



Department of Community Development

240 Columbus Avenue

Sandusky, OH 44870

Phone: 419.627.5783

www.ci.sandusky.oh.us

ECONOMIC DEVELOPMENT INCENTIVE COMMITTEE

MEETING AGENDA

FEBRUARY 11, 2020

1:30pm

- I. Meeting called to order
- II. Approval of January 14, 2019 minutes
- III. Program financial update
 - a. 2020 Spreadsheet
- IV. Review of staff reviewed applications
NONE
- V. Review of applications
 - a. FAMILY HEALTH SERVICES, LLC (Substantial Development Grant Request);
 - b. CHESAPEAKE LOFTS CONDOMINIUM ASSOCIATION (Signage & Façade Grant Request)
- VI. Reminder of next meeting – MARCH 10, 2020
- VII. Public Participation
- VIII. Meeting Adjournment

Economic Development Incentive Committee
January 14th, 2020
Meeting Minutes

Call To Order

Mr. Nickles called the meeting to order at 1:30pm.

The following members were present constituting a quorum: Mr. Paul Koch, Ms. Abbey Bemis, Mr. Al Nickels, Mr. Trevor Hayberger, and Mr. Greg Voltz. Chief Development Officer Matt Lasko, and Clerk for the Community Development Department Kristen Barone were also present.

Approval of Minutes

Mr. Hayberger moved to approve the minutes from the November 19th, 2019 meeting; Mr. Koch seconded the motion. All members were in favor of the motion.

Program Financial Update

Mr. Lasko explained which projects have been approved by the committee, but have not yet been completed, so that money has been carried over into this year's budget. He then stated that there was also a little over \$4,000.00 that has not been committed from 2019 that has also carried over.

Mr. Nickles stated that at last month's meeting there was some concern that there was money already spent in 2019 from the 2020 budget.

Mr. Lasko clarified that there was some money committed for some larger projects, from the 2020 budget but not spent or disbursed. He then stated that there has been \$500,000.00 put in the budget for 2020. After subtracting the amount of money already committed, that leaves \$318,930 left to commit for 2020.

Application Review

Mr. Lasko stated that the only application on the agenda today is for Lake Erie Island Cruises, LLC, owned by Mr. Joe Lamb. Mr. Lamb has applied for a small business assistance grant for a full reconstruction of the existing ticket house. The new ticket house will cost about \$200,000. The base bid for the project is at \$160,000, but there is an opportunity to expand that to offer concessions, which would bring the cost up to \$200,000. The project will include restrooms for the employees, a security closet, and plumbing work that will be needed for the concessions and a larger building to permit for the addition of concessions. The City was already planning on building a ticket house as part of the Jackson Street Pier project, so the City is funding just under \$170,000 of that project. Mr. Lamb is seeking \$15,000 in small business assistance and then he is also going to pay for a portion of the costs through additions in his lease payments over the course of the next five years. This project will create new employment, but will also help a long term tenant grow his business. Therefore staff recommend approval of the grant.

Mr. Nickels asked if the timing on this project depends on the timing of the Jackson Street Pier project.

Mr. Lasko stated that the hope is that everything will be wrapped up by late spring/early summer. He stated that they are still working out the terms of the lease agreement and hoping to have that worked out by sometime in February.

Ms. Bemis asked Mr. Lasko if it makes more sense for Mr. Lamb to do the buildout himself to save on construction costs.

Mr. Voltz stated that the building is a prefab building, so this is probably as low of a cost as possible. He said that they had asked Mr. Lamb what he would feel comfortable doing himself and what work he would like to have ready to go when the season starts.

Mr. Lasko stated that since a lot of the things that are being added was Mr. Lamb's request and going towards his business benefit, the lease is going to have that a lot of the maintenance of that building is going to be his responsibility.

Ms. Bemis made a motion to accept the staff recommendation.

Mr. Koch seconded the motion.

Without further discussion, all members were in favor to approve the motion.

Next Meeting

Mr. Nickles asked if any other applications have been submitted for the February 11th meeting.

Mr. Lasko stated that they are still wrapping things up, but it looks like there will be one application to discuss and potentially a couple others.

