



**CITY OF SYRACUSE SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
PROJECT APPLICATION INSTRUCTIONS**

1. The person completing this application on behalf of the company/applicant shall be a person who is either the CEO of the company/applicant or a person authorized to bind the company/applicant and each statement contained in this application shall be made by such a person. 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 City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") at (315)473-3275.

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 Judith DeLaney, Economic Development Specialist at jdolaney@syrgov.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 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 Article 6 of the Public Officers Law declares that all records in the possession of the SIDA (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 Officers Law, the SIDA 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 legal fee deposit upon submission. If accepted as a project of the agency, the Applicant is responsible for all administrative and legal fees as stated in Appendix D.

8. A complete application consists of the following 8 items:

- This Application
- Conflict of Interest Statement - Appendix A
- Environmental Assessment Form
- Verification - Appendix B
- A Project description, including a feasibility statement indicating the need for the requested benefits
 - Provide site plans, sketches, and/or maps as necessary
- 10 year pro forma operating budget, including funding sources
- A check payable to the Agency in the amount of \$1,000
- A check payable to Bousquet Holstein PLLC in the amount of \$2,500

It is the policy of the Agency that any Project receiving benefits from the 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:

City of Syracuse Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Phone: 315-473-3275
jdolaney@syrgov.net

**City of Syracuse Syracuse Industrial Development Agency
Application**

I. APPLICANT DATA

A. Contact Information

Company Name:	Intrepid Lane ASC, LLC d/b/a Intrepid Lane Endoscopy and Surgery Center ("Applicant")			
Mailing Address:	190 Intrepid Lane			
City:	Syracuse	State:		Zip: 13205
Phone:	3154784185	Fax:		
Contact Person:	Benjamin McHone, M.D.			
Email Address:	BMcHone@ampofny.com			
Industry Sector:	Health care			
NAICS Code:	621493	Federal Employer Identification Number:	85-1832565	

B. Will the Applicant be the Project Beneficiary (i.e. Project tenant or owner/operator)

Yes No If No, Who will:

--

C. Principal Stakeholders

List principal owners/officers/directors owning 5% or more in equity holdings with percentage ownership. Public companies should list corporate officers.

Name	% Ownership	Business Address	Phone	Email
See Addendum				

D. Corporate Structure: Attach a schematic if Applicant is a subsidiary or otherwise affiliated with another entity.

- Corporation
 Private Public
 Partnership
 General Limited
 Other Sole Proprietorship
 Limited Liability Company/Partnership

Date and Location of Incorporation/Organization

June 23, 2020/New York

If a foreign corporation, is the Applicant authorized to do business in the State of New York?

--

E. Applicant's Counsel:

Name:	Bruce A. Smith			
Firm:	CCB Law			
Mailing Address:	507 Plum Street			
City:	Syracuse	State:		Zip: 13204
Phone:	3154776291	Fax:		
Email Address:	bsmith@ccblaw.com			

F. Applicant's Accountant:

Name:	Jeffrey Trubia			
Firm:	The Bonadio Group			
Mailing Address:	432 North Franklin Street, #60			
City:	Syracuse	State:		Zip: 13204
Phone:	3152142748	Fax:		
Email Address:	jtrubia@bonadio.com			

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

1. Is the Applicant, its management, or its principal owners now a plaintiff or defendant in any civil or criminal litigation? Yes No
2. Has any person listed in Section 1(c) ever been convicted of a criminal offense (other than a minor traffic violation)? Yes No
3. Has any person listed in Section 1 (C) or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt? Yes No

H. Has the Applicant, or any entity in which the Applicant or any of its members or officers are members or officers, received assistance from SIDA in the past? If yes, please give year, Project name, description of benefits, and address of Project.

Yes No

II. PROJECT INFORMATION

A. Project Location

Address:	190 Intrepid Lane	Legal Address (if different)	
City:	Syracuse		
Zip Code:	13205		
Tax Map Parcel ID(s):	062.-02-18.0		
Current Assessment:	\$2,334,000	Square Footage /Acerage of Existing Site:	61,088
Square Footage of Existing Building, if any:	15,597	Census Tract: (Please See Appendix E for Census Tracts)	61.02

B. Type (Check all that apply):

- | | |
|-----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Expansion/Addition to Current Facility | <input type="checkbox"/> Brownfield/Remediated Brownfield |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Residential/Mixed Use |
| <input type="checkbox"/> Warehouse/Distribution | |
| <input checked="" type="checkbox"/> Other | Ambulatory surgery center |

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 (Attach additional sheets if necessary). Attach copies of any site plans, sketches or maps.

See Addendum

D. Is the Applicant the owner of the property?

- Yes No

If not, who is the owner and by what means will the site be acquired? If leasing, when does the lease end?

SOS Real Estate Holding Company, LLC (successor by merger to Intrepid Lane Realty, LLC)/15 year lease

E. Infrastructure: Please indicate whether the following are onsite, need to be constructed, or need to be renovated/expanded:

Water	<input type="text"/>	Electric	<input type="text"/>
Sanitary/Storm Sewer	<input type="text"/>	Private Roads	<input type="text"/>
Gas	<input type="text"/>	Telecommunication	<input type="text"/>

F. Zoning Classification: Please list the current zoning:

Current Zoning

CB

G. Are variances needed to complete the Project?

Yes No

If yes, please describe nature of variances and if municipal approvals have been granted:

[Empty text box]

H. Will the Project generate sales tax for the community?

Yes No

If yes, what is the company's average annual sales or estimated annual sales?

