



## APPLICATION FOR ASSISTANCE

Each applicant seeking assistance must complete this application and provide required supplemental form/documentation. A non-refundable application fee of \$350.00 must be included with this application. Make check payable to COMIDA. Please see page 10 for additional information on costs and fees.

Please answer all questions. Use "None" or "Not Applicable" where necessary. Information in this application may be subject to public review under New York State Law, except for information that is considered deniable by the Freedom of Information Law. This form is available at [www.riowmonroe.org](http://www.riowmonroe.org).

### I. APPLICANT

A. Name SPS MEDICAL SUPPLY CORP.  
Address 6789 W HENRIETTA RD  
City/State/Zip RUSH, NY 14543  
Tax ID No. 16-1316693  
Contact Name TJ KLIER  
Title VICE-PRESIDENT - FINANCE  
Telephone (585) 359-0130  
E-Mail TJKLIER@CROSSTEX.COM

B. Owners of 20% or more of Applicant Company

Name	%	Corporate Title
<u>Crosstex International</u>	<u>100</u>	<u>Parent Company</u>
_____	_____	_____
_____	_____	_____

C. Applicant's Legal Counsel

Name JERRY A GOLDMAN  
Firm WOODS OVIATT GILMAN LLP  
Address 2 STATE ST-700 CROSSROADS  
City/State/Zip ROCHESTER, NY 14614  
Telephone (585) 987-2800  
Fax (585) 454-3968  
Email jgoldman@woodsoviatt.com

### II. PROJECT

A. Address of proposed project facility  
Next to: 6789 W HENRIETTA RD  
RUSH, NY 14543  
Tax Map Parcel Number Part of 201.02-2-13.12  
City/Town/Village HENRIETTA  
School District RUSH-HENRIETTA  
Current Legal Owner of Property  
DAVID & SUSAN KRENZER

B. Proposed User(s)/Tenant(s) of the Facility  
If there are multiple Users/Tenants, please attach additional pages.

Company Name SPS MEDICAL SUPPLY CORP.  
Address 6789 W HENRIETTA RD  
City/State/Zip RUSH, NY 14543  
Tax ID No. 16-1316693  
Contact Name TJ KLIER  
Title VICE-PRESIDENT - FINANCE  
Telephone (404) 909-7704  
E-Mail TJKLIER@CROSSTEX.COM  
% of facility to be occupied by company 100%

C. Owners of 20% or more of User/Tenant Company

Name	%	Corporate Title
<u>Crosstex Int'l Inc</u>	<u>100</u>	<u>PARENT COMPANY</u>
_____	_____	_____
_____	_____	_____

D. Benefits Requested (Check all that apply)

Sales Tax Exemption  
 Industrial Revenue Bond Financing  
 Mortgage Recording Tax Exemption  
 Real Property Tax Abatement

E. Description of project (check all that apply)

- New Construction
- Existing Facility
  - Acquisition
  - Expansion
  - Renovation/Modernization
- Acquisition of machinery/equipment
- Other (specify) \_\_\_\_\_

GENERAL DESCRIPTION OF THE PROJECT AND BACKGROUND ON USER(S) OF THE FACILITY  
(Attached additional sheets as necessary)

Acquire approximately nine acres of land that is immediately adjacent to our current property located in Henrietta NY. This would allow us to expand our location. The expansion is approximately one hundred thousand square feet of manufacturing and warehouse space to our existing thirty-eight thousand square foot facility. This would allow us to meet our immediate business needs for growth.

In addition, we anticipate the purchase of approximately \$500,000 of Machinery & Equipment. The investment in Property and Equipment will assist SPS Medical in the expansion of the production of sterility assurance products sold to our Dental and Healthcare customers Domestically and Abroad. SPS manufactures biological indicators, chemical indicators, and other products used to monitor sterilization equipment effectiveness. We are dedicated to delivering innovative infection protection and control products and services for patients and healthcare providers, which improve outcomes and help save lives.

**II. PROJECT (cont'd)**

F. Are other facilities or related companies located within New York State?

Yes  No

Location

31 WATER ST. CUBA, NY 14727

10 Ranick Road, Hauppauge, NY 11788

Will the Project 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?