Public Participation

Sharon Johnson asked if Mr. Lasko could clarify who was contributing what to Mr. Lamb's project.

Mr. Lasko explained the City is funding just under \$170,000 as part of the Jackson Street Pier project, Mr. Lamb is seeking \$15,000 in small business assistance, and then the remaining amount would be fronted from the City and Mr. Lamb would pay that back through his lease agreement payments.

Sharon then stated that at the November 2019 meeting, she thought she remembered hearing that \$9,000 was being borrowed from this year's budget to pay for the Cardinal business project, so she was wondering how staff come up with the carryover amount from last year.

Mr. Lasko explained that the carryover amount is funds from 2018 and 2019 that have been committed, but not yet paid since the projects have not yet been completed.

Sharon asked if \$9,000 had been borrowed from this year's budget for the application at the November meeting.

Mr. Lasko stated that the committee did approve forward committing money from this year's funds for three projects from last year. He explained that the City does not disburse the money until it is in the account, but there is the need to commit to the projects so that the businesses can show where their money is going to come from when applying for loans and can move forward with their projects.

Sharon asked if there is a list of all of the loans that were given out in 2019.

Mr. Lasko stated that no loans were given out last year, but a list of grants that were approved was provided at the last meeting in 2019. He said he could email her that list if she would like.

Sharon asked what bank Lake Erie Island Cruises was using.

Mr. Lasko stated that there were no loans needed for this project.

Meeting Adjournment

Mr. Hayberger made a motion to adjourn the meeting.

Mr. Koch seconded the motion.

The meeting was adjourned at 1:51pm.

APPROVED:

Kristen Barone, Clerk

Mr. Nickles, Chairman

ECONOMIC DEVELOPMENT FUNDS

2019 Carryover	New Funds	Beginning Balance	Date Approved	Committed	Spent	Revenue	Ending Balance	Total Project Cost	New Jobs	Notes
\$ 390,158	\$ 500,000	\$ 504,175					\$ 303,930		14.0	

Substantial Development

Resort School, LLC				1/21/2019	\$ 150,000.00	\$ 150.00	\$ 150.00		\$ 13,600,000.00	12.0	\$120,000-2021
Renaissance Too, LLC				6/11/2019	\$ 25,625.00	\$ 150.00	\$ 150.00		\$ 1,210,000.00	2.0	
Market Street Collective, LLC				12/9/2019	\$ 9,620.00	\$ 150.00	\$ 150.00				

Façade

Signage

Small Business Assistance

LAKE ERIE ISLAND CRUISES, LLC				2/10/2020	\$ 15,000.00	\$ 150.00	\$ 150.00		\$ 199,652.00		

Miscellaneous

Committed - Not Yet Paid:	
Renaissance Too, LLC (#1)	\$ 90,000.00
Renaissance Too, LLC (#2)	\$ 76,875.00
Market Street Collective	\$ 130,000.00
Wilken Custom Heating	\$ 9,500.00
Erie Residential Living	\$ 9,411.50
Chris Andrews, LLC	\$ 7,500.00
Lake Erie Shores & Islands	\$ 4,000.00
Magroup, LLC	\$ 6,454.00
Omeca, Inc.	\$ 9,500.00
Lake Erie Shores & Islands	\$ 10,000.00
LUCO-Wes Properties	\$ 4,000.00
Toft Funeral Home	\$ 7,500.00
Alittle.Life, LLC	\$ 6,242.39
MAGroup, LLC	\$ 15,000.00
TOTAL	\$ 385,982.89

Carryover (Rounded):	
Committed - Not Yet Spent	385,982.89
2019 Carryover	4,175.00
TOTAL	390,157.89

FEBRUARY 11, 2020

Economic Development Incentive Committee Summary

FAMILY HEALTH SERVICES, LLC (or its affiliates and assigns)

APPLICANT: Mr. David P. Tatro, Chief Executive Officer
1912 Hayes Avenue, Suite D
Sandusky, Ohio 44870

CORPORATE STRUCTURE: Limited Liability Company

PRINCIPAL/% OWNERSHIP: Family Health Services of Erie County, Inc., (100%)

PROGRAM APPLIED FOR: Substantial Development

RECOMMENDATION: \$50,000.00 from the Substantial Development grant program; contingent upon obtaining title/lien reports, obtaining all relevant permits (if necessary), submitting before and after photographs (if necessary), and displaying a sign evidencing City of Sandusky support for one year after project completion. This project will be complete by December 31, 2020.

