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## Application for Financial Assistance

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County of Clinton Industrial Development Agency (CCIDA)  
190 Banker Road, Suite 500  
Plattsburgh, NY 12901  
[infoatIDAs@gmail.com](mailto:infoatIDAs@gmail.com)

*A nonrefundable administrative application fee of \$1500 must be submitted at the time of the application, of which, \$750 will be applied to the project's closing cost. Checks may be made payable to: **The County of Clinton IDA.***

*Please submit one (1) electronic copy and two (2) hard copies of the application (and any attachments) and SEQR (if applicable) to the address above. Include the check with the hard copies.*

***ALL APPLICATIONS MUST BE SUBMITTED TWO WEEKS PRIOR TO THE REGULAR SCHEDULED CCIDA MEETING***

*For a copy of the meeting schedule as well as the Uniform Tax Exempt Policy (UTEP) go to [www.clintoncountyida.com](http://www.clintoncountyida.com)*

Application Updated: 7/2016

**Note to Applicant:**

The information requested by this application is necessary to determine the eligibility of your project for Clinton County Industrial Development Agency (CCIDA) 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 provided.

Please submit two (2) hard copies of the application (and any attachments) and SEQR (if applicable) to **CCIDA, 190 Banker Road, Suite 500, Plattsburgh, NY 12901 ATTN: Executive Director**. In addition, please send an electronic version of the entire application and SEQR (if applicable) as well as all attachments to [infoatIDAs@gmail.com](mailto:infoatIDAs@gmail.com). Include within the hardcopy, a check made payable to the County of Clinton Industrial Development Agency in the amount of \$1500. **Submissions must be made two (2) weeks prior to the regular scheduled meetings of the CCIDA (2<sup>nd</sup> Monday of each month unless otherwise noted).**

Upon submission of this application to the CCIDA, the application becomes a public document. Be advised that any action brought before the CCIDA is public information. All agendas are issued and posted on the CCIDA's website seven (7) days prior to Board meetings. If there is information that the applicant feels is of a proprietary nature, please identify as such, and that information will be treated confidentially to the extent permitted by the law.

By signing and submitting this application, the Applicant acknowledges that it has received a copy of the CCIDA's Uniform Tax Exempt Policy (UTEF) and all other policies mentioned. Policies can be obtained at [www.clintoncountyida.com](http://www.clintoncountyida.com).

A project financed through the CCIDA involves the preparation and execution of significant legal documents. These documents not only comply with New York State law but also conform to CCIDA policies in effect at time of closing (all policies are posted on the website). Please consult with an attorney before signing any documents in connection with the proposed project.

The applicant will receive an engagement letter from the CCIDA's legal counsel. The applicant will then be asked to sign the engagement letter acknowledging it understands that the project is responsible for **all** CCIDA legal costs related to the project, including when the project is conveyed. In addition, should the project not close and legal services have been rendered by the CCIDA legal counsel, the applicant will still be responsible for those costs.

If the project requires a public hearing, a representative from the applicant's organization is required to be present. A date will be coordinated by the CCIDA's legal counsel and/or Executive Director. If you have any questions regarding the application or the process, feel free to contact the CCIDA's Executive Director at (518) 324-2122 or [infoatIDAs@gamil.com](mailto:infoatIDAs@gamil.com).

# PART I: Project Information

PROJECT'S CCIDA APPLICATION # \_\_\_\_\_ (Official Use)

## Section A: Assistance

*Type of Financial Assistance Requested - [Check One]*

Straight Lease -       Bond Financing -       Both -       Other -

If "Other," Explain:

*Type of Benefits Project is Seeking - [Check All that Apply]*

Real Estate Exemption/  
PILOT -       Sales Tax Exemption -       Mortgage Recording Tax Exemption -       Tax-Exempt Bonds -       Other -

*\*Note: If applicant is seeking bonds, a PILOT and/or exemption from sales and/or mortgage recording tax additional information will be required in Part II of this application.*

If Other, Explain:

## Section B: Background

1.)