[Empty text box]

I. In accordance with N.Y. GML Sec. 862(1):

1. Will any other companies or related facilities within the state close or be subjected to reduced activity as a result of this Project? If so please list the town and county of the location(s):

Yes No

[Empty text box]

2. Will the completion of the Project result in the removal of a plant or facility of the Applicant from one area of the State New York to another area of the State of New York?

Yes No

3. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant located in the State of New York?

Yes No

i. If any answer to questions 1, 2 or 3 above is yes, is the Project reasonably necessary to discourage the Applicant from removing such other plant or facility to a location outside the State of New York?

Yes No

ii. If any answer to questions 1, 2 or 3 above is yes, is the Project reasonably necessary to preserve the competitive position of the Applicant in its respective industry?

Yes No

4. Will the Project primarily consist of retail facilities?

Yes No

i. If yes, will the cost of these facilities exceed one-third of the total Project cost?

Yes No

J. Is the Project located in a distressed Census Tract?

Yes No

61.02

Please see Appendix E for the map of distressed census tracts in the city of Syracuse.

K. Is the Project site designated as an Empire Zone?

Yes No

L. Construction

1. Project Timeline (approximate):

Construction Commencement

August 31, 2021

Construction Completion

05/01/2022

Date of Occupancy

05/1/2022

2. Please list any other key Project milestones:

[Empty text box]

3. Has work begun? Yes No

If so, indicate the amount of funds expended in the past 3 years?

[Empty text box]

III. PROJECT COSTS & FINANCING

A. Estimated Project Costs

i. State the costs reasonably necessary for the acquisition, construction, and/or renovation of the Project:

Description of Cost Type	Total Budget Amount
Land Acquisition	-0-
Site Work/Demo	0
Building Construction & Renovation	2,420,000
Furniture & Fixtures	165,000
Equipment	2,157,000
Equipment Subject to NYS Production Sales Tax Exemption (Manufacturing)	0
Engineering/Architects Fees	275,000
Financial Charges	35,000
Legal Fees	30,000
Other	40,000
Management /Developer Fee	
Total Project Cost	5,122,000

ii. State the sources reasonably anticipated for the acquisition, construction, and/or renovation of the Project:

Amount of capital the Applicant has invested to date:	50,000
Amount of capital Applicant intends to invest in the Project through completion:	631,000
Total amount of public sector source funds allocated to the Project:	0
Identify each public sector source of funding:	
Percentage of the Project to be financed from private sector sources:	4,441,000
Total Project Cost	5,122,000

B. Financial Assistance sought (estimated values):

Applicants requesting exemptions and/or abatements from SIDA must provide the estimated value of the savings they anticipate receiving. **New York State regulations require SIDA to recapture any benefit that exceeds the amount listed in this application.**

i. Is the Applicant expecting that the financing of the Project will be secured by one or mortgages? Yes No

If yes, amount requested and name of lender:

ii. Is the Applicant expecting to be appointed agent of the Agency for purposes of abating payments of NYS Sales and Use Tax? Yes No

If yes, what is the TOTAL amount of purchases subject to exemption based on taxable Project costs?

3,600,000

iii. Is the Applicant requesting a payment in lieu of tax agreement (PILOT) for the purpose of a real property tax abatement?

Yes No

If yes, Category of PILOT requested:

iv. Is the Applicant requesting any real property tax abatement that is **inconsistent** with the Agency's UTEP?

Yes No

If yes, please contact the Executive Director prior to submission of this Application.

v. Upon acceptance of this Application, the Agency staff will create a PILOT schedule and indicate the estimated amount of PILOT Benefit based on anticipated tax rates and assessed valuation and attach such information as Exhibit A hereto. At such time, the Applicant will certify that it accepts the proposed PILOT schedule and requests such benefit be granted by the Agency.

**** This Application will not be deemed complete and final until Exhibit A hereto has been completed and executed****

C. Type of Exemption/Abatement Requested:

Amount of Exemption/Abatement Requested:

<input type="checkbox"/>	Real Property Tax Abatement (PILOT)	
<input type="checkbox"/>	Mortgage Recording Tax Exemption (.75% of amount mortgaged)	
<input checked="" type="checkbox"/>	Sales and Use Tax Exemption (\$4% Local, 4% State)	288,000
<input type="checkbox"/>	Tax Exempt Bond Financing (Amount Requested)	
<input type="checkbox"/>	Taxable Bond Financing (Amount Requested)	

D. Company's average yearly purchases or anticipated yearly purchases from vendors within Onondaga County, subject to sales tax:

E. Estimated capital investment over the next 5 years, beyond this Project, if available:

IV. 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.**

A. Are there people currently employed at the Project site?

Yes No If yes, provide number of full time equivalent (FTE) jobs at the facility:

B. Complete the following:

Estimate the number of full time equivalent (FTE) jobs to be retained as a result of this Project:	0
Estimate the number of construction jobs to be created by this Project:	54
Estimate the average length of construction jobs to be created (months):	6 months
Current annual payroll at facility:	0 New facility, new employees
Average annual growth rate of wages:	
Please list, if any, benefits that will be available to either full and/or part time employees:	See Addendum
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%

C. Complete the following chart indicating the number of FTE jobs presently employed at the Project and the number of FTE jobs that will be created at the Project site at the end of the first, second, third, fourth, and fifth years after the Project is completed. Jobs should be listed by title or category (see below), including FTE independent contractors or employees of independent contractors that work at the Project location. **Do not include construction workers.**