BACKGROUND

Family Health Services is a federally qualified health center ("FQHC") located in Sandusky and serving all of Erie County. (the "Company") The Company was organized with the Ohio Secretary of State in 2014 and now operates as one of two health center programs in Erie County. The Company provides comprehensive primary care and enabling services, preventative women's health services, and behavioral health services, in addition to offering a 340B pharmacy program to patients. The Company currently operates at two locations: 1912 Hayes Avenue and 620 E. Water Street, where medical and behavioral health services are housed. The new dental clinic will be located at the South Campus of Firelands Regional Medical Center, formerly the Providence Hospital site. Located within this building is a Veteran's Clinic, Sleep Disorder Clinic, Rehabilitation Services, School of Nursing, and Stein Hospice. This grant is to greatly expand the dental services for the City of Sandusky and Erie County residents.

PROJECT DESCRIPTION

In order to serve the underserved, low-income, Medicaid population of patients within the City and Region, the Company must build a state of the art 3,000 square foot, 8-10 chair dental facility. This design and buildout of a new dental practice of 8-10 chairs in 3,000 square feet will cost approximately \$1.5MM dollars. Installation of dental chairs and x-ray sensors, plumbing, vacuum lines, electrical, and vacuum/compressor units will all take place over initial construction. Upon completion, the proformas estimate that by the end of 2021, four general dentists and four hygienists will be able to receive approximately 15,000 patients. The estimates for calendar year 2022 increase to 20,000 patient visits. The data supports these underlying visit counts as the City and Region have been labeled as a dental desert for the underserved, lower-income citizens. This project achieves the rare two-fold benefit of

bringing higher-paying professional jobs to the City while concurrently provided much-needed dental services to people who desperately need such health attention. When fully completed, this Project will provide approximately 20-25 new jobs.

PROJECT FINANCING

The project sources and uses are as follows for the small business assistance:

Uses

Equipment & Installation	\$800,000.00
Construction & Build-Out of Physical Space;	\$500,000.00
Start-Up and Soft Costs	\$200,000.00

Total	\$1,500,000.00
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Sources

Owner Equity	\$550,000.00
Bank Financing	\$900,000.00
City Substantial Development Grant	\$50,000.00

Total	\$1,500,000.00
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The recommended total grant amount of \$50,000.00 in Substantial Development Assistance is half of their \$100,000.00 request amount. Staff believes that \$50,000 is the appropriate amount based upon the Company's ability to secure third-party financing as well as other public monetary sources to complete the project. From a percentage of total project investment standpoint, the City's \$50,000.00 grant equates to 3.3%, which is far below our traditional 10% grant allowance for major substantial development projects.

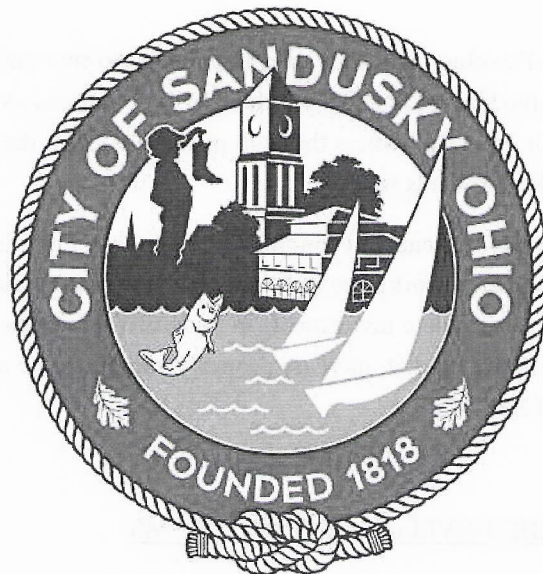
FINANCIAL SUMMARY – BUSINESS

Annual Sales Revenue (YR1 = \$1,219,790; YR2 = \$2,145,000; YR3 = \$2,860,000). Payroll (YR1 = \$616,250, YR2 = \$1,117,500, YR3 = \$1,497,500). Employment will expand from 0 to 21.5 full time employees during this time period.

