage of Project Costs financed from Public Sector Sources

** Section IV of this Application will be: (i) completed by IDA Staff based upon information contained within the Application, and (ii) provided to the Applicant for ultimate inclusion as part of this completed Application.

A) PILOTS Estimate Table Worksheet

Current Market Value	
Dollar Value of New Construction and Renovation Costs	
Estimated New Market Value of Property Subject to IDA	
Estimated Market Value after project is completed	
Taxes that would have been collected if the project did not occur	
Scheduled PILOT payments	

PILOT Year	% Payment	County PILOT Amount	Local PILOT Amount	School PILOT Amount	Total PILOT	Full Tax Payment w/o PILOT	Net Exemption
1	0						
2	10						
3	20						
4	30						
5	40						
6	50						
7	60						
8	70						
9	80						
10	90						
TOTAL							

*** Estimates provided are based on current property tax rates and assessment value (current as of date of application submission) and have been calculated by IDA staff

Section V: Local Access Policy Agreement

In absence of a waiver permitting otherwise, every project seeking the assistance of the Onondaga County Industrial Development Agency (Agency) must use local general contractors, sub-contractors, and labor for one-hundred percent (100%) of the construction of new, expanded, or renovated facilities. The project's construction or project manager need not be a local company.

Noncompliance may result in the revoking and/or recapture of all benefits extended to the project by the Agency. Local Labor is defined as laborers permanently residing in the State of New York counties of Cayuga, Cortland, Herkimer, Jefferson, Madison, Oneida, Onondaga, Oswego, Tompkins, and Wayne. Local (General/Sub) Contractor is defined as a contractor operating a permanent office in the State of New York counties of Cayuga, Cortland, Herkimer, Jefferson, Madison, Oneida, Onondaga, Oswego, Tompkins and Wayne. The Agency may determine on a case-by-case basis to waive the local access policy for a project or for a portion of a project where consideration of warranty issues, necessity of specialized skills, significant cost differentials between local and non-local services or other compelling circumstances exist. The procedure to address a local labor waiver can be found in the OCIDA handbook, which is available at syracusecentral.com.

Prior to Issuance of any NYS Tax & Finance ST-60 forms, the Applicant must submit a **Contractor Status Report to the Agency.**

In consideration of the extension of financial assistance by the Agency Specialists' One-Day Surgery, LLC (the Company) understands the Local Access Policy and agrees to complete Appendix C of the Agency's application at the time of the application to the Agency and as part of a request to extend the valid date of the Agency's tax-exempt certificate for the _____ Project. The Company understands an Agency tax-exempt certificate is valid for 12 months from the effective date of the project inducement and extended thereafter upon request by the Company. The Company further understands any request for a waiver to this policy must be submitted in writing and approved by the Agency before a tax exempt certificate is issued or extended.

I agree to the conditions of this agreement and certify all information provided regarding the construction and employment activities for the project as of October 26, 2017 (date).

Company: Specialists' One-Day Surgery, LLC

Representative for Contract: Michael Humphrey

Address: 5821 Widewaters Parkway City: East Syracuse State: NY Zip: 13057

Phone: (315) 251-3106 Email: mhumphrey@sosbones.com

Project Address: 5801 East Taft Road City: Syracuse State: NY Zip: _____

General Contractor: Hueber-Breuer Construction Company, Inc.

Contact Person: Andrew Breuer

Address: _____ City: _____ State: _____ Zip: _____

Phone: (315) 478-7917 Email: abreuer@hueber-breuer.com

Authorized Representative: Michael J. Humphrey Title: _____

Signature: Michael J. Humphrey

Section VI: Agency Fee Schedule

Payment Terms:

Application & Processing Fee (payable at the time of application):	\$1,000.00
Legal Deposit (payable at the time of application):	\$2,500.00
Agency Fee for Bond Projects:	Payable at Closing
Agency and Legal Fees for all other projects:	Due and Payable at Inducement