Yes  No

Will the Project result in the abandonment of one or more plants or facilities of the Project occupant located within the state?

Yes  No

If Yes to either question, explain how, notwithstanding the aforementioned closing or activity reduction, the Agency's Financial Assistance is required to prevent the Project from relocating out of the State, or is reasonably necessary to preserve the Project occupant's competitive position in its respective industry:

We are evaluating locations for expansion.

Our preference is to expand in Henrietta, NY.

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

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

Yes  No

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

We would not be able to retain the  
facility/employment in Henrietta and grow  
employment in Monroe County.

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

\*\*To be completed with Agency assistance.

**H. PROJECT TIMELINE**

Proposed Date of Acquisition

10/03/2018

Proposed Commencement Date of Construction

10/04/2018

Anticipated Completion Date

12/31/2019

I. Contractor(s)

Unispace

J. State Environmental Quality Review (SEQR) Act Compliance

COMIDA, in granting assistance to the Applicant, is required to comply with the New York State Environmental Quality Review Act (SEQR). This is applicable to projects that require the state or local municipality to issue a discretionary permit, license or other type of Approval for that project.

Does the proposed project require discretionary permit, license or other type of approval by the state or local municipality?

YES - Include a copy of any SEQR documents related to this Project including Environmental Assessment Form, Final Determination, Local Municipality Negative Declaration, etc.

NO

**III. PROPERTY TAX ABATEMENT/PAYMENT IN LIEU OF TAX AGREEMENT (PILOT)**

Check One:

**JOBSPLUS**

Requirements:

- Company must commit to a 10% increase in full-time equivalent employment, measured on the existing impacted employee base, over a 3 year period. The required number of jobs is \_\_\_\_\_.

**LEASEPLUS**

Requirements:

- University and/or medical related facilities in which a 501(c)3 entity leases from a for-profit entity.
- Company must commit to a 10% increase in full-time equivalent employment, measured on the existing impacted employee base, over a 3 year period. The required number of jobs is \_\_\_\_\_.

**ENHANCED JOBSPLUS**

Requirements:

- A minimum \$15 million investment in new plant, machinery and equipment or renovation of existing building(s) AND
- A minimum of 100 new jobs from new companies locating in Monroe County, or existing companies expanding operations here.

**GREEN JOBSPLUS**

Requirements:

- LEED® Certification – Project must be rated as Certified Gold, Silver or Platinum by the United States Green Building Council's Leadership in Energy and Environmental Design (LEED®) Green Building Rating System.
- Company must commit to a 10% increase in full-time equivalent employment, measured on the existing impacted employee base over a 3 year period. The required number of jobs is \_\_\_\_\_.

**SHELTER RENTS**

for student housing or affordable housing projects

**Local Tax Jurisdiction Sponsored PILOT**

**NO PROPERTY TAX ABATEMENT IS SOUGHT FOR THIS PROJECT**

**IV. APPLICANT PROJECT COSTS**

A. Estimate the costs necessary for the construction, acquisition, rehabilitation, improvement and/or equipping of the project by the APPLICANT.

**Building Construction or Renovation**

- a. MATERIALS a. \$ 6,500,000
- b. LABOR b. \$ 6,500,000

**Site Work**

- c. MATERIALS c. \$ 1,600,000
  - d. LABOR d. \$ 1,600,000
  - e. Non-Manufacturing Equipment e. \$ \_\_\_\_\_
  - f. Furniture and Fixtures f. \$ 700,000
  - g. LAND and/or BUILDING Purchase g. \$ 579,000
  - h. Manufacturing Equipment h. \$ \_\_\_\_\_
  - i. Soft Costs (Legal, Architect, Engineering) i. \$ 742,000
  - Other (specify) j. \_\_\_\_\_ j. \$ \_\_\_\_\_
  - k. \_\_\_\_\_ k. \$ \_\_\_\_\_
  - l. \_\_\_\_\_ l. \$ \_\_\_\_\_
  - m. \_\_\_\_\_ m. \$ \_\_\_\_\_
- Total Project Costs \$ 18,221,000**

