



RECEIVED JUN 30 2020

APPLICATION TO
HERKIMER COUNTY INDUSTRIAL DEVELOPMENT AGENCY
FOR FINANCIAL ASSISTANCE

I. APPLICANT INFORMATION:

Company Name: HPK IND. INC. dba HPK INDUSTRIES
Address: PO BOX 4682, UTICA, NY 13504
Product/Services: Manufacturer of disposable apparel and accessories (ppe)
Phone No.: 315.724.0196 Fax No.: 315.724.0197
Email Address: mike.l@hpkindustries.com
Fed ID No.: 47-0993552 & 59-3773798 NAICS
Code:
Contact Person/Title: Michael Liberatore

Principal Owners/Officers/Directors:
(list owners with 15% or more in equity holdings with percentage ownership)
Michael Liberatore 100%

Corporate Structure (attach schematic if Applicant is a subsidiary or otherwise affiliated with another entity)

Form of Entity:

- X Corporation
Partnership (General or Limited; number of general partners and, if applicable, number of limited partners).
Limited Liability Company/Partnership (number of members).
Sole Proprietorship

If a corporation, partnership, limited liability company/partnership:

Date of establishment 4/14/2014 Orig LLC. 2003 PRIOR CO. 1985
Place of organization NY

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

III. COST BENEFIT ANALYSIS:

A) Project Cost (Estimates) (where applicable)

1. Land	\$ _____	*
2. Building	\$ 775,000	*
3. Renovation Costs	\$ 350,000	*
4. Machinery and Equipment	\$ 1,575,000	*
5. Soft Costs	\$ 150,000	
6. Legal Costs	\$ 50,000	
7. Other (specify)	\$ _____	

Total Estimated Project Amount \$ 2,900,000 *Benefitted Amt. 2,700,000

B) FINANCING (Source of funds where applicable)

Bank	\$ _____ 00
Private Funds Invested	\$ <u>1,800,000</u>
Industrial Revenue Bond	\$ _____ 00
Other	\$ <u>1,000,000</u>
Total (should equal III. A)	\$ <u>2,900,000</u>

C) Financial Assistance Requested (Proposed Benefit Estimates) (Please note n/a in any line where you are not seeking assistance)

Type of Financing: Tax-Exempt Taxable Straight Lease

Amount of Bonds Requested: \$ _____ 00

Amount of New Mortgage (s) required for project: \$ _____ 00

Project-Related Costs Subject to Sales Tax: \$ 350,000

Estimated Value of Tax Exemptions:

1. NYS Sales and Compensating Use Tax (State 4% + Local 4.25% = Total 8.25%)	\$ <u>28,875</u>
2. Mortgage Recording Taxes (1% of total proposed mortgage amount)	\$ _____
3. Real Property Tax Exemptions (the Agency will assist with this estimation at your request)	\$ 279,000 <u>83,500</u>
4. Estimated interest savings on Issuance by the Agency of Industrial Revenue Bonds	\$ _____

Total Estimated Value of Tax Exemptions \$ ~~378,875~~ 112,375

*Revised
6-20-2020
MM*

APPLICANTS' COUNSEL

Name: C. Louis Ableove
 Address: 2110 Genesee St.
Utica, NY 13502
 Phone No.: 315.724.8102
 Telefax No.: 315.724.8481

II. PROJECT INFORMATION

A) Describe the proposed project, acquisition, construction or reconstruction in as much detail as possible.

Acquire and build out the facility located at 148 Industrial Drive Frankfort NY. Move existing operations from current location of 1208 Broad Street Utica 20K sq ft to the 64,000 square ft bldg. Purchase new machinery need to expand current operations in response to the massive increase in business due to the Covid -19 demand for the Company's PPE products. These products have been made by applicant since 1985 and are well established in the industry. Products include gowns, labcoats, coveralls, facemasks and all other accessories (www.hpkindustries.com)

B) Project Description (check all applicable)

- Manufacturing
- Warehousing/Distribution
- Tourism Destination Facility
- Retail
- Other - Specify _____

C) Name of all sub-lessees or other occupants of the facility:

Taubert Electric Co.

D) Principals of any sub-lessee or occupant.

Tim Taubert

D) Employment Information/Job Creation

The Agency recommends the following standard when reporting FTE – Full Time Equivalent jobs: Full-time equivalent is a ratio that compares the number of hours worked during a pay period by an employee to the number of work hours during the pay period that equates to full time employment. For example, an employee who works hours equal to full time is 1.0 FTE. An employee who works half the hours of full time employment is 0.5 FTE, while an employee that works one-third the hours of full time employment would be considered .3 FTE. Please contact the Agency for assistance if needed.

Please provide the **current number** of existing jobs.

FTE 26 (please attach a list of current employees)

Please provide an estimated number of jobs to be **retained** as a result of this project.

FTE 26

Please provide an estimated number of jobs that will be **created** as a result of this project.

FTE 24

Please provide the **total** number of jobs you anticipate upon completion of this project.

FTE 50

Please provide the **average estimated annual salary** of jobs to be **created** as a result of this project.