* A sales tax certificate will generally not be issued until the Agency Fee is Paid in Full

Agency Fees: The project cost is the Total Project cost from section III A

Fee for Manufacturing Projects under \$10 million:	0.0075 of the project cost
Fee for Agency Projects except those with PILOT agreements:	0.01 of the project cost
Additional Fee for PILOT Agreement Projects:	0.0025 of the bond amount or project cost
Fee for bond refinancing & refunding:	0.0025 of the refinancing or refunding amount

Agency Legal Fees: The project cost is the Total Project cost from section III A

Fee for first \$20 million:	0.0025 of the project cost
Fee for anything above \$20 million:	0.00125 of the project cost

In addition to the foregoing, Applicants are responsible for payment of all costs and expenses incurred by OCIDA in connection with application or Project including without limitation publication, copying costs, SEQRA compliance and fees and costs to OCIDA's attorneys, engineers, and consultant. OCIDA reserves the right to require a deposit to cover anticipated costs. Application fees are payable at time application/request is submitted. All fees are non-refundable. Applicants for bond transactions are responsible for payment of Bond Issuance Charge payable to the State of New York. Applicants are also responsible for payment of post-closing fees and costs associated with the appointment of additional agents.

OCIDA reserves the right to modify this schedule at any time and assess fees and charges in connection with other transactions such as grants of easement or lease of OCIDA-owned property.

Section VII: Recapture of Tax Abatement/Exemptions

Recapture of Benefits: It is the policy of the Agency to recapture the value of Payment In Lieu of Taxes (PILOTs), State and County Sales Tax, and Mortgage Recording Tax Exemptions in accordance with the provisions contained herein and the Laws of the State of New York. Before receiving benefits, projects of the Agency must attest in writing to their understanding of an agreement to the Recapture Provisions of the Agency Uniform Tax Exemption Policy. The recapture provision contained herein may be modified from time to time by the Board at its sole discretion.

Recapture of a PILOT, Sales Tax and the Mortgage Recording Tax Exemptions: In the event the facility is sold or closed, or the number of jobs is reduced below 75% of the number employed or projected to be employed at time of application to the Agency and no substantial future economic benefit is likely to accrue to the community, then the value of the Property Tax, Sales tax and the Mortgage Recording Tax benefits extended to the project by the Agency shall be subject to recapture.

Recapture Payment: The Recapture payment paid by the Project to the Agency shall be determined (1) by the difference between any PILOT payments made by the Project and the property taxes that would be paid by the Project, if the property were not in the ownership or control of the Agency, (2) the value of any Mortgage Recording Tax Exemption, if awarded to the Project and (3) the amount of sales tax that would have been paid if an exemption was not granted.

Recapture of the PILOT, Sales Tax or Mortgage Recording Tax: The Recapture Schedule for a Payment In Lieu of Taxes Agreement, Sales Tax or the Mortgage Recording Tax is as follows:

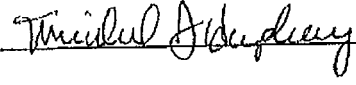
Within two (2) years of Certificate of Occupancy	100%
Within three (3) years:	80%
Within four (4) years:	60%
Within five (5) years:	40%
Within six (6) years:	30%
Within seven (7) years:	20%
Within eight (8) years:	10%
Eight years or more:	0%

Distribution of the Recapture Payment: Any funds recaptured as the result of an Agreement with the Agency shall be distributed to the affected taxing jurisdictions in the same proportion as if the payments were paid or owned by the Project on the date of recapture.

Additional Conditions for the Recapture of Sales and Use Tax: As of April 1, 2013, New York State law requires Industrial Development Agencies to recapture sales tax benefits where:

- A project is not entitled to receive the benefits;
- Exemptions received exceed the amount authorized by the Agency;
- Exemptions are claimed by the Project for unauthorized property or services; or
- A project fails to use property in the manner required by its IDA agreements

I have read the foregoing and agree to comply with all the terms and conditions contained therein as well as policies of the Onondaga County Industrial Agency.