B. Sources of Funds for Project Costs.

- a. Tax-Exempt Industrial Revenue Bond a. \$ \_\_\_\_\_
- b. Taxable Industrial Revenue Bond b. \$ \_\_\_\_\_
- c. Tax-Exempt Civic Facility Bond c. \$ \_\_\_\_\_
- d. Bank Financing d. \$ 10,500,000
- e. Public Sources e. \$ \_\_\_\_\_

Identify each state and federal grant/credit

- COMIDA \$ 3,500,000
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

- f. Equity \$ 4,221,000
- TOTAL SOURCES \$ 18,221,000**

C. Has the applicant made any arrangements for the financing of this project?

Yes  No

If so, please specify bank, underwriter, etc.

Cantel Corporate will provide financing if needed.

**IV. COMPLETE FOR EACH USER/TENANT THAT IS SEEKING SALES TAX EXEMPTION USER(S)/TENANT(S) PROJECT COSTS**

Use additional sheets as necessary

Company Name SPS MEDICAL SUPPLY CORP

A. Estimate the costs necessary for the construction, acquisition, rehabilitation, improvement and/or equipping of the project by the user(s)/tenant(s) for which a sales tax exemption is requested.

**Estimated Costs Eligible for Sales Tax Exemption Benefit**

- a. MATERIALS a. \$ \_\_\_\_\_
- b. LABOR b. \$ \_\_\_\_\_
- c. Non-Manufacturing Equipment c. \$ \_\_\_\_\_
- d. Furniture and Fixtures d. \$ \_\_\_\_\_
- Other (specify) e. \_\_\_\_\_ e. \$ \_\_\_\_\_
- f. \_\_\_\_\_ f. \$ \_\_\_\_\_
- g. \_\_\_\_\_ g. \$ \_\_\_\_\_
- h. \_\_\_\_\_ h. \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_ 0**

A non-refundable fee of 1/4% on TOTAL(s) above is due and payable upon issuance of a Sales Tax Letter to User(s)/Tenant(s)

SPS MEDICAL SUPPLY CORP.

User/Tenant Company

Signature \_\_\_\_\_, Title \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	
Total Assessment Value	
Land	Building
Applicant 2602- 18-054A	
User/Tenant 2602-	
RM	

**VI. Value of Incentives**

Project name:

**A. IDA PILOT Benefits SPS Medical**

<b>Current Land Assessment</b>	2,529,600	Taxes on Land	74,041
<b>Dollar Value of New Construction &amp; Renovation Costs</b>	8,842,000		
<b>Estimated New Assessed Value of Project Subject to IDA</b>	11,371,600		

<b>County Tax rate/\$1,000</b>	8.47
<b>Local Tax Rate* Tax Rate/\$1,000</b>	1.12
<b>School Tax Rate /\$1,000</b>	19.68
<b>Total Tax Rate</b>	<u>29.27</u>

PILOT Year	% Payment	County PILOT Amount	Local PILOT Amount	School PILOT Amount	Total PILOT Amount	Full Tax Payment w/o PILOT	Net Exemption
1	100%	0	0	0	0	406,888	332,847
2	100%	0	0	0	0	406,888	332,847
3	100%	0	0	0	0	406,888	332,847
4	90%	9,632	1,274	22,379	33,285	406,888	299,562
5	75%	24,079	3,184	55,948	83,212	406,888	249,635
6	60%	38,527	5,094	89,517	133,139	406,888	199,708
7	45%	52,975	7,005	123,086	183,066	406,888	149,781
8	30%	67,422	8,915	156,655	232,993	406,888	99,854
9	15%	81,870	10,826	190,224	282,920	406,888	49,927
10	0%	96,317	12,736	223,793	332,847	406,888	0
<b>Total</b>		<u>370,822</u>	<u>49,034</u>	<u>861,603</u>	<u>1,281,460</u>	<u>4,068,881</u>	<u>2,047,007</u>