Company Name: Monaghan Medical Corporation
Company Point of Contact: Tony Maglione
Address: 176 Cornelia Street
Phone Number: (518) 561-7330 ext. 206
Point of Contact's e-mail: tmaglione@monaghanmed.com
Company Website: www.monaghanmed.com
Company NAICS Code: 339112
Employer Identification Number (EIN): 14-1552699

**2.) Business Type [Check One]:**

Private or Public Corporation

If Public, on what exchange is it listed? \_\_\_\_\_

Subchapter S

Sole Proprietorship

General Partnership

Limited Partnership

Limited Liability Company/Partnership

DISC

Not-for-profit

Other: \_\_\_\_\_

State of Incorporation (if applicable): \_\_\_\_\_

**3.) Describe the nature of your business and its principal products and/or services:**

MMC is a respiratory care medical device manufacturer. The product list includes the AeroEclipse breath actuated nebulizer, AeroChamber valved holding chamber, and the Aerobika Oscillating Postive Expiratory Pressure device.

3a.) Will the project move its facility from another location in New York to Clinton County? Yes  or No

3b.) Will the project result in the abandonment of an existing facility in New York? Yes  or No

3c.) If "Yes" to 3a and/or 3b, is the reason for moving to another location in the state to remain competitive in your industry or the state? Yes  or No

If "Yes," please explain

We have outgrown our Plattsburgh facility. It cannot be expanded.

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

Stockholders/Directors/Officers	Name	Address	Business Affiliation/Percentage Ownership
Wholly Owned Subsidiary	Trudell Medical Limited	725 Third St, London, ON	100%
Director	Gerald Slemko	725 Third St, London, ON	CEO
Director	Joaquim Balles	725 Third St, London, ON	Vice President
Director	William Seitz	5 Latour Ave, Plattsburgh, NY	Vice President
Director	Dom Coppolo	5 Latour Ave, Plattsburgh, NY	Vice President

4a.) Has anyone on this list been convicted of a Felony? Yes [ ] or No [x]

If "Yes," Explain:

4b.) Has anyone on this list filed Bankruptcy? Yes [ ] or No [x]

If "Yes," Explain:

**5.) Applicant's Counsel, Accountant and Bank References:**

Applicant's Counsel
Name: N/A Firm: Address: Phone: E-mail:
Applicant's Accountant
Name: N/A Firm:

Address  
Phone:  
E-mail:

**Applicant's Bank Reference(s)**

Bank Name: BMO Harris Bank  
Address: 111 W. Monroe St., Floor 9E, Chicago, IL 60603  
Phone: 312-461-6473  
Website:

**6.) Project Type [Check All that Apply]:**

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> Manufacturing    | <input checked="" type="checkbox"/> Warehousing  | <input type="checkbox"/> R & D                           | <input type="checkbox"/> Tax-Exempt                                 |
| <input type="checkbox"/> Wind Farm                   | <input type="checkbox"/> Commercial              | <input type="checkbox"/> Retail                          | <input type="checkbox"/> Medical                                    |
| <input type="checkbox"/> Residential                 | <input type="checkbox"/> Recreation              | <input type="checkbox"/> Adaptive Reuse                  | <input type="checkbox"/> Other                                      |
| <input type="checkbox"/> Small Alternative<br>Energy | <input type="checkbox"/> Distributive<br>Service | <input type="checkbox"/> Tourism<br>Destination Facility | <input type="checkbox"/> Industrial (includes<br>pollution control) |

*\*See CCIDA Eligible Project Policy for definitions [www.clintoncountyyida.com](http://www.clintoncountyyida.com)*

If "Other," please explain:

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*For Retail and Tourism Projects **ONLY** – All others Skip to Question 7*

**6a.) Retail Projects:**

- Will the project's facility be used in making retail sales of physical goods to customers who visit the proposed facility? Yes  or No
- Will the project's facility be used in providing services to customers who physically visit the facility? Yes  or No 
  - If "Yes" to either of the above, how much of the project's facility will be devoted to said use?
- Is the project a critical part of a larger, planned development in the community? Yes  or  No
- Has the project been endorsed by the local municipal chief executive officer or the local municipal governing body? Yes  or No
- Is the project located in a former Empire Zone? Yes  or No
- Is the project located in a Distressed Census track (based on the latest decennial Census)? Yes  or No

(\*Census Track Data Available at [www.census.gov](http://www.census.gov))

**6b.) Tourism Destination Facility Projects:**

- Will the project attract and/or service a significant number of Tourists that come from outside the economic development region (ED Region Includes: Clinton, Essex, Franklin, Hamilton, St. Lawrence, Jefferson and Lewis Counties)? Yes [ ] or No [ ]
  - If Yes, attach market analysis that demonstrates said attraction
- Is the project linked to other Tourism Facility Destinations in Clinton County? Yes [ ] or No [ ]
- Will the project agree to pay sales tax and occupancy taxes related to the operation of the facility? Yes [ ] or No [ ]
- If not operated by a not-for-profit, will the project agree to pay real estate taxes and/or PILOT payments on said facility? Yes [ ] or No [ ]