Current & Planned Full Time Occupations (Job Titles)	Current Number of FTEs	Annual Salary	Estimated Number of FTE Jobs After Project Completion					
			End of Year 1	End of Year 2	End of Year 3	End of Year 4	Total New Jobs After 5 Years	Total Retained Jobs After 5 Years
Managerial	0	\$120,000	1	1	1	1	1	
Skilled	0	\$1,177,000	17	17	17	17	17	
Semi-Skilled	0	\$62,400	2	2	2	2	2	

For purposes of completing the chart, refer to the following definitions, in lieu of current titles:

- **Professional/Managerial/Technical** - includes jobs which involve skill or competence of extraordinary degree and may include supervisory responsibilities (examples: architect, engineer, accountant, scientist, medical doctor, financial manager, programmer).
- **Skilled** - includes jobs that require specific skill sets, education, training, and experience and are generally characterized by high education or expertise levels (examples: electrician, computer operator, administrative assistant, carpenter, sales representative).
- **Unskilled or Semi-Skilled** - includes jobs that require little or no prior acquired skills and involve the performance of simple duties that require the exercise of little or no independent judgment (examples: general cleaner, truck driver, typist, gardener, parking lot attendant, line operator, messenger, information desk clerk, crop harvester, retail salesperson, security guard, telephone solicitor, file clerk).

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

Yes No If yes, provide the Name and Local: N/A

V. Environmental Information

***An Environmental Assessment Form (EAF) MUST be completed and submitted along with this application. Please visit <https://www.dec.ny.gov/permits/6191.html> for the online EAF Mapper Application and EAF Forms.**

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

Yes No

If yes, please explain:

B. Has any public body issued a State Environmental Quality Review Act determination for this Project?


Yes No

If yes, please attach to this application.

VI. REPRESENTATIONS & AFFIRMATIONS BY THE APPLICANT

I hereby represent and warrant that I am [the CEO of the company/applicant] or [a person authorized to bind the company/applicant] and make the following representations and/or warranties and understand and agrees with the Agency as follows:

A. Jobs Listings: Except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity of the service delivery area created by the Workforce Investment Act ("WIA") in which the Project is located.

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
B. 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 WIA for new employment opportunities created as a result of the Project.

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
C. 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.

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
D. City Human Right Law: The Applicant agrees to endeavor to comply with the provisions of Article XI, Division 2 of the City Code, entitled "The Omnibus Human Rights Law," which prohibits discrimination in employment based upon age, race, sex, creed, color, religion, national origin, sexual orientation, disability or marital status. The Applicant hereby agrees to adhere to this policy or equal opportunity employment in the requirement, hiring, training, promotion, and termination of employees.

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E. City of Syracuse and MWBE Preference: The applicant understands and agrees that it is the preference of the Agency that the applicant provide, and use its best efforts to provide, opportunities for the purchase of equipment, goods and services from: (i) business enterprises located in the city of Syracuse; (ii) certified minority and/or women-owned business enterprises; and (iii) business enterprises that employ residents in the city of Syracuse. Consideration will be given by the Agency to the Project Applicant's efforts to comply, and compliance, with this objective at any time an extension of benefits awarded, or involvement by the Agency with the Project, is requested by the Project Applicant.

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F. Local Labor Policy: The applicant understands and agrees that local labor and contractors will be used for the construction, renovation, reconstruction, equipping of the Project unless a written waiver is received from the Agency. Failure to comply may result in the revocation or recapture of benefits awarded to the Project by the Agency. For the purposes of the policy, "Local" is defined as Onondaga, Cayuga, Cortland, Madison, Oneida, and Oswego Counties.

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
G. 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

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
H. Annual Employment Reports and Outstanding Bonds: 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 on an annual basis, reports regarding the number of FTE at this Project site. The Applicant also 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.

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
I. 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 Appendix B.

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
J. 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.

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K. False or Misleading Information: The Applicant understands and agrees that the submission of knowingly false or knowingly misleading information in this Application 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.

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L. GML Compliance: The Applicant certifies that, as of the date of the Application, the proposed project is in substantial compliance with all provisions of NYS General Municipal Law Article 18-A, including but not limited to Sections 859-a and 862(1).

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M. SIDA's Policies:The Applicant is familiar with all of SIDA's policies posted on its website (http://www.syr.gov.net/Syracuse_Industrial_Development_Agency.aspx) and agrees to comply with all applicable policies.

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N. Disclosure: The Applicant has read paragraph 6 of the instructions contained on the cover of this Application and understands that the Applicant must identify in writing to SIDA any information it deems proprietary and seeks to have redacted.

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O. Reliance: THE APPLICANT ACKNOWLEDGES THAT ALL ESTIMATES OF PROJECTED FINANCIAL IMPACTS, VALUE OF FINANCIAL ASSISTANCE REQUESTED, AND OTHER INFORMATION CONTAINED IN THIS APPLICATION WILL BE RELIED UPON BY SIDA AND ANY CHANGES IN SUCH INFORMATION MUST BE MADE IN WRITING AND MAY IMPACT THE GRANT OF FINANCIAL ASSISTANCE TO THE PROJECT.


Init: 
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I am the CEO or a person authorized to bind the company/applicant, and have read the foregoing and agree to comply with all the terms and conditions contained therein as well as the policies of the City of Syracuse Industrial Development Agency.