RECOMMENDATION

Staff is recommending a \$50,000 Substantial Development Grant for all of the aforementioned reasons.

DAVID TATRO
FHS



SANDUSKY CITY ECONOMIC DEVELOPMENT APPLICATION – SUBSTANTIAL DEVELOPMENT

CITY OF SANDUSKY

PROGRAM YEAR 2019

INTRODUCTION

The Sandusky City Economic Development (ED) programs intend to spur and support economic development activities within the City of Sandusky (“the City”). Financial assistance is available for new or expanding businesses and/or property owners that will positively affect the economic and employment climates in the City and broader Firelands Region.

The City strongly believes that investments in economic development activities are vital to job creation and attracting and retaining a talented workforce to fill newly created or available positions. Increased economic development will also stimulate investments in underutilized or vacant buildings and sites – which will strengthen the real estate market, increase property values, create a more walkable community and improve overall quality of life.

SANDUSKY CITY ECONOMIC DEVELOPMENT PROGRAMS

The City’s intention is for its programs to be fair, straightforward, and easy to navigate. **A pre-application meeting or conference call is a requirement of ED assistance.** If you have questions prior to the meeting, please do not hesitate to contact the City’s Chief Development Officer, Matt Lasko at (419) 627-5707 or mlasko@ci.sandusky.oh.us. **Please note this application and all related materials are subject to public records requests.**

Section I - GENERAL TERMS:

FUNDING AVAILABILITY: Approximately \$500,000 is available for calendar year 2019

USE OF FUNDS: ED Funds can be used for the following purposes:

Fixed Assets: examples include new construction or renovation of existing facilities

Non-Fixed Capital Assets: must be depreciable equipment

Pre-Development: examples include architectural drawings, surveys, market studies and environmental due diligence.

ELIGIBILITY REQUIREMENTS: The business/property must be located in the City of Sandusky. ED funds are intended, in most instances, to serve as gap financing. In these cases, applicants, prior to application, should attempt to secure private financing, such as traditional bank financing, to finance the project. A Project is eligible to receive ED funds once every five (5) years; however, distinct phases of the same project are eligible. There will be a limited amount of ED funds available for non-profit organizations. All successful applicants/borrowers must provide proof of the ability to secure ownership

of the real estate or (preferably) a two (2) year lease agreement in which the project is located. **All projects must meet applicable zoning requirements. All projects that need approvals from other departments, such as Planning, must obtain these approvals prior to application review.**

APPROVAL PROCESS: Completed applications will be accepted at any time. The Department of Community Development reviews applications and provides recommendations for approval or denial of grants or loans monthly to the Economic Development Incentive Committee (EDIC) in the month after receiving a completed application. Applications for assistance greater than \$10,000 that are approved by the EDIC will require final approval by the Sandusky City Commission. In this case, we require the applicants to attend the City Commission meeting at which the project is reviewed.

AVAILABLE FINANCING: In most instances, ED assistance is intended to be a secondary financing source and is not intended to cover 100% of a potential project's cost. In these instances, **all other sources of funding must be documented and in place before any ED funds are disbursed.** Grant proceeds are provided directly to third party contractors or on a **reimbursable** basis to the applicant at the completion of the project. The City will consider adjustments to the awarded grant amount for substantive changes in the project scope only, but this is not guaranteed.

REQUIRED EQUITY: A minimum of 5% owner equity is preferred and will be required in most instances, even when other third-party sources have been secured. The Department of Community Development or the EDIC may, at its discretion, require a higher equity percentage.

GRANT OR LOAN FEES: **Upon recommendation of approval by the EDIC and prior to loan or grant disbursement, the applicant must remit a \$150 fee that will cover the cost of lien and credit bureau reports.**

Applicants may be subject to personal background checks and credit reviews and must sign any waivers to allow the City of Sandusky to share information with relevant lending institutions and obtain credit reports. Requests for funding will be denied if applicants have outstanding collections, judgment liens, other court judgments, delinquent taxes or other tax liens. Any previous bankruptcy must be fully discharged prior to submitting an application.