\* Local Tax Rate for Town/City/Village

**B. Sales Tax Exemption Benefit:**

Estimated value of Sales Tax exemption for facility construction:	<u>648,000</u>
Estimated Sales Tax exemption for fixtures and equipment:	<u>56,000</u>
Estimated duration of Sales Tax exemption:	<u>18 months</u>

**C. Mortgage Recording Tax Exemption Benefit:**

Estimated Value of Mortgage Recording Tax exemption:	<u>\$0</u>
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**D. Industrial Revenue Bond Benefit**

IRB inducement amount, if required:	<u>\$0</u>
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**E. Percentage of Project Costs financed form Public Sector sources:**

Total Value of Incentives:	<u>\$2,751,007.40</u>	<u>15.10%</u>
Sources of Funds (Section IV.B.)	<u>\$18,221,000.00</u>	

\* All estimates are based on current tax rates.

**VII. PROJECTED EMPLOYMENT**

Complete for each Applicant or User/Tenant

Company Name: SPS MEDICAL SUPPLY CORP

Applicant:  or User/Tenant:

You must include a copy of the most recent NYS-456 Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return OR if you have multiple locations within New York State, the Bureau of Labor – BLS 3020 – Multiple Worksite Report

	Current # of jobs at proposed project location or to be relocated to project location	IF FINANCIAL ASSISTANCE IS GRANTED – project the number of FTE and PTE jobs to be RETAINED	IF FINANCIAL ASSISTANCE IS GRANTED – project the number of FTE and PTE jobs to be CREATED upon THREE Years after Project completion	Estimate number of residents of the Labor Market Area in which the Project is located that will fill the FTE and PTE jobs to be created upon THREE Years after Project Completion **
Full time (FTE)	95.0	95.0	100.0	100.0
Part Time (PTE)				
Total	95.0	95.0	100.0	100.0

\*\* For purposes of this question, please estimate the number of FTE and PTE jobs that will be filled, as indicated in the third column, by residents of the Labor Market Area, in the fourth column. The Labor Market Area includes: Monroe County, Orleans County, Genesee County, Wyoming County, Livingston County, Ontario County, Wayne County, Yates County, and Seneca County chosen at the Agency's discretion.

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**VIII. LOCAL LABOR**

To be completed by all Applicants and Users/Tenants of Projects which include the construction of new, expanded or renovated facilities:

Company Name SPS MEDICAL SUPPLY CORP  
Applicant:  or User/Tenant:

All project employees of the general contractor, subcontractor, or sub to a subcontractor (contractors) working on the project must reside within the following counties in the State of New York: Monroe, Genesee, Livingston, Ontario, Orleans, Seneca, Wayne, Wyoming or Yates. The All-Local Labor criterion will be verified based on employment, payroll and related records.

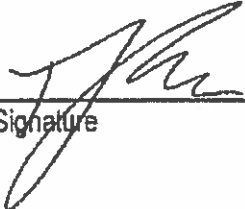
COMIDA understands that at certain times local labor may not be available within the local area. Under this condition, applicants are required to complete a waiver request of the All-Local Labor requirement prior to beginning construction. Contractors do not have to be local companies as defined herein, but must employ local people to qualify under the All-Local Labor criterion.

The foregoing terms have been read, reviewed and understood by the Applicant or User/Tenant and all appropriate personnel. Furthermore, the undersigned agrees and understands that the information contained herein must be transmitted and conveyed in a timely fashion to all applicable subcontractors, suppliers and materialman. Furthermore, the undersigned agrees to post and maintain a sign, provided by COMIDA, in a prominent, easily accessible location, identifying the project as a recipient of COMIDA assistance and the local labor requirements associated with this assistance.

Furthermore, the undersigned realizes that failure to abide by the terms herein could result in COMIDA revoking all or any portion of benefits it deems reasonable in its sole discretion for any violation hereof.

SPS MEDICAL SUPPLY CORP

(APPLICANT or USER/TENANT COMPANY)

	VP-FINANCE	10/26/2018
Signature	, Title	Date



IX. FEES

1. **Application Fee - Send with Completed Application**

A non-refundable application fee of Three Hundred Fifty Dollars (\$350.00) shall be charged each applicant.