**7.) Scope of Project [Check All that Apply]:**

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

7a.) Have you filled out any environmental assessment forms with other government entities? Yes [ ] or No [x] (If “yes,” attach)

7b.) Has SEQR already been commenced by a lead government agency? Yes [ ] or No [x] (If yes, please attach)

*\*Note: All projects involving construction, expansion or modification of an existing site must fill out Part III - SEQR of this application. If SEQR has already been determined and approved by the municipality please attached to Part III of this application.*

**8.) Explain your proposed project in detail. This description should include explanation of all of the activities/operations which will occur due to this project; the location (address) and tax map data of the site; the dimensions of new/modifications building(s) & type of**

**construction. Also attach photo of the site, preliminary plans, sketches and/or floor plans of proposed project:**

We are planning to build a 60,000 square foot building at the new lot located at the former Clinton County airport. Production and warehousing space will be considerably expanded in order to meet rising market demands and additional product introductions. A site map is attached.

**Additional Information:**

(8a) Estimated Start Date: Summer 2018

(8b) Estimated Completion Date: 2019

(8c) Zoning Classification of the Project: Industrial

(8d) Legal owner of the site or building: Currently owned by Clinton County

(8e) Most Recent use of the site and/or building: Airport

8(f) Municipality Project is located in: Town of Plattsburgh

8(g) School District Project is located in: Saranac

8(h) Is there an existing or proposed lease for this project? Yes [ ] or No [x]  
(If yes, attach a copy)

8(i) Is there a purchase option or other legal or common control in the project? Yes [ ] or No [x]  
If yes, attach copy or describe participation:

8(j) List the major equipment to be acquired as part of the project. Please provide a detailed inventory of said equipment when one becomes available.

Detailed machinery and equipment purchases have yet to be determined.

8(k) Is there now or does the applicant believe there will be significant opposition to the proposed project? Yes [ ] or No [x]

If "Yes," Explain:

**9.) On-site Utilities and Providers:**

Type:	Provider:
Water	Town of Plattsburgh



<b>Sewer</b>	Town of Plattsburgh
<b>Electric</b>	TBD
<b>Gas</b>	TBD
<b>Broadband</b>	TBD

**Section C : Project Costs**

**10.) What is the estimated Total Project Cost? (Note: More in-depth information will be required in Part II of this application)**

<b>Category</b>	<b>Costs</b>
Land	\$ 725,000
Building	\$6,000,000
Equipment	\$2,825,000
Other	\$ 450,000
Total:	\$10,000,000

If citing "Other," Explain: Furniture and Fixtures, Design and Planning

10(a) Both Clinton County and the CCIDA have policies that encourage the use of local labor. Is the applicant willing to consider the use of local labor? Yes [x] or No [ ]

**11.) Financing Sources:**

11(a) State the sources reasonably necessary for the financing of the Project site, the construction of the proposed buildings and the acquisition and installation of any machinery and equipment necessary or convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

<b><u>Description of Sources</u></b>	<b><u>Amount</u></b>
Private Sector Financing	\$ <u>10,000,000</u>
Public Sector	
Federal Programs	\$ _____
State Programs	\$ _____
Local Programs	\$ _____
Applicant Equity	\$ _____

Other (specify, e.g., tax credits)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL AMOUNT OF PROJECT FINANCING SOURCES</b>	\$ <u>10,000,000</u>

11(b) Have any of the above expenditures already been made by the applicant?  
 Yes \_\_\_\_; No X. If yes, indicate particulars.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11(c) Amount of loan requested: \$ N/A ;  
 Maturity requested: \_\_\_\_\_ years.

11(d) Has a commitment for financing been received as of this application date, and if so, from whom? N/A

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

11(e) Provide name and telephone number of the person we may contact.

