



APPLICATION FOR ASSISTANCE

Each applicant seeking assistance must complete this application and provide required supplemental forms/documentation.

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.monroecountybusiness.org/application.

Please send completed application via email to EconomicDevelopment@monroecounty.gov. A non-refundable application fee of \$350.00 is required. Please see page 10 for additional information on costs and fees.

I. APPLICANT

A. Applicant Information

Name: Rochester Clinical Research, inc
 Address: 500 Helendale road Suite LL20
 City/State/Zip: Rochester , NY 14609
 Tax Id No.: 16-1522869
 Contact Name: Patricia S. Larrabee
 Title: CEO
 Telephone: 585-288-0890
 E-Mail: plarrabee@rcrclinical.com

B. Applicant's Legal Counsel

Name: J Michael Wood
 Firm: Boylan Code, LLC
 Address: 145 Culver Road Suite 100
 City/State/Zip: Rochester< NY 14620
 Telephone: 585-232-3537
 Email: mwood@boylancode.com

C. Owners of Applicant Company (must total 100%). If an LLC, LP or similar, all members/partners must be listed

Name	%	Corporate Title
<u>Patricia Larrabee</u>	<u>51%</u>	<u>CEO</u>
<u>Adam Larrabee</u>	<u>40%</u>	<u>President</u>
<u>Brendan Larrabee</u>	<u>9%</u>	<u>Vice President</u>
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II. PROJECT

A. Address of proposed project facility
500 Helendale Road
Rochester, NY 14609
 Tax Map Parcel Number: _____
 City/Town/Village: East Irondequoit
 School District: Irondequoit
 Current Legal Owner of Property:
500 Helendale Road Associates LLC

C. Owners of User/Tenant Company (must total 100%)
 If an LLC, LP or similar, all members/partners must be listed

Name	%	Corporate Title
<u>Patricia Larrabee</u>	<u>51</u>	<u>CEO</u>
<u>Adam Larrabee</u>	<u>40</u>	<u>President</u>
<u>Brendan Larrabee</u>	<u>9</u>	<u>VP</u>
_____	_____	_____
_____	_____	_____

B. Proposed User(s)/Tenant(s) of the Facility
 If there are multiple Users/Tenants, please attach additional pages.
 Are the user and owner related entities? Yes No
 Company Name: _____
 Address: _____
 City/State/Zip: _____
 Tax ID No: _____
 Contact Name: _____
 Title: _____
 Telephone: _____
 Email: _____
 % of facility to be occupied by user/tenant _____

D. Benefits Requested (Check all that apply)

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

E. Description of project (check all that apply)

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

DESCRIPTION OF THE PROJECT AND BACKGROUND ON USER(S) OF THE FACILITY NAICS Code: 541715

RCR was founded in 1994 to provide residents of the Greater Rochester Area access to clinical research studies, and to advance new medical treatments that improve quality of life. Our commitment is to provide efficient, friendly and caring service. We have conducted more than 900 clinical trials, involving more than 35,000 study volunteers. RCR is an industry leader working every day towards medical advancements and changing people's lives.

COVID-19 changed the world. RCR has been fighting on the front lines to defeat it and has grown dramatically as a result. Among our vaccine and therapeutic trials we are proud bring Rochester to the global stage and to partner with various sponsors including Pfizer, Janssen, Novavax, Moderna, Sanofi, to name a few leaders in the field. This work has allowed us to make an impact in the world by stopping the spread of the virus, the country by helping America lead the charge, and Rochester by being a premiere site for our many partners - putting us on the map and drawing attention to our local community. We also seek to serve this community by developing clinical trials as healthcare offering. Our participants come from all over Rochester and beyond and the feedback we get is that often our staff provide better care and attention to condition, often exceeding the care they get from primary providers. We seek to fi

Description of the Project

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Our business Expansion Plan seeks to accommodate a staff that is large enough additional trials and general business growth, including mobile teams that can go out in to our community, providing that same exceptional service offsite. We currently have a lack of space, equipment, resources, and funds to take on all crucial vaccines and trials on site. The scope of work entails remodeling a significant portion (roughly 4/5 of the entire floor - equaling roughly 15,000 SF (up from 9000 SF and disjointed on the lower level) when all is said and done. We have designed a footprint that makes patient care and clinical operations the center piece, with a well-sized lab and vaccine room for the volume of labs we are conducting. The build will require new heat pumps and HVAC work, millwork, counters, cupboards, shelving, etc. The project aims to hire long-term talent from the city of Rochester and New York State to improve and expand our trial capabilities while remaining a premiere Clinical Trial Site.

II. PROJECT (cont'd)

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

Yes No

Location:

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 the Agency's Financial Assistance is required to prevent the Project from relocating out of the State, or is reasonably necessary to preserve the Applicant or User's competitive position in its respective industry:

G. Would the project be undertaken without financial assistance from the Agency?

Yes No

Please explain why financial assistance is necessary.