Name of Applicant Company	<u>Specialists' One-Day Surgery, LLC</u>
Signature of Officer or Authorized Representative	<u></u>
Name & Title of Officer or Authorized Representative	<u>Michael Humphrey, Authorized Representative</u>
Date	<u>10/20/2017</u>

Section VIII: Employment Plan

Jobs Listings: In accordance with §858-b(2) of the New York General Municipal Law, the Applicant understands and agrees that if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Business Services and with the administrative entity of the service delivery area created by the Workforce Innovation and Opportunity Act of 2014 in which the Project is located. In Onondaga County, please contact CNY Works. Additionally, the applicant is encouraged to review the services provided by JOBSPlus! for candidate matching services.

Are the employees of your company currently covered by a collective bargaining agreement?

☐ Yes

☒ No

If yes, name and location: _____

Is the labor pool in Onondaga County and/or the CNY Economic Development Region adequate to fill new positions?

☒ Yes

☐ No

Enter Company Name in three (3) places below and sign by an authorized company officer:

In consideration of the benefits provided by the Onondaga County Industrial Development Agency (OCIDA), _____, project beneficiary, also agrees to report to OCIDA on or number of new employment opportunities created in connection with industrial or commercial projects financed by the proceeds of such benefits to be listed with the New York State Department of Labor Business Services and with CNY Works.

Specialists' One-Day Surgery, LLC, project beneficiary, also agrees to report to OCIDA on or before March 1 of each year of status of employment opportunities filed with the New York State Department of Labor Business Services, including the number of new employment opportunities created, the number listed, and the number filled for the year ending the prior December 31.

Specialists' One-Day Surgery, LLC, project beneficiary, further agrees that, to the extent practicable and feasible, and subject to the requirements of any existing collective bargaining agreement, shall fill at least 10% of new employment opportunities with persons eligible for service under the Workforce Innovation and Opportunity Act of 2014.

Name of Applicant Company

Specialists' One-Day Surgery, LLC

Signature of Officer or Authorized Representative

Michael Humphrey

Name & Title of Officer or Authorized Representatives

Michael Humphrey, Authorized Representative

Date

10/26/2017

NYS Department of Labor: Roy Jewell
Associate Business Service Representative
Roy.jewell@labor.ny.gov
450 South Salina Street, Syracuse, NY 13202
315-479-3362
www.labor.ny.gov

CNY Works
Chris Kennedy
Business Development Specialist
ckennedy@cnyworks.com
315-477-6974
960 James Street, Syracuse, NY 13203
www.cnyworks.com

Section IX: Conflict of Interest

Agency Board Members

1. Patrick Hogan
2. Steve Morgan
3. Victor Ianno
4. Sue Stanczyk
5. Kevin Ryan
6. Janice Herzog
7. Fanny Villarreal

Agency Officers/Staff

1. Julie Cerio
2. Isabelle Harris
3. Nathaniel Stevens
4. Karen Doster
5. Chris Cox

Agency Legal Counsel & Auditor

1. Anthony Rivizzigno, Esq., Gilberti Stinziano Heintz & Smith, P.C.
2. The Bonadio Group

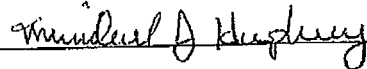
The Applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

The Bonadio Group provides accounting services to the Applicant and its affiliates.