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

11(f) The percentage of Project costs to be financed from public sector sources is estimated to equal the following: \_\_\_\_\_%

11(g) The total amount estimated to be borrowed to finance the Project is equal to the following:  
 \$ \_\_\_\_\_

*\*Note: Attach an outline of the financing package that is expected to be utilized for this project including dollar amounts and funding sources*

**Section D: Employment Information**

**12.) Employment Impact**

12(a) Indicate the number of people presently employed at the Project site and the additional number that will be employed at the Project site at the end of the first and second years after the Project has been completed, using the tables below for (1) employees of the Applicant, (2) independent contractors, and (3) employees of independent contractors. (Do not include construction workers). Also indicate below the number of workers employed at the Project site representing newly created positions as opposed to positions relocated from other project sites of

the applicant. Such information regarding relocated positions should also indicate whether such positions are relocated from other project sites financed by obligations previously issued by the Agency.

<b>TYPE OF EMPLOYMENT Employees of Applicant</b>					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals
Present Full Time	19	9	9	31	
Present Part Time					
Present Seasonal				9	
First Year Full Time	19	9	9	31	
First Year Part Time					
First Year Seasonal				9	
Second Year Full Time	19	9	9	31	
Second Year Part Time					
Second Year Seasonal				9	

<b>TYPE OF EMPLOYMENT Independent Contractors</b>					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals

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

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

Second Year Full Time					
Second Year Part Time					
Second Year Seasonal					

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

RELATED EMPLOYMENT INFORMATION				
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled
Estimated Salary and Fringe Benefit Averages or Ranges	\$80K - \$125K	\$45K-\$80K	\$45K-\$60K	\$21K-\$50K
Estimated Number of Employees Residing in the North Country Economic Development Region <sup>1</sup>	19	12	9	37

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

*We plan on creating 10 new production jobs by Year 4 of the Project.*

\* FTE: Any combination of (2) two or more part-time jobs that when combined together, constitute the equivalent of a job of at least 35 hours per week.

<sup>1</sup> The North Country Economic Development Region consists of the following counties: Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, and St. Lawrence.

**Section E: Representations and Certification by Applicant**

GERALD SHERKO (name of authorized representative of the Applicant submitting application) deposes and says that he/she is PRESIDENT / CEO (Title) of MONAGHAN MEDICAL CORPORATION (hereinafter referred to as the "Applicant"), the corporation/partnership/limited liability company named in this Application; that he/she has read the foregoing Application and knows the content thereof, that the same is true to his/her knowledge.

Deponent further says that the reason this verification is made by the deponent and not by the Applicant is because the said Applicant is a legal entity - corporation/partnership/limited liability company - as opposed to an actual person. The grounds of the deponent's belief relative to all matters in said Application which are not upon his/her own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of the Application as well as acquired by the deponent in the course of his/her duties, as an officer and from the books and papers of the Applicant.

On behalf of said Applicant, deponent acknowledges and agrees that the Applicant shall be and is responsible for all costs incurred by the County of Clinton Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of the attached application whether or not the application, the project it describes, the attendant negotiations and financial assistance is carried to successful conclusion. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper, or requested action or withdraws, abandons, cancels, or neglects that application (or if in cases of bonds the Agency or the Applicant are unable to find buyers willing to purchase the total bond issue requested), then, and in that event, upon presentation of invoice, the Applicant shall pay to the Agency, its agents or assigns all actual costs involved in conduct of the application, up to that date and time, including fees of Agency counsel. A non-refundable filing fee of \$1,500 is required with this application, of which, \$750 will be applied to the project closing costs (Make check payable to: County of Clinton IDA). Upon successful closing of the transaction and/or sale of the required bond issue, the Applicant shall pay to the Agency an administrative fee set by the Agency not to exceed an amount equal to .75% of the total benefited transaction. The cost incurred by the Agency and paid by the Applicant, including the Agency's counsel and the administrative fee, may be considered as a cost of the project and included as part of the resultant transaction. The Applicant should also be aware that the Applicant is responsible for all fees and legal costs incurred by the Agency for re-conveyance of titles at the end of the project. The Agency reserves the right to visit the project site on an annual basis during the benefit period.

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

Relocation or Abandonment. The provisions of subdivision one of Section 862 of the General Municipal Law will not be violated if Financial Assistance is provided for the Project.

Compliance with Article 18-A of the New York General Municipal Law. 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 not limited to, the provision of Section 859-a and Section 862(1) thereof.