Currently we are in a wave of rapid growth as a result of COVID-19 and the need for expedited vaccine trials to beat the pandemic. We have maxed out (over) our current space in the last 8 months bringing on the team needed to support the vaccine trials that are coming in and the number of participants needed for success. The existing space has nowhere else to grow to and the search for new space has resulted in the same building, but requires a great deal of adaptation to accommodate the increased needs the next several years and subsequent trials will need. As growth has been so rapid, our reserves are not such that they can accommodate a million dollar renovation for and yet the growth and renovation will support and grow the business, create new jobs, bring more activity in to the local economy and continue putting Rochester on the map as an important center for research and innovation.

H. Project Timeline

Proposed Date of Acquisition: n/a

Proposed Commencement Date of Construction: June 1, 2021

Anticipated Completion Date: December 15, 2021

I. Contractor(s)

bids received, decision pending between

LeFrois, Taylor, BSG

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).

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:

- Applicant 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 ⁵_____.

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 **AND**
- A minimum of 100 new jobs

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 RENT

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 equipment of the project by the APPLICANT.

Building Construction or Renovation

- a. Materials a. \$ 450,000
- b. Labor b. \$ 550,000

Site Work

- c. Materials c. \$ _____
- d. Labor d. \$ _____
- e. Non-Manufacturing Equipment e. \$ 95,000
- f. Manufacturing Equipment f. \$ _____
- g. Furniture and Fixtures g. \$ 250,000
- h. Land and/or Building Purchase h. \$ _____
- i. Soft Costs (Legal, Architect, Engineering) i. \$ _____
- Other (specify) j. _____ j. \$ _____
- k. _____ k. \$ _____
- l. _____ l. \$ _____
- m. _____ m. \$ _____

Total Project Costs \$ 1,345,000
(must equal Total Sources)

B. Sources of Funds for Project Costs:

- a. Tax-Exempt Industrial Revenue Bond a. \$ _____
- b. Taxable Industrial Revenue Bond b. \$ _____
- c. Bank Financing d. \$ _____
- d. Public Sources e. \$ _____

Identify each state and federal grant/credit

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

e. Equity \$ 1,345,000
TOTAL SOURCES \$ 1,345,000
(must equal Total Project Costs)

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

Yes No

If yes, please specify bank, underwriter, etc.

V. COMPLETE FOR EACH USER/TENANT THAT IS SEEKING SALES TAX EXEMPTIONS USER(S)/TENANT(S) PROJECT COSTS

Use additional sheets as necessary

Company Name _____

A. Estimate the costs necessary for the construction, acquisition, rehabilitation, improvement, and/or equipping of the project by the user(s)/tenant(s) from 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. Manufacturing Equipment d. \$ _____
- d. Furniture and Fixtures d. \$ _____
- Other (specify): e. _____ e. \$ _____
- f. _____ f. \$ _____
- g. _____ g. \$ _____
- h. _____ h. \$ _____

Total Project Costs \$ 0

VI. Value of Incentives

Project name: *Rochester Clinical Research, Inc.*

A. IDA PILOT Benefits:

Current Land Assessment	Taxes on Land	0
Dollar Value of New Construction & Renovation Costs		
Estimated New Assessed Value of Project Subject to IDA	0	

County Tax rate/\$1,000	
Local Tax Rate* Tax Rate/\$1,000	
School Tax Rate /\$1,000	
Total Tax Rate	0.00

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

* Local Tax Rate for Town/City/Village

B. Sales Tax Exemption Benefit:

Estimated value of Sales Tax exemption:	63,600
Estimated duration of Sales Tax exemption:	12/31/2021

C. Mortgage Recording Tax Exemption Benefit:

Estimated Value of Mortgage Recording Tax exemption:	\$0
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D. Industrial Revenue Bond Benefit

IRB inducement amount, if required:	\$0
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E. Percentage of Project Costs financed from Public Sector sources:

Total Value of Incentives:	\$63,600.00	4.73%
Sources of Funds (Section IV.B.)	\$1,345,000.00	

** All estimates are based on current tax rates.

VII. PROJECTED EMPLOYMENT

Complete for each Applicant or User/Tenant

Company Name: Rochester Clinical Research

Applicant: or User/Tenant:

Applicant/Tenant creating jobs must submit most recent NYS-45 or equivalent.

	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)	50	50	10	10
Part Time (PTE)	4	4	4	4
Total	52.00	52.00	12.00	12.00

** 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 Marker Area, in the fourth column. The Labor Marker 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 Rochester Clinical Research

Applicant: and/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, Steuben, 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 45 days in advance of commencing work. 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.