Name of Applicant Company

Specialists' One-Day Surgery, LLC

Signature of Officer or Authorized Representative



Name & Title of Officer or Authorized Representatives

Michael Humphrey, Authorized Representative

Date

10/26/2017

Section X: Representations, Certifications, and Indemnification

Michael Humphrey (Name of CEO or other authorized representative of Applicant) confirms and says that he/she is the Authorized Representative (title) of Applicant (name of corporation or other entity) named in the attached Application (the "Applicant"), that he/she has read the foregoing Application and knows the contents thereof, and hereby represents, understands, and otherwise agrees with the Agency and as follows:

- A. **First Consideration for Employment:** In accordance with §858-b (2) of the New York General Municipal Law, the Applicant understands and agrees that if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the Applicant will first consider persons eligible to participate in WIA programs who shall be referred by the CNY Works for new employment opportunities created as a result of the Project.
- B. **Other NYS Facilities:** In accordance with §862 (1) of the New York General Municipal Law, the Applicant understands and agrees that projects which will 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 within the state is ineligible for Agency Financial Assistance, unless otherwise approved by the Agency as reasonably necessary to preserve the competitive position of the project in its respective industry or is reasonably necessary.
- C. **Annual Sales Tax Filings:** In accordance with §874(8) of the New York General Municipal Law, the Applicant understands and agrees that if the Project receives any sales tax exemptions as part of the Financial Assistance from the Agency, the Applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the Applicant and all consultants or subcontractors retained by the Applicant.
- D. **Outstanding Bonds:** The Applicant understands and agrees to provide on an annual basis any information regarding bonds, if any, issued by the Agency for the project that is requested by the Comptroller of the State of New York.
- E. **Employment Reports:** The Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the Applicant agrees to file, or cause to be filed, with the Agency, at least annually or as otherwise required by the Agency, reports regarding the number of people employed at the project site, salary levels, contractor utilization and such other information (collectively, "Employment Reports") that may be required from time to time on such appropriate forms as designated by the Agency. Failure to provide Employment Reports within 30 days of an Agency request shall be an Event of Default under the PILOT Agreement between the Agency and Applicant and, if applicable, and Event of Default under the Agent Agreement between the Agency and Applicant. In addition, a Notice of Failures to provide the Agency with an Employment Report may be reported to Agency board members, said report being an agenda item subject to the open meetings law.
- F. **Absence of Conflicts of Interest:** The Applicant has received from the Agency a list of the members, officers and employees of the Agency. No member, officer or employee of the Agency

has an interest, whether direct or indirect in any transaction contemplated by this Application, except as hereinafter described in Section X.

- G. **Compliance:** The Applicant understands and agrees that it is in substantial compliance with applicable local, state, and federal tax, worker protection, and environmental laws, rules, and regulations.
- H. The Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:

§ 862. Restrictions on funds of the Agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one areas of the state to another area of the state or in the abandonment of one of more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.

- I. 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.
- J. The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemption claimed by reason of the Agency's involvement the Project.
- K. 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.
- L. The Applicant and the individual executing this Application on behalf of Applicant acknowledge that the Agency and its counsel will rely on the representations and covenants made in this Application when acting hereon and hereby represents 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 statement contained herein not misleading.
- M. The OCIDA has the right to request and inspect supporting documentation regarding attestations made on this application.
- N. **Hold Harmless Agreement:** Applicant hereby releases Onondaga County Industrial Development Agency and the members, officers, servants, agents and employees thereof (the "Agency") from,

agrees that the Agency shall not be liable for, and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by: (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the Project described therein or the tax-exemptions and other assistance requested therein are favorably acted upon by the Agency, (B) the Agency's acquisition, construction, and/or installation of the Project described therein and (C) any further action taken by the Agency with respect to the Project, including without limiting the generality of the foregoing, all cause of action and attorney's fees and any other expenses incurred in defending any suits or action which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the Agency or the Applicant are unable to reach final agreement with respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all costs incurred by the Agency in the process of the Application, including attorney's fees, if any

Name of Applicant Company

Specialists' One-Day Surgery, LLC

Signature of Officer or Authorized Representative

Michael Humphrey

Name & Title of Officer or Authorized Representatives Michael Humphrey, Authorized Representative

Date

STATE OF NEW YORK)

COUNTY OF ONONDAGA)ss.;

Michael Humphrey, being first duly sworn, deposes and says:

1. That I am the Authorized Representative (Corporate Office) of Specialists' One-Day Surgery, LLC (Applicant) and that I am duly authorized on behalf of the Applicant to bind the Applicant.
2. That I have read and 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.