2. **Administrative Fee - Paid at Closing**

- (a) For tax-exempt IRB bond issues, the fee shall be one percent (1%) of the project amount. For projects that utilize a Payment In Lieu of Taxes (PILOT) agreement, an additional one-quarter percent (1/4%) will be added.
- (b) For lease/leaseback transactions and taxable bond issues, the fee shall be one-half percent (1/2%) of the project amount. For projects that utilize a Payment In Lieu of Taxes (PILOT) agreement, an additional one-quarter percent (1/4%) will be added.
- (c) For refunding outstanding COMIDA bond issues, the fee shall be one-quarter percent (1/4%) of the new issuance amount.

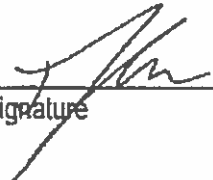
3. If a sales tax letter is required prior to closing, a non-refundable twenty-five percent (25%) of the Administrative Fee and Agency Counsel fee is payable at that time. This amount will be applied towards the Administrative fee and Agency Counsel Fee. The Sales Tax Letter shall only be for a three (3) month period. If the project does not have a formal closing within three (3) months of the sales tax letter being issued, and an extension is not granted, the balance of the Administrative fee and Agency Counsel fee become immediately due and payable.

4. Agency Counsel fee is one-third (1/3) of the Agency's Administrative fee, with a minimum fee for a lease/leaseback transaction of \$4,000.00.

5. Designated Bond Counsel fee is based on the complexity and amount of the transaction.

SPS MEDICAL SUPPLY CORP

\_\_\_\_\_  
(APPLICANT or USER/TENANT COMPANY)

 VP Finance 10/26/2018  
\_\_\_\_\_  
Signature , Title Date

## X. CERTIFICATION

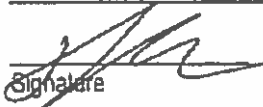
The undersigned company officer and/or user/tenant officer each hereby certifies, on behalf of the company and/or user/tenant, respectively (each singularly and together, the "Applicant"), as follows:

- A. The information contained in this Application, including employment information, is true and correct. The Applicant is aware that any material misrepresentation made in this Application constitutes an act of fraud, resulting in revocation of COMIDA benefits.
- B. The undersigned, on behalf of the Applicant, hereby certifies that the Applicant, and all parties which own a minimum of 20% of the Applicant are current and will remain current on all real property, federal, state, sales, income and withholding taxes throughout the term of any agreements made in connection with this Application.
- C. Compliance with N.Y. GML Sec. 862(1): Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:
- § 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.
- D. Compliance with Applicable Laws: 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.
- E. False and Misleading Information: 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.
- F. Recapture: Should the Applicant not expend as projected or hire as presented, the Agency may view such information/status as failing to meet the established standards of economic performance. In such events, some or all of the benefits taken by the Applicant will be subject to recapture.
- G. Applicant hereby releases the County of Monroe Industrial Development Agency ("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, this Application, regardless of whether or not this Application or the Project described herein or the tax exemptions and other assistance requested herein are favorably acted upon by the Agency; (B) the Agency's acquisition, construction, renovation and/or equipping of the Project described herein; and (C) any further action taken by the Agency with respect to the Project; including, without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. Applicant hereby understands and agrees, in accordance with Section 875(3) of the New York General Municipal Law, that any New York State and local sales and use tax exemption claimed by the Applicant and approved by the Agency in connection with the Project may be subject to recapture by the Agency under such terms and conditions as will be set forth in the Agent Agreement to be entered into by and between the Agency and the Applicant. The Applicant further represents and warrants that the information contained in this

Application, including without limitation, information regarding the amount of New York State and local sales and use tax exemption benefits, is true, accurate and complete.

**APPLICANT COMPANY**

SPS MEDICAL SUPPLY CORP.

 VP-FINANCE 10/26/2018  
Signature Title Date

**USER/TENANT COMPANY**

\_\_\_\_\_  
Signature Title Date