Rochester Clinical Research

(APPLICANT COMPANY)

Patricia Larrabee

Digitally signed by Patricia Larrabee
Date: 2021.04.19 09:08:34 -04'00'

CEO

4/2/2021

Signature

, Title

Date

(TENANT COMPANY)

Signature

, Title

Date

IX. FEES

Transaction Type	Fees
Lease/Leaseback including any/all of the following: 1. PILOT Agreement 2. Sales and Tax Exemption 3. Mortgage Tax Exemption	Application Fee: Non-refundable \$350.00 IDA Fee: 0.75% of the total project cost Legal Fee: 0.33% of the IDA fee. Minimum fee of \$4,000.
Sales Tax Exemption* and/or Mortgage Recording Tax Exemption	Application Fee: Non-refundable \$350.00 IDA Fee: 0.50% of the total project cost Legal Fee: 0.33% of the IDA fee. Minimum fee of \$750
Bond: Taxable or Tax-Exempt with Lease/Leaseback Including any/all of the following: 1. PILOT Agreement 2. Sales Tax Exemption 3. Mortgage Tax Exemption	Application fee: Non-refundable \$350 IDA Fee: 1.25% of the total project cost Legal Fee: 0.33% of IDA fee Designated Bond Counsel fee is based on the complexity and amount of the transaction
Bond: Taxable or Tax-Exempt	Application fee: Non-refundable \$350 IDA Fee: 1.00% of the total project cost Legal fee: 0.33% of the IDA fee Designated Bond Counsel fee is based on the complexity and amount of the transaction.

If the sales tax benefits are required prior to closing, a non-refundable twenty-five percent (25%) of the IDA fee and Legal fees are payable at that time. This amount will be applied towards the IDA fee and Legal fee.

Rochester Clinical Research

(APPLICANT COMPANY)

Patricia
Larrabee

Digitally signed by
Patricia Larrabee
Date: 2021.04.19
10:13:35 -04'00'

CEO

4/2/2021

Signature

, Title

Date

(TENANT COMPANY)

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 have ownership 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. Pay Equity: The Applicant and/or user/tenant officer certifies on behalf of the company and/or user/tenant (the Applicant) has not been the subject of an adverse finding under the equal pay laws within the previous five years, has disclosed any pending equal pay claims against the company at time of application, and shall disclose to COMIDA any pending claims or adverse findings under the equal pay laws during the term of COMIDA financial assistance agreement.
- H. Applicant hereby releases the COMIDA ("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

Rochester Clinical Research

Patricia Larrabee Digitally signed by Patricia Larrabee Date: 2021.04.19 10:14:07 -04'00' CEO 4/2/2021

Signature, Title Date

TENANT COMPANY

Signature, Title Date

Cost-Benefit Analysis for Rochester Clinical Research, Inc.