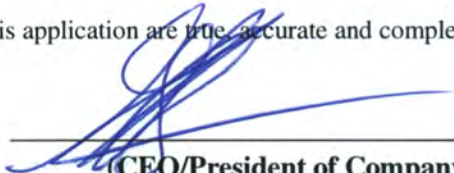
Compliance with Federal, State, and Local Laws. The applicant is in substantial compliance with applicable local, state, and federal tax, worker protection, and environmental laws, rules, and regulations.

False or Misleading Information. The applicant understands that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemptions claimed by reason of Agency involvement in the Project.

Absence of Conflicts of Interest. The applicant acknowledges that the members, officers and employees of the Agency are listed on the Agency's website. No member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

Additional Information. Additional information regarding the requirements noted in this Application and other requirements of the Agency is included the Agency's Policy Manual which can be accessed at <http://www.clintoncountyida.com/>.

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

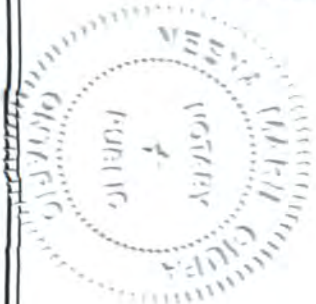
  
\_\_\_\_\_  
(CEO/President of Company)

**NOTARY**

Sworn to before me this 5<sup>th</sup> day of February, 2018

Neena Ciupa (seal)

Neena Marie Ciupa, Notary Public,  
County of Middlesex, limited to the attestation  
of instruments and the taking of affidavits,  
for Trudell Medical Limited and its subsidiaries,  
associates and affiliates. Expires August 27, 2020



**Note to Applicant:**

The 2013 New York State Budget, enacted on March 28, 2013, established new recordkeeping, reporting, and recapture requirements for industrial development agency projects that receive New York State ("NYS") sales tax exemptions, including projects granted assistance by County of Clinton Industrial Development Agency ("CCIDA").

These new NYS sales tax recording and reporting requirements for industrial development agency projects include the following requirements:

1. CCIDA must keep records of the amount of sales tax benefits provided to each project and make those records available to NYS upon request.
2. CCIDA must report to NYS, within 30 days after providing financial assistance to a particular project, the amount of sales tax benefits expected to be provided to such project.
3. CCIDA must post on the internet and make available without charge copies of its resolutions and project agreements.

The legislation now requires that CCIDA to recapture NYS sales tax benefits where:

1. The project is not entitled to receive those benefits;
2. The exemptions exceed the amount authorized by CCIDA, or are claimed for unauthorized property or services; or
3. The project operator failed to use property or services in the manner required by its agreements with CCIDA.

What this means for CCIDA Projects:

1. Companies requesting a sales tax exemption from CCIDA must include in their application the value of the savings they anticipate receiving. Note that the new regulations require that CCIDA must recapture any benefit that exceeds the amount listed in a company's application. Accordingly, please ensure that you provide a realistic estimate of the sales tax exemptions which you are requesting.
2. Projects subject to recapture must remit payment within 20 days of a request from CCIDA.
3. All project agreements and resolutions will now be publicly available on CCIDA's website.
4. CCIDA's policy has always been to allow project operators to request certain information be redacted if the project can demonstrate that its release would result in substantial harm to the project's competitive position.

*\*Note: Per the CCIDA UTEP, all Project receiving sales tax benefits are required to submit their ST-340s or risk losing said benefit.*



## PART II: COST BENEFIT ANALYSIS

Please answer all questions either by filling in blanks or by attachment

### SECTION F - FINANCING STRUCTURE:

1. Tax-Exempt Financing Requested [Check all that Apply]

Straight Lease Transaction

Tax-Exempt Bonds

Sales Tax Exemption Until completion date

Mortgage Tax Abatement

Real Property Tax Abatement/PILOT

Other – Explain:

2. Based on the CCIDA's UTEP PILOT Scoring Criteria (see attachment C); indicate the methodology used by the applicant to determine the Type of real property tax abatement the project is eligible for (if applicable):

Type I [ ] Type II [ ] Type III [ ] Deviation [ ] (check one)

Describe:

### SECTION G - PROJECT QUESTIONNAIRE:

1. Name of Project Beneficiary ("Company"): Monaghan Medical Corp

2. Municipality Project is Located Town of Plattsburgh

3. School District Project is Located Saranac Central School

4. Estimated Amount of Project Benefits Sought:

A. Amount of Bonds Sought: \$ 0

B. Value of Sales Tax Exemption Sought \$ 300,000

C. Value of Real Property Tax Exemption Sought	\$ 700,000
D. Value of Mortgage Recording Tax Exemption Sought (Clinton County MRT = 1%; as of 9/1/13)	\$ 0