Name of Applicant Company	Intrepid Lane ASC, LLC
Signature of Officer or Authorized Representative	 Ben McHone (Aug 4, 2021 09:05 EDT)
Name & Title of Officer or Authorized Representative	Benjamin McHone  Benjamin McHone, M.D., Manager Ben McHone (Aug 4, 2021 09:05 EDT)
Date	8/4/2021

VI. HOLD HARMLESS AGREEMENT

Applicant hereby releases the City of Syracuse Industrial Development Agency and the members, officers, servants, agents and employees thereof (collectively 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, or the inability of the Applicant, for any reason, to proceed with 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 processing of or in connection with the Application, including attorney's fees, if any.

Name of Applicant Company	Intrepid Lane ASC, LLC
Signature of CEO or a person authorized to bind the company/applicant	 Ben McHone (Aug 4, 2021 09:05 EDT)
Name & Title of Officer or Authorized Representative	Benjamin McHone, M.D., Manager
Date	8/4/2021

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY APPLICATION
APPENDIX A
CONFLICT OF INTEREST STATEMENT

Agency Board Members

1. Kathleen Murphy
2. Steven P. Thompson
3. Rickey T. Brown
4. Kenneth J. Kinsey
5. Dirk Sonneborn

Agency Officers/Staff

1. Judith DeLaney
2. John Vavonese
3. Debra Ramsey-Burns

Agency Legal Counsel & Auditor

1. Susan Katzoff, Esq., Bousquet Holstein, PLLC
2. Grossman St. Amour, PLLC.

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:

Signature:

Benjamin McHone, M.D.

Authorized Representative:

Ben McHone

Title:

Manager

Date:

8/4/2021

City of Syracuse Industrial Development Agency

APPENDIX B

Agency Fee Schedule

(Revised 1/15/19)

Bond and Straight Lease Transactions:

Application & Processing Fee	\$1,000.00
Project Commitment/Legal Fee.....	\$2,500.00
(Due with fully executed Application; Amount applied to SIDA's counsel fee)	

Administrative Fee:

Issuance of Bonds	1% Project Cost
(Without regard to principal amount of bonds issued.)	
Straight Lease/Agency Appointment	1% Project Cost
(Exemption from one or more mortgage recording, real property or sales and use taxes)	
Refunding of Bonds	1% of Project Cost

New Money/Additional Financing on Existing Project:

- Refinancing of project where no additional Financial Assistance is sought (other than MRTE) – ¼ of new money financed (exclusive of original mortgage amount).
- Refinancing of project where additional Financial Assistance is sought (in addition to MRTE) – 1% of new money financed.

Post-Closing Items for Bond and Straight Lease Transactions:

Annual Administrative Reporting Fee	\$250.00
(Paid at time of closing and annually thereafter for duration of SIDA's interest in Project Facility)	
Extension of sales tax exemption	\$500.00
Modification or Amendment of Closing Documents*	\$1,000.00

*including but not limited to refinancing of original mortgage

Subsequent lender closing	\$250.00
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In addition to the foregoing, Applicants are responsible for payment of all costs and expenses incurred by SIDA in connection with application or Project including without limitation publication, copying costs, SEQRA compliance and fees and costs to SIDA's attorneys, engineers, and consultants. SIDA 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. SIDA reserves the right to modify the this schedule at any time and to assess fees and charges in connection with other transactions such as grants of easement or lease of SIDA-owned property.

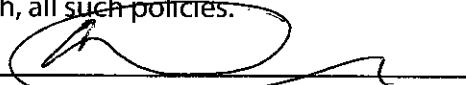
APPENDIX B
Verification

STATE OF New York)
) SS.:
COUNTY OF Onondaga)

Benjamin McHone, M.D., deposes and says that s/he is the
(Name of Individual)

Manager of Intrepid Lane ASC, LLC
(Title) (Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing Application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said Application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the Application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the Applicant and from the books and papers of the Applicant. The deponent also acknowledges the receipt of the schedules attached to the Application, including but not limited to the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described therein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies.