37,500

Please provide the **annualized salary range** of jobs to be **created**. From \$ 30,600 To \$ 37,440

Please provide the **average annual salary** of jobs to be **retained**. 37,500

Please note any proposed fringe benefits for jobs to be created by job title.

E) Estimate number of construction jobs to be used for this Project: FTE 0

V. PROJECT LOCATION/UTILITIES/IMPACT

A) Project Address: 148 Industrial Park Drive, Frankfort, NY 13340 _____

B) Are Utilities on Site
Water X Electric X
Gas X Sanitary/Storm Sewer X

C) Present legal owner of the site Rust Belt Realty

D) Zoning of Project Site: Current: IND Proposed: _____

E) Are any variances needed: NO

F) Principal use of Project upon completion: Manufacturing

G) Will the Project result in the removal of a plant or facility of the Applicant from one area of the State of New York to another? YES

H) Will the Project result in the removal of a plant or facility of another proposed occupant of the Project from one area of the State of New York to another area of the State of New York? NO

I) Will the Project result in the abandonment of one or more plants or facilities located in the State of New York? YES

If you answered yes to G-H or I please indicate whether the project is reasonably necessary for the company to maintain its competitive position in the industry. Please explain in detail. Attach supporting documentation.

The company is unable to meet the needs of its customers due to the COVID -19 Pandemic Demand outweighs current production capacities.

VI. REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the Agency as follows:

A.) **Job Listings.** In accordance with Section 858-b(2) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entities") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JTPA") in

which the Project is located. The IDA encourages to the fullest extent possible, the hiring of local labor for all construction projects.

- B.) Annual Sales Tax Filings.** In accordance with Section 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. In accordance with Section 874(8) of the General Municipal Law, the Applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the Applicant and all consultants or subcontractors retained by the Applicant. A copy of such form should be provided to the Agency annually upon submission to the State.
- C.) Sales Tax Tracking.** The Applicant understands and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance that they will submit to the Agency, a quarterly tracking form (form will be provided) listing all sales tax savings incurred to allow for the Agency to monitor and report to the State as required.
- D.) Recapture of Benefits.** The Applicant understands and agrees that the benefits received from tax abatements/exemptions shall be subject to recapture in accordance with the Agency's tax exemption policy. The Agency reserves the right to include in the transaction documents the recapturing of the total value of real property/sales tax exemptions approved for a Project if any of the following conditions arise:
- a. The Project Facility as defined in the PILOT/Lease Agreement is sold or closed and the Applicant leaves or departs Herkimer County.
 - b. There is a significant change in the use of the Project Facility and/or business activities of the Applicant.
 - c. There is a significant reduction in the number of full/part-time jobs at the Project Facility in comparison to what was estimated in the Applicant's Project Application that are not reflective of the Applicant's normal business cycle or national economic conditions.
 - d. The Applicant fails to fully comply with all periodic and/or annual reporting requirements of the Agency, State or Federal government.
 - e. The Applicant failed to achieve any minimal new job creation figures specified by and within the time frames specified by the Agency
- E.) Annual Employment Reports.** The Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the Applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site in addition to any additional project information as may be required. The Chief Executive Office shall submit to the Agency prior to February 1st of each year, a written certification setting forth:
- a. Number of full-time equivalent employees at the Project location as of the last date of the prior year
 - b. Number of construction jobs during the fiscal year as a result of the Project
- F.) Absence of Conflicts of Interest.** The Applicant has received from the Agency a list (see page 10) of the members, officers and employees of the Agency. No member, officers or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

VII. FINANCIAL INFORMATION (attach the following):

1. Financial Statements for the last three fiscal years.
2. Proforma balance sheet as at start of operations at project site.
3. Projected profit and loss statements for first two years of operation at project site.
4. Projected "cash flow" statement, by quarters, for first year of operation at project site.

The Applicant and the individual executing this Application on behalf of the applicant acknowledge that the Agency will rely on the representations made herein when acting on this application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

Applicant: HPK IND. INC. dba HPK INDUSTRIES

Date: 06/30/2020

By: 

Name: Michael A. Liberatore

Title: President

Submit this application with a general application fee of \$500.00. If this application is for Market Rate Housing Benefits, please submit \$1,500.00 which includes a non-refundable application fee of \$500.00 and a commitment fee of \$1,000.00 that will be applied at closing; if the project does not close the \$1,000.00 is not refundable. Make check payable to: Herkimer County Industrial Development Agency, 420 E. German Street, Suite 101A, Herkimer, New York 13350, to the attention of John J. Piseck, Jr., Executive Director. The Agency will collect ½ (one-half) of its Project Fee at the time of the signing of an inducement agreement. The final half of the Agency fee will be payable at which time the HCIDA takes title to the Facility, or upon issuance of bonds. The applicant will also be responsible for all HCIDA legal fees related to this project. Should your company for any reason decide to withdraw this application for financial assistance after submission but prior to completion, you will be responsible for any legal fees involved to that point. In addition the Agency will assess a fee for services rendered and costs incurred.

Agency fees will be assessed at 1% of the total project cost.

The Agency will assess your company an annual administration fee in the form of rent under the Lease Agreement in the amount of \$750.00.

Please call 315-866-3000 with any questions

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