**SECTION H - PROJECTED PROJECT INVESTMENT:**

A. Land-Related Costs	
1. Land acquisition	\$ 350,000
2. Site preparation	\$ 100,000
3. Landscaping	\$ 50,000
4. Utilities and infrastructure development	\$ 50,000
5. Access roads and parking development	\$ 175,000
6. Other land-related costs (describe)	\$
B. Building-Related Costs	
1. Acquisition of existing structures	\$ 0
2. Renovation of existing structures	\$ 0
3. New construction costs	\$ 5,000,000
4. Electrical systems	\$ 500,000
5. Heating, ventilation and air conditioning	\$ 200,000
6. Plumbing	\$ 300,000
7. Other building-related costs (describe)	\$ --

C. Machinery and Equipment Costs

1. Production and process equipment	\$ 2,000,000
2. Packaging equipment	\$ 500,000
3. Warehousing equipment	\$ 300,000
4. Installation costs for various equipment	\$ 25,000
5. Other equipment-related costs (describe)	\$ 0

D. Furniture and Fixture Costs

1. Office furniture	\$ 25,000
2. Office equipment	\$ 25,000
3. Computers	\$ 25,000
4. Other furniture-related costs (describe)	\$

E. Working Capital Costs

1. Operation costs	\$ NA
2. Production costs	\$ NA
3. Raw materials	\$ NA
4. Debt service	\$ NA
5. Relocation costs	\$ 300,000
6. Skills training	\$ TBD
7. Other working capital-related costs (describe)	\$



**SECTION I - PROJECTED CONSTRUCTION EMPLOYMENT IMPACT:**

1. Please provide estimates of total construction jobs at the Project:

Year	Construction Jobs (Annual wages and benefits \$40,000 and under)	Construction Jobs (Annual wages and benefits over \$40,000)
Current Year	25	
Year 1	25	
Year 2		
Year 3		
Year 4		
Year 5		

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

Year	Total Annual Wages and Benefits	Estimated Additional NYS Income Tax
Current Year	\$ <u>1,400,000</u>	\$ <u>90,000</u>
Year 1	\$ <u>1,400,000</u>	\$ <u>90,000</u>
Year 2	\$ _____	\$ _____
Year 3	\$ _____	\$ _____
Year 4	\$ _____	\$ _____
Year 5	\$ _____	\$ _____

**SECTION J - PROJECTED PERMANENT EMPLOYMENT IMPACT:**

1. Please provide estimates of total existing permanent jobs (FTE) to be preserved or retained as a result of the Project: FTE: Any combination of (2) two or more part-time jobs that when combined together, constitute the equivalent of a job of at least 35 hours per week.

Year	Existing Jobs (Annual wages and benefits \$40,000 and under)	Existing Jobs (Annual wages and benefits over \$40,000)
Current Year	68	9
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

2. Please provide estimates of total new permanent jobs (FTE) to be created at the Project:

Year	New Jobs (Annual wages and benefits \$40,000 and under)	New Jobs (Annual wages and benefits over \$40,000)
Current Year		
Year 1		
Year 2		
Year 3	5	
Year 4	5	
Year 5		

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

Year	Total Annual Wages and Benefits	Estimated Additional NYS Income Tax
Current Year	\$ 1,400,000	\$ 90,000
Year 1	\$ 1,400,000	\$ 90,000
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$

4. Provide estimates for the Creation of New Job Skills relating to permanent jobs. List the projected new job skills for the new permanent jobs to be created as a result of the undertaking of the project by the applicant

New Job Skills	Number of Positions Created	Wage Rate
Production/Manufacturing	10	12.50/hour

*\*Should you need additional space, please attach a separate sheet.*

**SECTION K - PROJECTED OPERATING IMPACT:**

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

Additional Purchases (1<sup>st</sup> year  
following project completion)

\$ Can't be determined at this time

Additional Sales Tax Paid on  
Additional Purchases

\$ No Sales tax paid on raw materials

Estimated Additional Sales (1<sup>st</sup> full  
year following project completion)

\$ Can't be determined at this time

Estimated Additional Sales Tax to be  
collected on additional sales (1<sup>st</sup> full  
year following project completion)

\$ Sales to re-salers so nontaxed)

2. Please provide estimates for impacts of other economic benefits expected to be produced as a result of the Project not mentioned in this application:




**CBA QUESTIONNAIRE CERTIFICATION**

I certify that I have prepared the responses provided in this Questionnaire.