No person shall, on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with ED funds.

Section II – PROJECT EXCLUSIONS

Individual program categories may have specific and more restrictive eligibility requirements than those listed in this section. The project exclusions outlined in this section generally apply to all applications and projects regardless of the type of financial assistance being requested.

PROJECT EXCLUSIONS: Projects will not be considered for financing assistance if they involve:

1. Financing of businesses that have not identified 100% of the remaining required financing to complete the project outlined in the application. Small businesses and/or startups may be exempt from this provision.
2. Refinancing of existing debts and training costs.
3. Financing of businesses that operate out of a personal residence.
4. Financing of speculative projects, buildings, or activities such as land banking or acquisition of real estate with no planned capital improvements or job creation.
5. Financing of historically unsuccessful ventures or projects with unresolved environmental problems. However, this exclusion does not apply to projects that will address/resolve environmental issues as part of the project scope of work.
6. Financing for businesses with a history of civil rights violations or unfair labor practices.
7. Financing to businesses which are not current with taxes or other loans.
8. Financing to businesses/applicants who are not in good standing on all outstanding forms of City assistance.
9. Financing to projects which cannot demonstrate an ability to repay the loan (if applicable), are intra-family transactions, or involve illegal activities.
10. Financing to projects in which the applicant has ever or currently owns entirely or in part, real estate that is tax delinquent, has code violations, contains non-registered rental units, or is in foreclosure.
11. Financing of projects in which the applicant has been convicted or has a pending conviction of a felony within seven (7) years from the date of application submittal.

Substantial Development

The intent of this program is to spur large scale development and expansion efforts within the City. Mixed-use projects are eligible.

ELIGIBLE USES:

- Environmental remediation
- Demolition
- Physical construction costs (both new construction/expansion or rehabilitation)
- Relocation expenses as part of retention efforts
- Catalytic Projects: ED grants and loans may be used for anchor projects (i.e. standalone attractions); projects that involve large, vacant, troublesome properties; and/or projects that resolve vacant upper floors, subject to the discretion of City staff.

REQUIREMENTS:

- Projects must be in excess of \$500,000 in total costs which can include soft costs. Developer fees and acquisition costs will not be considered as part of the total cost.
- City assistance can be up to 10% of total project costs. In the case of Catalytic projects, this cap may not apply.

- Applicants are required to seek approval of enhancements by other administrative bodies, including but not limited to, the Landmarks Commission or the Planning Commission. Applications will not be reviewed until approvals are obtained.
- Contractors and journeymen utilized must be registered with the City of Sandusky and permits may be required, where applicable.

PREFERENCES:

- Projects that involve the redevelopment of vacant, foreclosed or underutilized sites and buildings, especially projects that focus on creating ready-to-lease commercial space.
- Minority or female owned business enterprises.
- Projects which offer proportionately high employment opportunities to persons of low- and moderate-income households.
- Projects that result in increased job creation and tax revenue (five-year pay-back period preferred – 1.25% income tax rate).
- Projects that leverage a significant percentage of private investment.
- Projects involving the beautification and enhancement of properties listed on the National Register of Historic Places or contributing members within Nationally Registered Historic Districts.
- Businesses and/or projects that promote goals and objectives of the City of Sandusky Comprehensive Masterplan and Strategic Plan.

TYPE OF FUNDING: Grant, loan, and forgivable loan requests (or a combination of all three) will be considered.

TERM OF LOAN (if applicable): Usually no longer than seven (7) years, but may vary based upon the size of loan, amortization of other financing secured, or the type of collateral provided. Disbursement may occur at the time of loan document execution or with multiple draws.

INTEREST RATE (if applicable): The interest rate will be set by the City and the EDIC but will likely be below market rates. Rates are set commensurate with perceived credit risk and the project's perceived benefit to the community. All rates are fixed for the term of the loan. In the event of a default, borrowers may be subject to a default rate of interest and late fees.