Michael Humphrey
(Signature of Officer)

Subscribed and affirmed to me under penalties of perjury
this 26th day of October, 2017.

Bruce A. Smith
(Notary Public)

Bruce A. Smith
Notary Public, State of New York
No. 02SM4961729
Qualified: Onondaga County
Commission Expires: February 5, 2019

Onondaga County Industrial Development Agency

ATTACHMENT A

ONONDAGA COUNTY INDUSTRIAL DEVELOPMENT AGENCY APPLICATION SPECIALISTS' ONE-DAY SURGERY, LLC

I. Applicant Information

G. *Applicant Business Description*

Specialists' One-Day Surgery, LLC ("Applicant") owns and operates the Specialists' One-Day Surgery Center, an Article 28-licensed free-standing ambulatory surgery center located at 190 Intrepid Lane, Syracuse, New York. The Specialists' One-Day Surgery Center currently employs 55 FTE employees and has 35 members on its medical staff, 29 of whom provide orthopedic surgery services and six of whom provide interventional pain management services. Approximately 60% of patients receiving outpatient surgical services at the Surgery Center reside in Onondaga County. The balance reside in surrounding counties.

J. *Past Assistance from OCIDA, SIDA, etc.*

In 2001 the Project Beneficiary constructed and equipped an ambulatory surgery center at 190 Intrepid Lane as a project of SIDA. SIDA provided mortgage recording tax, sales tax and PILOT benefits.

II. Project Information

C. *Description of Project*

The Specialists' One-Day Surgery Center, which opened in March, 2002, comprises approximately 16,642 square feet and contains six operating rooms and two procedure rooms. This facility cannot accommodate the current demand for OR time from its orthopedic medical staff members and is not configured to handle more complex orthopedic cases—such as spine, foot and ankle and joint replacement surgeries—which are projected to migrate from inpatient settings to outpatient settings in the coming years. In addition, the facility's parking and waiting areas are overburdened and inadequate. Based on zoning and site constraints expansion of the Specialists' One-Day Surgery Center facility is not an option.

In order to address these facility issues Applicant is seeking to do the following:

- Construct a new, eight OR ambulatory surgery center at 5801 East Taft Road, Syracuse, New York (the "East Taft Road ASC") and move its orthopedic service line to that location.
- Renovate, reconfigure and downsize the Specialists' One-Day Surgery Center and provide pain management services at that location.
- The Applicant is seeking OCIDA assistance only in connection with the construction and equipping of the East Taft Road ASC.

Location. The East Taft Road ASC will be located within a 52,800 square foot vacant building (formerly used by WYNIT) located at Airport Business Park, 5801 East Taft Road, Syracuse, New York leased by Applicant.

Size and Configuration. The East Taft Road ASC will consist of approximately 47,713 square feet and contain eight Class C operating rooms, a waiting area, prep/holding area, recovery area, extended recovery area and ancillary facilities.

Benefits of the Project

Development of the East Taft Road ASC will enable the Applicant to continue to provide high quality, cost-effective and convenient surgical services to its patients.

Need for Requested Benefits

The benefits provided through OCIDA will assist Applicant in funding the substantial costs to construct and equip the East Taft Road ASC.