Applicant Representative's Signature
Manager

Title

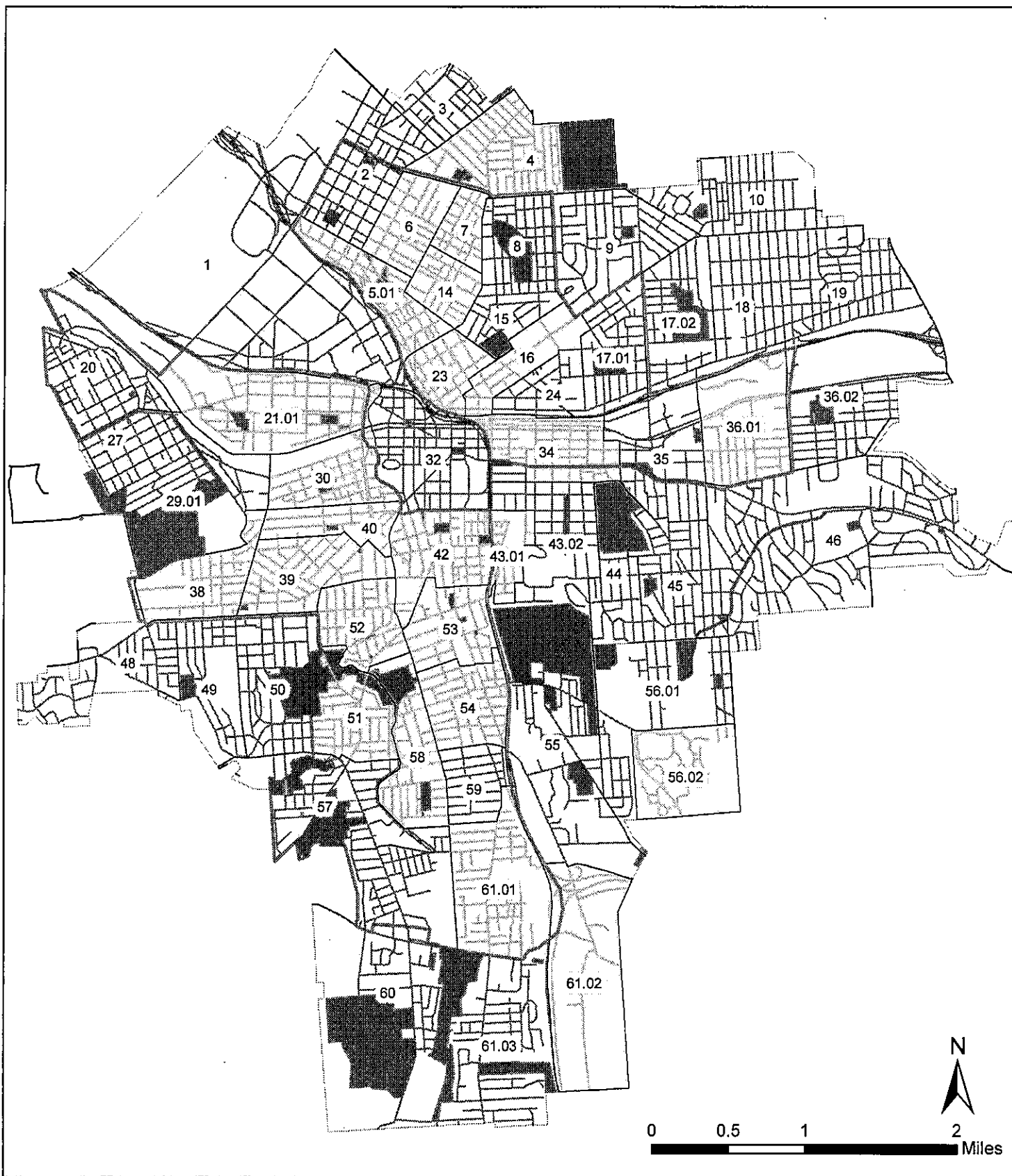
Subscribed and sworn to before me this
4th day of August, 20 21







Notary Public

LISA ANN CAVALLARO
NOTARY PUBLIC STATE OF NEW YORK
ONONDAGA COUNTY
LIC. #01CA8257472
COMM. EXP. MARCH 12, 2024

Highly Distressed Census Tracts



Legend

-  Highly Distressed Census Tracts (2016)
-  2010 Census Tracts
-  Parks & Cemeteries
-  NRSA Boundaries

Map created 7/12/2016.
This map is for planning purposes only.
The City of Syracuse cannot guarantee its accuracy.



**ADDENDUM TO SIDA APPLICATION
INTREPID LANE ASC, LLC
d/b/a INTREPID LANE ENDOSCOPY AND SURGERY CENTER**

I. APPLICANT DATA

C. Principal Stakeholders

The Members of Intrepid Lane ASC, LLC d/b/a Intrepid Lane Endoscopy and Surgery Center (the "Company") and the ownership interest of each Member are as follows:

<u>Member</u>	<u>Membership Interest</u>
AMP ASC Holdings, LLC	72%
CRA ASC Holdings, LLC	28%
	100%

The members of AMP ASC Holdings, LLC are urologists affiliated with Associated Medical Professionals of NY, PLLC. The members of CRA ASC Holdings, LLC are colon rectal surgeons affiliated with Colon Rectal Associates of Central New York, LLP.

The members of AMP ASC Holdings, LLC are as follows:

David M. Albala, M.D.
Angelo R. Derosalia, M.D.
Po N. Lam, M.D.
Andres M. Madisoo, M.D.
Benjamin R. McHone, M.D.
Sasha Pavlov-Shapiro, M.D.
Harvey A. Sauer, M.D.
Christopher M. Pieczonka, M.D.
Nedim Ruhotina, M.D.
Elan W. Salzhauer, M.D.
Arnold P. Teo, M.D.
Wael F. Muakkassa, M.D.
Bashar Omarbasha, M.D.
Brent E. Carlyle, M.D.
Hadley W. Narins, M.D.
Ilija Aleksic, M.D.
Neil F. Mariados, M.D.
Elizabeth W. Bozeman, M.D.
Gary D. Bozeman, M.D.
Daniel R. Welchons, M.D.
Jeffrey J. Sekula, M.D.
Kenneth A. Beasley, M.D.

The members of CRA ASC Holdings, LLC are as follows:

David R. Halleran, M.D.
Michael A. Moffa, M.D.
Jack A. Ziegler, M.D.
David A. Nesbitt, M.D.
John Nicholson, M.D

II. Project Information

Intrepid Lane ASC, LLC d/b/a Intrepid Lane Endoscopy and Surgery Center (the "Company") has received approval from the New York State Department of Health and the Public Health and Health Planning Council to establish, construct and operate an Article 28 licensed, multi-specialty ambulatory surgery center with four operating rooms located at 190 Intrepid Lane, Syracuse, New York (the "Center"). The surgical specialties to be performed in the Center will initially be urology and colorectal and endoscopic surgery. Although there are other ambulatory surgery centers in the area providing endoscopy services, the Center will be the first ambulatory surgery center specializing in urology in Onondaga County.