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

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

<p><b>Date Signed:</b> <u>Feb. 5</u>, 20<u>18</u></p>	<p><b>Name of Person Completing Project Questionnaire on behalf of the Company.</b></p> <p><b>Name:</b> <u>TONY MAGLIANO</u></p> <p><b>Title:</b> <u>CONTRACTOR</u></p> <p><b>Phone Number:</b> <u>518 324 4911</u></p> <p><b>Signature:</b> </p>
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## APPLICATION ATTACHMENT A:

### Acknowledgements and Yearly Filings

As a condition to issuing financial assistance to the applicant the County of Clinton Industrial Development Agency is required by the New York State Comptroller's office to obtain the following supplementary information yearly for the duration of the transaction:

1. Outstanding balance at beginning and end of year and principal payments made during year.
2. The current interest rate for bonds (for adjustable rate bonds the rate at the end of the year is needed).
3. Current year tax exemptions for county, local (towns) and school taxes.
4. PILOT (*Payment in lieu of taxes*) payments made each year to county, local and school taxing authorities.
5. Documentation and affidavits regarding the use of local construction workers in the construction phase of the Project. See Use of Local Labor Policy and Attachment D of this application.
6. Once project is authorized, report the number of full-time, part-time and seasonal workers employed in terms of FTE (as defined in this application).
7. Submit NY-45 Form (with employee identification blacked-out) showing 4Q monthly data regarding salary and employment levels. Also include an average salary.

In addition to the above, in reporting the first year the CCIDA need:

1. An amortization schedule showing the planned principal reduction each year for the life of the issue.
2. The amount exempted for:
  - (a) sales tax
  - (b) mortgage recording tax *NA*
3. Each year of construction – Sale tax and documents (ST-60, ST-340, ST-123, etc.).

This information is required by January 31st of each succeeding year and shall be submitted in writing to the County of Clinton Industrial Development Agency, 190 Banker Road, Suite 500, Plattsburgh, NY 12901. (Fax: 518-562-2232)

We have reviewed, understand and will comply with the above, as required by the New York State Comptroller's Office.

Name: *Sony Maglieri* Title: *COMPTROLLER*

Date: *7/6/18*

## APPLICATION ATTACHMENT B

### County of Clinton IDA Fee Schedule:

Adopted: 5/13/13

Revised 3/21/16

Revised 2/13/17

Type	Cost	Description
<i>Application Fee</i>	<b>\$1500</b>	The Agency will charge a nonrefundable administrative application fee for finance transactions equal to \$1500 upon submission of an application by a project. \$750 is a non-refundable administrative fee. The remaining \$750 will be applied to the project's closing costs.
<i>Fee Issuances for Bonds, Refinancing or Straight Lease Transactions</i>	<b>.75 of 1%</b>	The Agency will charge said fee on the total benefited project costs. Such fee shall be payable upon the successful conclusion of the sale of obligations (bonds) or upon the execution and delivery of the documents providing financial assistance (straight lease not involving bonds). Fees shall be applied towards administrative costs to the Agency and are non-refundable.
<i>Modification/Amendment Transactions Fees</i>	<b>\$500</b>	The Agency will charge a nonrefundable modification/amendment transaction fee per instance (post-closing) equal to \$500 upon the submission of a letter to the Agency explaining in detail the requested action to modify or amend existing documents previously executed by the Agency. Fees shall be applied towards administrative costs to the Agency and are non-refundable.
<i>Reconveyance of a Straight Lease Fees Not Involving New Financial Assistance</i>	<b>\$500</b>	The Agency will charge a nonrefundable reconveyance administrative fee for straight lease transactions. The project is responsible for paying all legal costs and/or other third party costs incurred by the Agency on behalf of the project. Fees shall be applied towards administrative costs to the Agency and are non-refundable.
<i>Special Meeting Fee</i>	<b>\$500</b>	The Agency will charge a nonrefundable administrative fee for a special meeting of the IDA held at the project's request.
<i>IDA Legal Fees</i>	<b>Varies</b>	The project is responsible for paying all legal costs and/or other third party costs incurred by the Agency on behalf of the project. Fees shall be applied towards administrative costs to the Agency and are non-refundable.