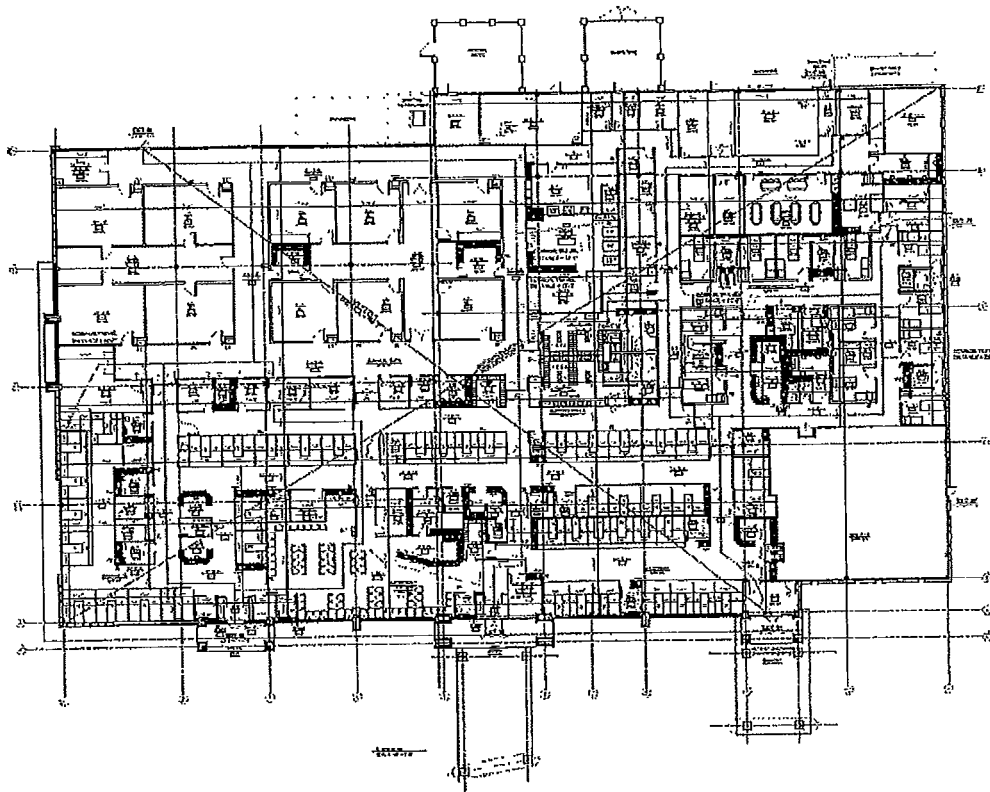
Site Plan and Schematic Drawings

Attached.

III. Construction

D. New Employment Benefits

Staffing:	Existing Jobs			New Jobs - Year 1		New Jobs - Year 2		New Jobs - Year 3	
	Base Pay	# FTE's	Total	# FTE's	Total	# FTE's	Total	# FTE's	Total
Inst Tech	32,000	3.0	96,000	2.5	79,031.48	0.2	6,973	0.2	7,671
Secretary	28,000	4.0	112,000	2.5	69,153	0.2	6,102	0.2	6,712
CST - Surgery	45,000	9.0	405,000	4.1	185,230	0.4	16,344	0.4	17,978
RN - Surgery	68,000	12.1	822,800	10.1	688,562	0.9	60,755	1.0	66,831
LPN	40,000	1.0	40,000	2.5	98,789	0.2	8,717	0.2	9,588
Administrator	170,000	1.0	170,000	0.8	139,952	0.1	12,349	0.1	13,584
Alde	25,000	3.5	87,500	1.6	41,162	0.1	3,632	0.2	3,995
TX Rad T	65,000	1.0	65,000	1.2	80,266	0.1	7,082	0.1	7,791
RN - Recovery	70,000	14.0	980,000	4.1	288,136	0.4	25,424	0.4	27,966
LPN - Recovery	40,000	6.0	240,000	1.6	65,860	0.1	5,811	0.2	6,392
Supervisor - Recovery	80,000	1.0	80,000	1.6	131,719	0.1	11,622	0.2	12,785
Materials Manager	50,000	1.0	50,000	0.4	20,581	0.0	1,816	0.0	1,998
Director/Manager	90,000	1.0	90,000	0.8	74,092	0.1	6,538	0.1	7,191
		57.6	3,238,300	34.0	1,962,533	3.0	173,165	3.3	190,481