Prepared by COMIDA using InformAnalytics

Executive Summary

INVESTOR

**Rochester Clinical
Research, Inc.**

TOTAL INVESTED

\$1.3 Million

LOCATION

**500 Helendale Road,
Rochester, NY 14609**

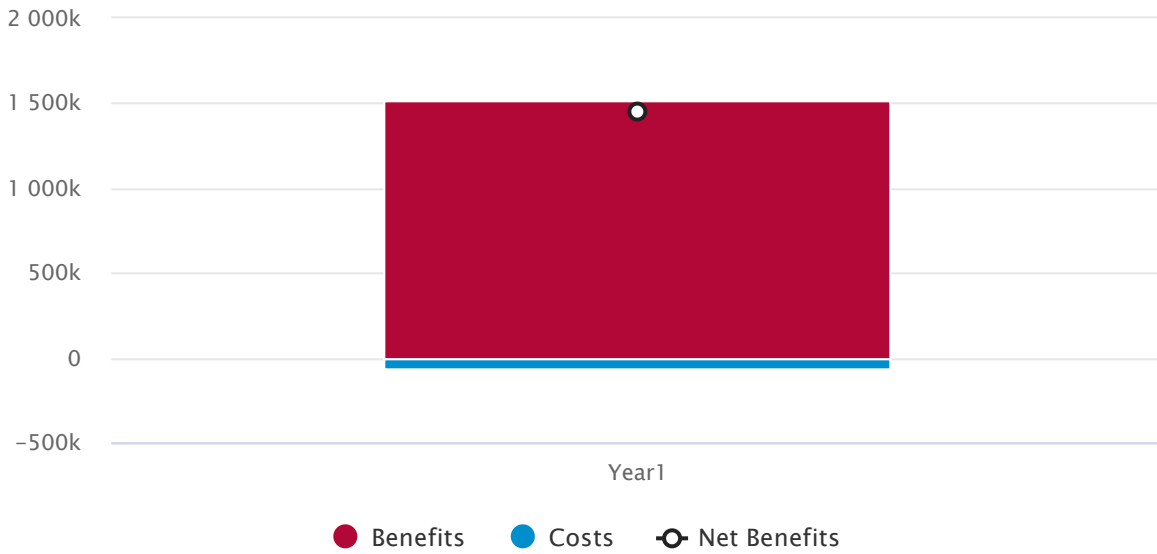
TIMELINE

1 Years

F1 FIGURE 1

Discounted* Net Benefits for Rochester Clinical Research, Inc. by Year

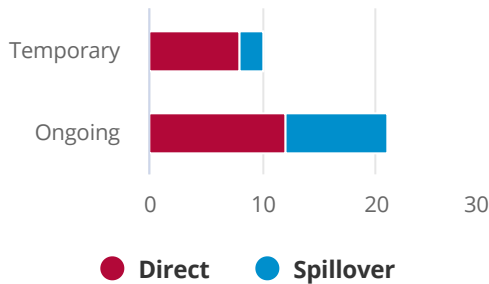
Total Net Benefits: \$1,450,000



Discounted at 2%

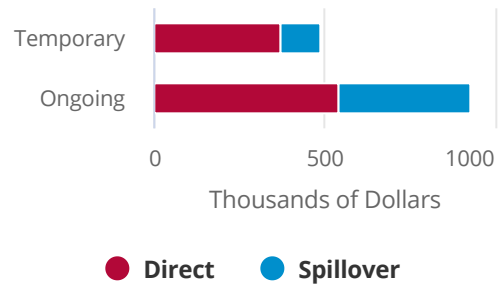
F2 FIGURE 2

Total Jobs



F3 FIGURE 3

Total Payroll



Proposed Investment

Rochester Clinical Research, Inc. proposes to invest \$1.3 million at 500 Helendale Road, Rochester, NY 14609 over 1 years. COMIDA staff summarize the proposed with the following: Building Renovation

T1 TABLE 1

Proposed Investments

Description	Amount
CONSTRUCTION SPENDING	
ST	\$1,000,000
OTHER SPENDING	
Non-Manufacturing Equip	\$95,000
FF&E	\$250,000
Total Investments	\$1,345,000
Discounted Total (2%)	\$1,345,000

May not sum to total due to rounding.

F4 FIGURE 4

Location of Investment



Cost-Benefit Analysis

A cost-benefit analysis of this proposed investment was conducted using InformAnalytics, an economic impact model developed by CGR. The report estimates the impact that a potential project will have on the local economy based on information provided by COMIDA. The report calculates the costs and benefits for specified local taxing districts over the first 1 years, with future returns discounted at a 2% rate.

T2 TABLE 2

Estimated Costs or Incentives

COMIDA is considering the following incentive package for Rochester Clinical Research, Inc..

Description	Nominal Value	Discounted Value*
Sales Tax Exemption	\$63,000	\$63,000
Total Costs	\$63,000	\$63,000

May not sum to total due to rounding.

* Discounted at 2%

T3 TABLE 3

State & Regional Impact (Life of Project)

The following table estimates the total benefits from the project over its lifetime.

Description	Direct	Spillover	Total
REGIONAL BENEFITS	\$920,000	\$510,000	\$1,431,000
To Private Individuals	\$909,000	\$504,000	\$1,413,000
Temporary Payroll	\$369,000	\$117,000	\$485,000
Ongoing Payroll	\$540,000	\$387,000	\$927,000
To the Public	\$11,000	\$6,000	\$18,000
Temporary Sales Tax Revenue	\$5,000	\$1,000	\$6,000
Ongoing Sales Tax Revenue	\$7,000	\$5,000	\$12,000
STATE BENEFITS	\$52,000	\$30,000	\$82,000
To the Public	\$52,000	\$30,000	\$82,000
Temporary Income Tax Revenue	\$17,000	\$6,000	\$22,000
Ongoing Income Tax Revenue	\$24,000	\$18,000	\$42,000
Temporary Sales Tax Revenue	\$5,000	\$1,000	\$6,000
Ongoing Sales Tax Revenue	\$7,000	\$5,000	\$12,000
Total Benefits to State & Region	\$972,000	\$540,000	\$1,513,000
Discounted Total Benefits (2%)	\$972,000	\$540,000	\$1,513,000

May not sum to total due to rounding.

T4 TABLE 4

Benefit to Cost Ratio

The following benefit to cost ratios were calculated using the discounted totals.

Description	Benefit*	Cost*	Ratio
Region	\$1,431,000	\$31,000	46:1
State	\$82,000	\$32,000	3:1
Grand Total	\$1,513,000	\$63,000	24:1

May not sum to total due to rounding.

* Discounted at 2%

CGR has exercised reasonable professional care and diligence in the production and design of the InformAnalytics™ tool. However, the data used is provided by users. InformAnalytics does not independently verify, validate or audit the data supplied by users. CGR makes no representations or warranties with respect to the accuracy of the data supplied by users.