The Center's medical staff will initially consist of approximately 30 physicians who are affiliated with Associated Medical Professionals of NY, PLLC and Colon Rectal Associates of Central New York, LLP. The Center projects its medical staff performing 5,625 procedures in its first full year of operations. Utilization is projected to increase by 3% per year. Approximately 76% of the procedures had been performed in another ambulatory surgery center, 18% in an office-based setting and 6% in a hospital. Notably, while the Company's certificate of need application was pending with the New York Department of Health North Medical Surgery Center located at North Medical Center and operated by St. Joseph's Hospital Health Center closed, leaving many urologists and colon rectal surgeons scrambling to find OR time, resulting in more procedures being performed in the higher-cost hospital setting and longer wait times for patients. The Center will help alleviate this surgical capacity problem.

The Company will lease the building, which is currently vacant, located at 190 Intrepid Lane, Syracuse constituting approximately 16,624 square feet. The Company will renovate the entire building to bring it up to current State Hospital Code standards and will have four fully-fit-out operating rooms and two shelled operating rooms for future use. The patient preparation, hold and recovery spaces plus support areas will be sized to accommodate six operating room.

The Company is undertaking this project to provide high quality, lower cost, state-of-the-art surgical services to patients of its medical staff members. Ambulatory surgical centers, like the Center, deliver high quality surgical services at a cost significantly lower than that charged by hospitals, providing savings to patients, insurers and taxpayers. Ambulatory surgery centers also provide efficiencies and are more patient-friendly and convenient for patients.

The Center will provide services to the underserved populations of Onondaga and surrounding counties by participating with traditional fee-for-service Medicaid and with all area Medicaid Managed Care plans. In addition, the Company will adopt a financial assistance policy with a sliding fee schedule to be used once the Center opens.

The Company has signed patient transfer agreements with both St. Joseph's Hospital Health Center and Crouse Hospital in the event of an emergency.

Attached are site plan and floor plan for the Center.

INTREPID LANE ASC, LLC

**PROFORMA INCOME STATEMENTS
FOR THE YEARS ONE THROUGH FIVE**

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
REVENUE	\$ 6,227,544	\$ 6,417,209	\$ 6,602,010	\$ 6,835,418	\$ 6,934,459
OPERATING EXPENSES:					
Salaries and wages	1,210,600	1,246,918	1,283,236	1,586,080	1,633,662
Employee benefits	338,968	349,137	359,306	444,102	457,425
Medical & surgical supplies	1,191,445	911,272	937,814	965,948	994,926
Depreciation	588,285	588,285	588,285	588,285	588,285
Outside services	524,099	539,822	555,545	572,211	589,377
Rent	312,096	312,096	312,096	312,096	312,096
Miscellaneous expenses	261,595	269,443	277,291	285,610	294,178
Office supplies	87,479	90,103	92,728	95,510	98,375
Utilities	47,500	48,925	50,350	51,861	53,417
Professional fees	35,000	36,050	37,100	38,213	39,359
Total operating expenses	4,597,067	4,392,051	4,493,751	4,939,916	5,061,100
Operating income	1,630,477	2,025,158	2,108,259	1,895,502	1,873,359
OTHER EXPENSES:					
Interest expense	274,425	239,756	205,087	175,307	144,333
NET INCOME	\$ 1,356,052	\$ 1,785,402	\$ 1,903,172	\$ 1,720,195	\$ 1,729,026

NOTICE:
The unauthorized use of this drawing or the design contained thereon without written permission of Bennetts & Huysman Architects, PC is a violation of New York State Laws and Federal Copyright Laws.