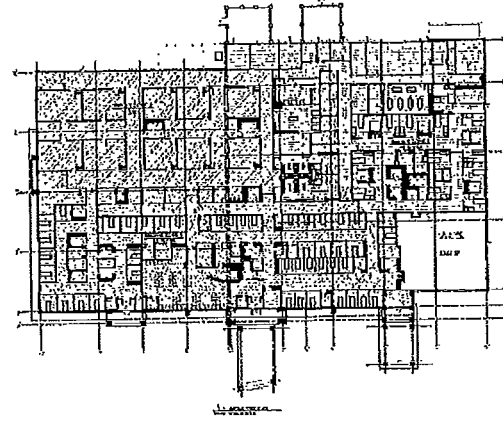
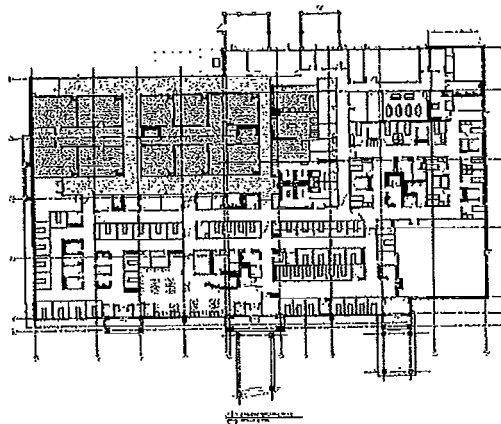


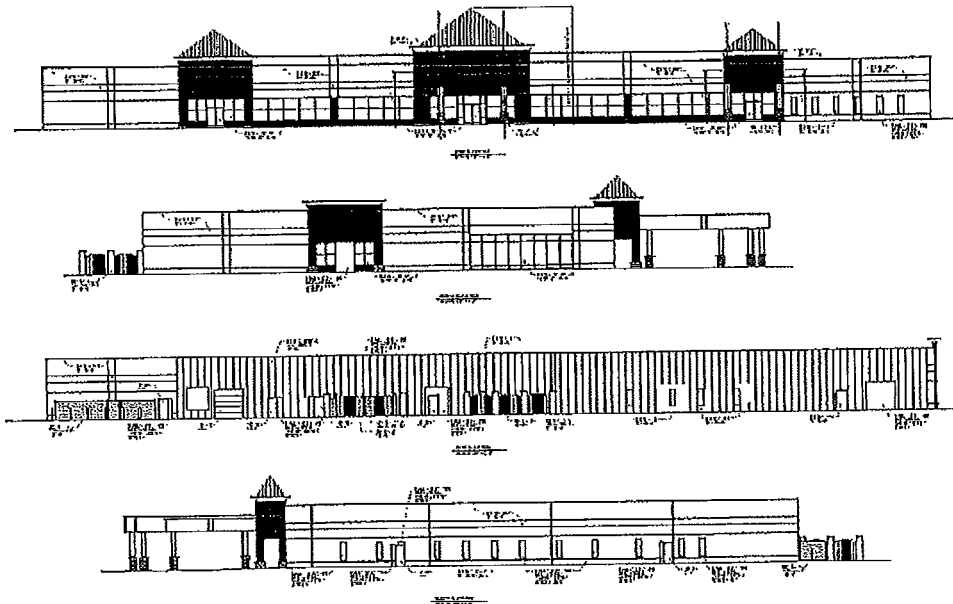
RENOVATION FOR
 SPECIALISTS ONE-DAY SURGERY, LLC
 501 EAST 14TH AVE. ST. LOUIS, MO.

SHEET NO. 111
 OF 111

PROJECT NO. 111
 DATE 11/11/11

SHEET NO. 111
 OF 111





RENOVATION FOR:
SPECIALISTS ONE-DAY SURGERY, LLC
 310 EAST TAFT ROAD, SYRACUSE, NY.

THE SYRACUSE & NORMAN
 ARCHITECTS, P.C.
 100 N. GENESEE ST., SUITE 200
 SYRACUSE, NY 13202
 (315) 435-1234
 www.syracuseandnorman.com

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