COLLATERAL POSITION (if applicable): Best lien position behind principal lending institution, if applicable. If the project is funded, you will be required to sign a loan agreement which will include security and collateral agreements, a promissory note, and possibly a personal guarantee or mortgage.

TERM OF GRANT (if applicable): Provided directly to third party contractors or on a reimbursable basis to the applicant at the completion of the project.

APPLICATION TO FOLLOW ON THE NEXT PAGE

Applicant / Borrower Company:

David P. Tatro, Sr.

(Applicant Name)

Chief Executive Officer

(Title)

Family Health Services, LLC

(Company Name – if different than Applicant Name)

1912 Hayes Avenue

(Street Address)

Suite D

(Suite, Apt, etc.)

Sandusky, Ohio 44870

(City, State, Zip)

(419) 502-2822

(Phone Number)

26-3607741

(Federal Tax ID or last 4 of SSN)

davidt@familyhs.org

(Email)

(419) 502-2820

(Fax Number)

Existing Business Information:

Type of Business: ☐ Commercial ☐ Retail ☐ Service
☒ Other Healthcare

Legal Structure: Federally Qualified Health Center

Primary Product or Service: Primary Care, Dental, and Behavioral Health Services

Date Established: June 2014 NAICS-SIC Code: 621

Website (if applicable): www.FamilyHS.org

Principal Officers / Owners:

Name / Title: David Tatro, CEO

Email: davidt@familyhs.org Phone: (703) 994-9749

SSN (last 4): 0326 % Ownership: Non-profit

Name / Title: James Preston, Board Chairman

Email: jpreston@steinhospice.org Phone: (419) 239-9321

SSN (last 4): _____ % Ownership: Non-profit

Name / Title: Jack Runner

Email: jrunner@poolsag.com Phone: (419) 656-4445

SSN (last 4): _____ % Ownership: Non-profit

Name / Title: Mattie Sparks

Email: shugfmms@att.net Phone: (419) 656-6642

SSN (last 4): _____ % Ownership: Non-profit

Location of Proposed Project:

FRMC South Campus, 1912 Hayes Avenue

(Address)

Sandusky, Ohio 44870

(City, State, Zip)

Erie

(County)

If a relocation, indicate from where N/A

Project Type:

☐ Renovation

☒ Expansion

☐ Start-Up/New Construction

Applicant / Business Background Information:

Please provide a brief summary about your background and experience. Please also provide historical information regarding the building or property at which the business will operate, including but not limited to the most recent building use (attach additional page if necessary).

Family Health Services is a Federally Qualified Health Center (FQHC) located in Sandusky, Ohio serving all of Erie County in northwest Ohio. FHS was established as a look-alike program in November of 2010, and was approved as an FQHC in 2014 via a New Access Point funding opportunity. FHS is one of two health center programs in operation in the city of Sandusky and Erie County. FHS provides comprehensive primary care and enabling services, preventive women's health services, and behavioral health services, in addition to offering a 340B pharmacy program to patients. FHS operates two permanent, fixed sites, one at 1912 Hayes Avenue and the other at 620 E. Water Street, Suite A in Sandusky Ohio, where both medical and behavioral health services are housed. The dental clinic will be located at the South Campus of FRMC which used to be the old Providence Hospital. Located within the South Campus building is a Veteran's Clinic, Sleep Disorder Clinic, Children's SPOT, Rehabilitation Services, School of Nursing, and Stein Hospice.

Project Description:

Please provide a brief description of the project to be undertaken for which City assistance is being sought (attach additional page if necessary).

FHS Family Dental Care: Creating Accessing to Oral Health Together.

The need for dental care in Sandusky, Ohio for the uninsured and under-insured is tremendous. This need is due to the lack of capable facilities and the lack of providers willing to accept Medicaid or provide or provide discounted dental care. Because of the extreme absence of dental providers and the excessive dental need in the region, the area has been designated as a "dental desert" by the Health Resources and Services Administration (HRSA), as well as being designated a Health Professional Shortage Area (HPSA), with a score of 21 on a scale of 0 to 25. Currently, medical patients receiving healthcare at Family Health Services simply do not have access to fundamental dental care or preventative dental services despite have coverage. Unfortunately, the dental disease continues to painfully progress. Small cavities become larger, leading to larger fillings, root canals, crown work or possibly even an extraction. Previous dental work is often incorrectly "assumed to be guaranteed for life" and is not properly maintained or replaced in a timely manner. Minor gingivitis can lead to severe gum disease if not reversed. Dental disease simply does not reverse itself.