INTREPID LANE ENDOSCOPY & SURGERY CENTER
190 INTREPID LANE
SYRACUSE, NEW YORK

NYS DOH
CON # 202001

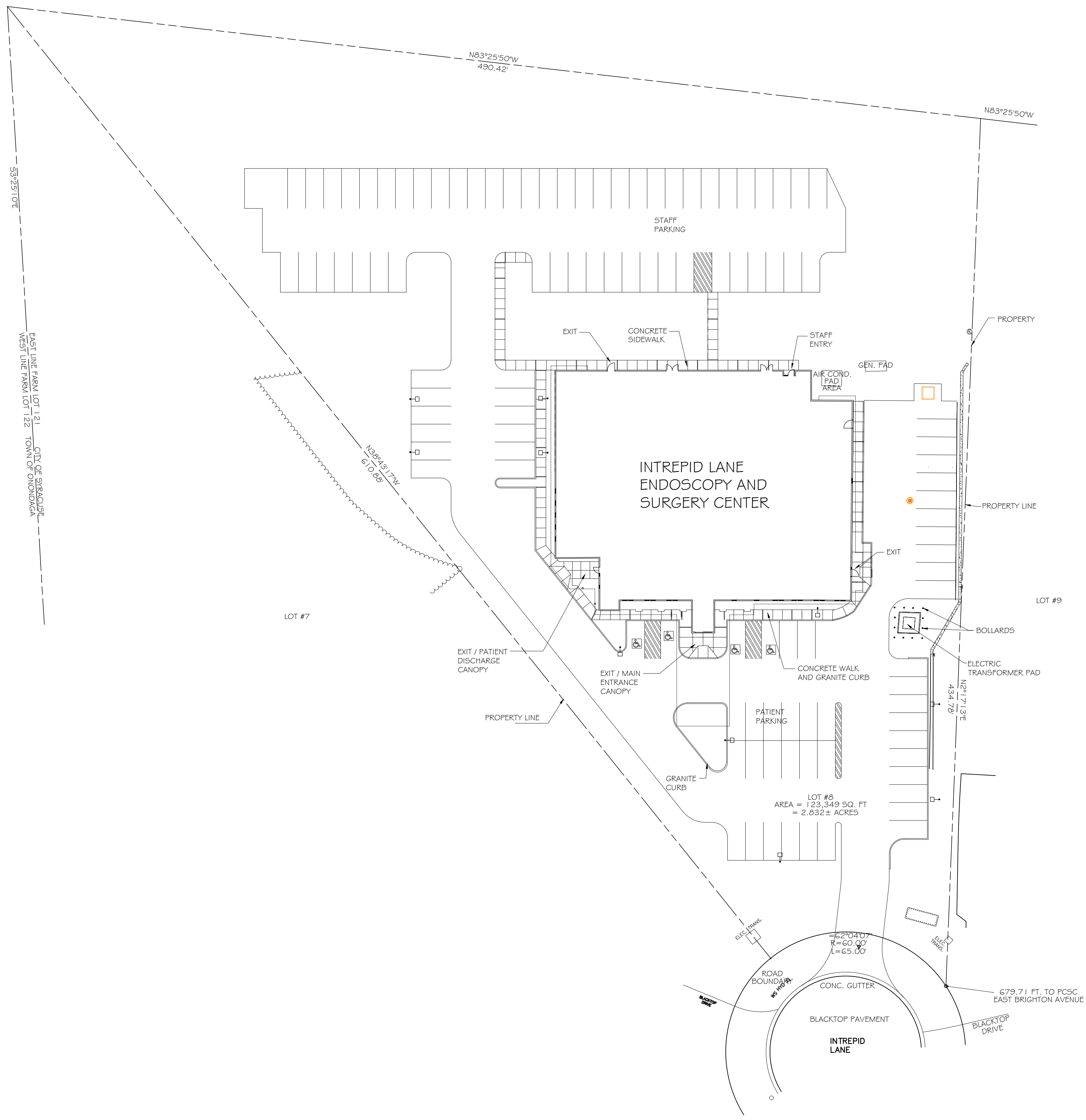
PROJECT NO.: 18030
DRAWN BY: PLH, JAA, JDB
SCALE: AS NOTED
DATE: 01 JULY 2020

BENNETTS & HUYSMAN ARCHITECTS, P.C.
Seven Pines Office Park, 8104 Cazenovia Road
Manlius, New York 13104
(315) 682-1440
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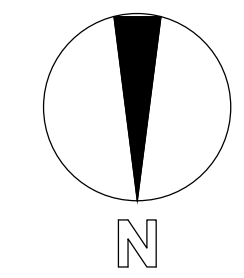


SITE PLAN

SHC-5



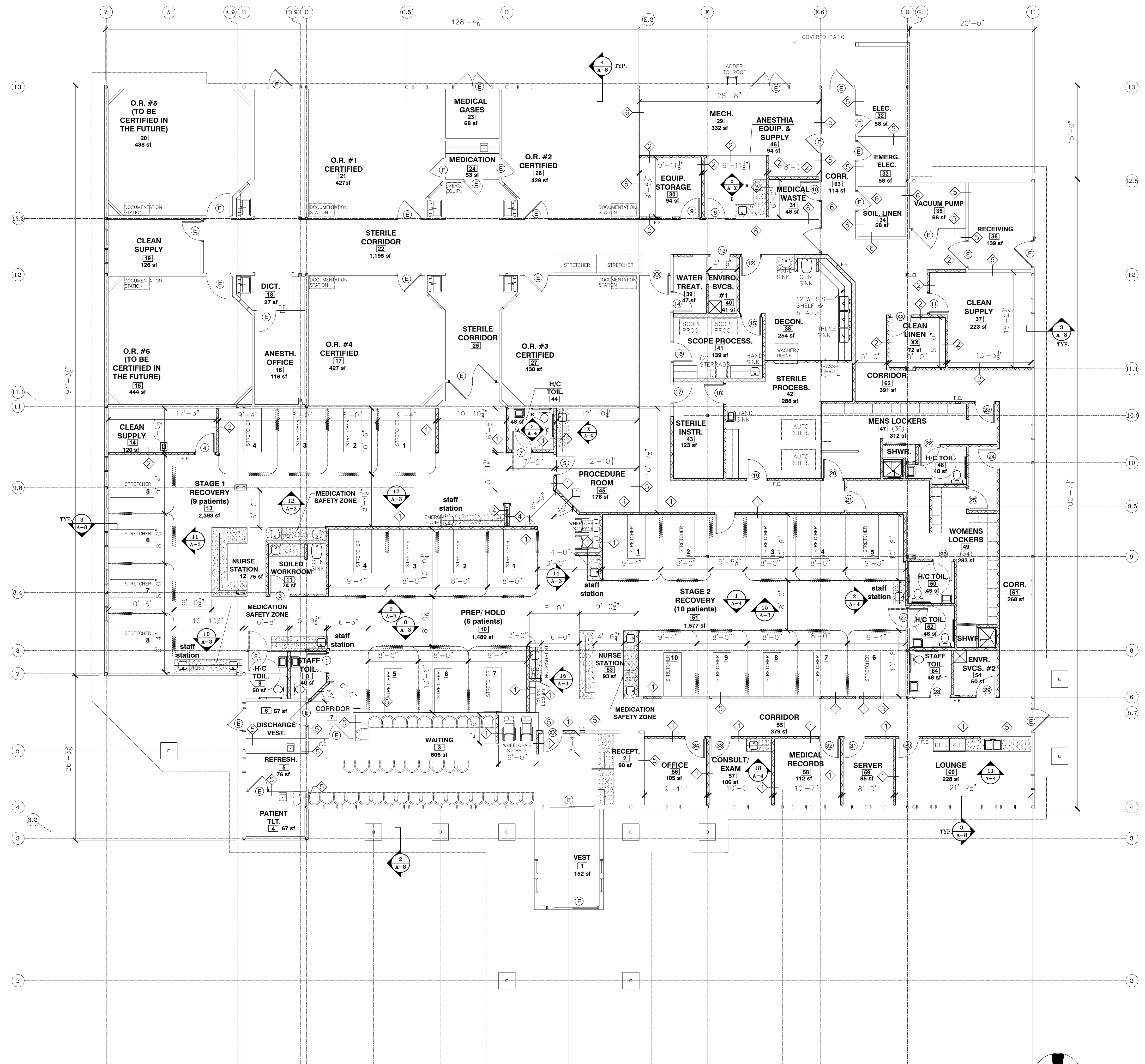
1 SITE PLAN
SHC-4 SCALE: 1/32" = 1'-0"