\*The Agency Board reserves the right to determine and impose other administrative fees on Agency projects in consideration for financial assistance being granted by the Agency and/or the costs incurred by the Agency. The Agency may provide for a different application fee and/or a different administrative fee for a particular project by resolution duly adopted by the Agency Board.

## APPLICATION ATTACHMENT C

### CCIDA UTEP PILOT Scoring Criteria

Variable/ Threshold	Permanent Payroll Level in Terms of # of Jobs Created	% of Average County Wage	# of Potential Spin-off Jobs	Local Business Impact and/or Community Investment  Reviewing appropriate level yearly	Educational Benefits  Reviewing appropriate levels/year	Value of Real Property	Totals:
Level 1 (1 point)	Less than 100 jobs within 5 years ✓	At least 75% for <u>new</u> jobs ✓	Less than 100 verifiable Spin off jobs ✓	Need for local industry/services is low e.g. insurance, banking, trucking Belong to Chamber	Low level such as school visits/ school- to-work ✓	\$500k- \$1.5x10 <sup>6</sup>	4
Level 2 (2 pts)	100 - 300 jobs	At least 100% for <u>new</u> jobs	100-300 verifiable Spin off jobs	Use local industrial suppliers & services/ra/ materials/parts Or Reuse abandoned facility ✓	Limited Support/ Learn to Earn Internships underwrite facilities or programs	\$1.5 - 5.0 x 10 <sup>6</sup>	2
Level 3 (3 pts)	300+ jobs within 5 years	At least 150% for <u>new</u> jobs	300+ verifiable Spin off jobs	Demonstrate synergy with local services, suppliers and manufacturers Or Reclaim brownfield/adaptive re-use of facilities.	Major support to schools and colleges Scholarships (NMSQT); internships; sponsorships underwrite faculty \$10,000	\$5.0 x 10 <sup>6</sup> +  ✓	3
Totals:	1	1	1	2	1	3	9

#### Scoring

- 6 points or less - Category 1 benefits
- 7-11 points - Category 2 benefits
- 12 points or more - Category 3 benefits

**APPLICATION ATTACHMENT D  
CONSTRUCTION EMPLOYMENT AGREEMENT**

Recognizing the mission of County of Clinton Industrial Development Agency (the "Agency") to promote construction employment opportunities for residents of Clinton County, New York and in consideration of the extension of financial assistance by the Agency for the project which is the subject of this application (the "Project"), MONAGHAN MEDICAL (the "Company") understands that it is the Agency's policy that benefiting private entities should employ New York State residents and agrees to provide the information requested below as a way to provide local construction opportunities. The Company also agrees to provide an estimate of the number, type and duration of construction jobs to be created through Agency assistance, whether employment is gained directly through the Company, its general contractor, or individual vendors.

Upon completion of the Project, the Company shall, if requested by the Agency, submit to the Agency a Construction Completion Report in which is identified names and business addresses of the prime contractor, sub-contractors and vendors engaged in the construction of the Project.

Relevant Company Information:

Company: MONAGHAN MEDICAL  
Company representative for Contract Bids and Awards:

TONY MAGLIONE  
Mailing Address: 5 LATOUR AVE.  
PLATTSBURGH, NY 12901

Phone: 518 561 7330 Fax: 518 324 4917

Email: TMAGLIONE@MONAGHANMEDICAL.COM

General Contractor, if determined:

Contractor: LUCK BUILDERS  
Representative: RON NOLLAND

Mailing Address: 73 TRADE RD.  
PLATTSBURGH, NY 12901

Phone: 518 561 4321 Fax: 518 561 9028

Email: RON@LUCKBROS.COM

Construction start date is estimated to be DEC 2019 with occupancy to be taken on DEC 2019 (estimated)?

Construction Phase or Process	Duration of Construction Phase	# to be employed
Site	1 year	10
Concrete	6 months	8
Steel & Siding	6 months	10
Roofing	4 Months	6
Interior Finish	9 Months	10
Mechanical	8 Months	6
Plumbing	8 Months	6
Electrical	12 Months	8

Construction Phase or Process	Duration of Construction Phase	# to be employed
Doors & Glazing	6 Months	6

Dated

9/12/18

Name of Applicant

TONY MAGLIONE  
FOR MONAGHAN MEDICAL

*Tony Maguione*  
Signed  
TONY MAGUIONE, Controller  
Printed Name and Position