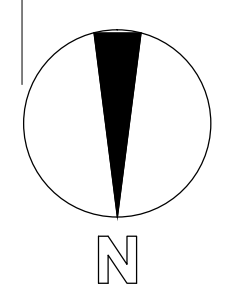
PARTITION TYPES

1. 3 5/8" METAL STUDS @ 16" O.C. W/ ONE LAYER 5/8" GWB ON EACH SIDE OF PARTITION. PROVIDE SOUND ATTENUATION INSULATION IN STUD CAVITY. EXTEND STUDS AND ONE LAYER OF GWB TO UNDERSIDE OF STRUCTURAL DECK ABOVE AND THE OTHER LAYER OF GWB TO 6" ABOVE FINISHED CEILING.
2. 3 5/8" METAL STUDS @ 16" O.C. W/ ONE LAYER 5/8" GWB ON EACH SIDE OF PARTITION. PROVIDE FIBERGLASS INSULATION IN STUD CAVITY. EXTEND STUDS AND GWB TO UNDERSIDE OF STRUCTURAL DECK ABOVE. SEAL ALL GAPS AND PENETRATIONS WITH FIRE CAULK. 1 HOUR FIRE RATED PARTITION UL No. U-419, STC RATING -50.
3. 6" METAL STUDS @ 16" O.C. W/ ONE LAYER 5/8" GWB ON EACH SIDE OF PARTITION. PROVIDE SOUND ATTENUATION INSULATION IN STUD CAVITY. EXTEND STUDS AND ONE LAYER OF GWB TO UNDERSIDE OF STRUCTURAL DECK ABOVE AND THE OTHER LAYER OF GWB TO 6" ABOVE FINISHED CEILING.
4. 3 5/8" METAL STUDS @ 16" O.C. W/ ONE LAYER 5/8" GWB ON ROOM SIDE OF PARTITION. PROVIDE SOUND ATTENUATION INSULATION IN STUD CAVITY. EXTEND STUDS TO UNDERSIDE OF STRUCTURAL DECK ABOVE AND GWB TO 6" ABOVE FINISHED CEILING.
5. EXISTING WALL TO REMAIN.
6. EXISTING WALL. ONE HOUR FIRE RATED WALL. VERIFY THAT ALL PENETRATIONS ARE SEALED WITH FIRE CAULKING TO MAINTAIN ONE HOUR FIRE RATING.
7. 2 1/2" METAL STUDS @ 16" O.C. W/ ONE LAYER 5/8" GWB ON BOTH SIDES OF PARTITION. EXTEND STUDS TO UNDERSIDE OF STRUCTURAL DECK ABOVE AND GWB TO 6" ABOVE FINISHED CEILING.
8. 6" METAL STUDS @ 16" O.C. W/ ONE LAYER 5/8" TYPE 'X' GWB ON EACH SIDE OF PARTITION. PROVIDE FIBERGLASS INSULATION IN STUD CAVITY. EXTEND STUDS AND GWB TO UNDERSIDE OF STRUCTURAL DECK ABOVE. SEAL ALL GAPS AND PENETRATIONS WITH FIRE CAULK. 1 HOUR FIRE RATED PARTITION UL No. U-419, STC RATING -50.

NOTES:
 1. ALL FIRE RATED PARTITIONS ARE TO BE IDENTIFIED AND LABELED PER SPEC. SECTION 09260, PART 3 PARAGRAPH 1.



1 OVERALL FLOOR PLAN
 A-1 SCALE: 1/8" = 1'-0"



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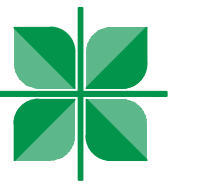
INTREPID LANE ENDOSCOPY & SURGERY CENTER

190 INTREPID LANE
 SYRACUSE, NEW YORK

NYS DOH
 CON # 202090

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 e-mail: frontdesk@bennettshuysman.com



FLOOR PLAN

A-1