(additional pages attached.)

Business/Personal References:

Name / Title: Paul Koch, Commercial Lender

Email: pmkoch@civistabank.com

Phone: 419-627-4567

Relationship: FHS Banker

Name / Title: Jeremy Normington-Slay

Email: norminj@firelands.com

Phone: 419-366-9361

Relationship: Lessor

Name / Title: Dr. William Zucker

Email: zlife@aol.com

Phone: 419-624-7586

Relationship: FHS Board Member

Project Source & Use Of Funds:

Break out total project costs by use of funds and allocate each use cost by source (attach additional page if necessary) **(total of B+C+D should = A).**

(A) Total Project Cost (itemize below): Total cost of project is 1.5 million dollars

Which is comprised of \$800,000 for equipment, \$500,000 for construction/build-out, \$200,000 for start-up/
soft costs = 1.5 million dollars

(B) Owner Equity (dollars and source): Family Health Services will re-pay \$500,000 for
construction build-out costs in the form of a 10-year lease agreement.

(C) Private Lending (dollars, source, and terms): Civista bank has approved an \$800,000 loan for
equipment, and a \$100,000 loan for operational costs. The term of the \$800,000 loan is 5.8% fixed for
7 years. The term of the \$100,000 loan are based on WSJ prime rate 0.5% daily variable rate.

(D) Request for City Assistance (dollars and type): We are asking the City to award a grant
to Family Health Services that would allow for full funding of the dental services line project. Currently the
total gap in funding is \$100,000.

Project Timeline:

Please outline the project timeline. Please include expected completion dates for items including but not limited to obtaining site control, obtaining financing, and construction.

	<u>Start</u>	<u>Complete</u>	<u>N/A</u>
<u>Site Control</u>	Currently we are leasing the appropriate space.		
<u>Financing</u>	Is complete through Civista Bank.		
<u>Construction</u>	June 3, 2020	November 6, 2020	
<u>Other</u>			

Project Impact and Employment:

	Current Year	Year One	Year Two	Year Three
Annual Sales Revenue	0	\$1,219,790	\$2,145,000	\$2,860,000
Annual Payroll	0	\$616,250	\$1,117,500	\$1,497,500
Current Employment (FTE)	0	2.5	15.5	21.5
Average Pay Per Employee	0			

Dentist: \$150,000/year
 Hygienist \$70,000
 Dental Assistant: \$45,000
 Receptionist: \$35,000
 Office Manager: \$50,000

Project Concept: Use the space below to address the following:

- How does the proposed project relate to a strategic approach to revitalization of the surrounding area?
- Will the project contribute to a change in the market dynamics, economic status, physical appearance or perception of the area?
- Does the project address specific area needs or missing services?

The dental service line project, when fully implemented, will provide over 25 new jobs to hopefully many Sandusky residents. Additionally, a dental service line will provide additional tax revenue of at least \$17,000/year.

The new dental service line is an extremely needed service for those Sandusky residents that have limited resources. Currently, Sandusky has a population of 25,793 of which 15,019 are classified as low income. The new dental service line will cater towards low income/Medicaid residents.

Attachments:

The following should be submitted with your ED Application:

- ☒ Map showing location of Project or business
- ☒ Three years of historical financial statements (if applicable)
- ☒ Three years of projected financial statements (if applicable)
- ☐ Interim financial statements, not more than 90 days old (if applicable)
- ☐ Personal financial statements for each equity holder that maintains over 25% equity
- ☐ Tax returns for most recent 2 years (business and personal)
- ☒ Sources of financing including evidence of private funds and matching funds
- ☐ Third party cost estimates, **INCLUDING RENDERINGS** (if applicable)
- ☒ Lease agreement, purchase agreement, or other proof of ownership/site control

Attestation of Financial Condition:

Do you or your business have any of the following:

	YES	NO
Outstanding collections		x
Judgement liens		x
Other court judgements		x
Delinquent taxes		x
Delinquent loans		x
Other tax liens		x
Previous bankruptcy		x
If yes to bankruptcy, has it been fully discharged?		
Real estate that is tax delinquent		x
Code violations		x
Non-registered rental units		x
Real estate that is in foreclosure		x

Submission Acknowledgment

The undersigned certifies that he/she is authorized to complete, sign and submit this application on behalf of the applicant/owner. Further, the undersigned certifies that the information contained in this application has been reviewed by him/her and that all information, including exhibits, are, to the best of his/her knowledge, complete and accurate and presents fairly the condition of the applicant and project accurately. Intentionally falsifying information in this document constitutes a criminal offense. The undersigned hereby authorizes the City of Sandusky to investigate the credit worthiness and of the undersigned, and/or applicant. The undersigned understands that information submitted to the City of Sandusky as part of this application is considered a public record. The undersigned also agrees to display signage showing City support on their property for up to one (1) year after project completion.

The undersigned understands that additional information may be required to finalize the approval process, and that, if the project is funded, **Economic Development funds cannot pay for projects completed before grant approval and notice of award.** The undersigned also understands that the submission of the application for financial assistance does not automatically constitute approval.

The undersigned understands that if the business or enterprise receiving grant funding moves or relocates to a different location outside of the municipal boundaries of Sandusky within three (3) years from the effective date of the grant agreement, that the grant funding will be rescinded in its entirety and the undersigned waives any right or claim to the awarded funding. This provision does not include businesses or enterprises that cease operations and close or that open up additional locations outside of the municipal boundaries of Sandusky while maintaining their funded location within the Sandusky city limits.

☒ By checking this box, I acknowledge that I have read, understand, and agree to the policies and procedures outlined in this document. I further agree to be interviewed, photographed and/or have my business photographed for Economic Development marketing purposes. If you have questions, please contact the Department of Community Development.

Company Name: Family Health Services, LLC

By: David Tatro, CEO

(Print or type name and title)

David Tatro

(Signature)

12/4/2019

(Date)

Inter-Office Use Only

State the date, time, and City staff member(s) present at the pre-application meeting:

Date of Completed Application Submittal: _____

Staff Reviewer: _____

Date of Committee Review: _____

Approve/Deny: _____

Amount Awarded and terms: _____

CONTACT

Mr. Matt Lasko, Chief Development Officer
Department of Community Development
222 Meigs Street
Sandusky, Ohio 44870

Phone: 419.627.5707
Email: mlasko@ci.sandusky.oh.us

Three key elements of keeping patients engaged are (1) our relationship with our call center, (2) the use of our mobile dental equipment and (3) how we equip our staff and offices to guarantee a positive patient experience.

(1) Our call center will schedule appointments into our highly structured scheduling templates. We never miss a call, patients have easy scheduling access 7 days a week, and on-hold wait times do not exist. Providers and staff know exactly what to expect from day-to-day, which allows for great collaboration, teamwork, and understanding of each other's abilities.

(2) Our mobile dental equipment will allow for us to deliver care offsite to those who cannot access our facilities, but this specialized military-grade equipment allows for us to quickly build our patients bases by enrolling entire schools, community centers, senior centers, and those attending health fairs into our dental home! This equipment will also be used to build the dental patient base while the contractors simultaneously build the physical office.

(3) We will equip our offices with the best equipment, technology, and plenty of it. Building a new dental practice is a very heavy initial capital investment, but this investment greatly reduces staffing and maintenance costs while increasing efficiencies for the ongoing financial management for self-sustainability. This also includes the use of a dental EMR that will need to be integrated into eCW.

The office will be operational 10 hours per day, 6 days a week, Monday through Saturday 8am-6:30pm, which is 60 hours per week. (This is not the usual dental operations of 8 hours per day, 5 days per week, Monday through Friday, 9am-5pm totaling 40 hours). While there will only be 1 physical office, there will eventually be 2.5 separate treatment teams, allowing for a practice management structure like that of 2 separate offices. This allows is to double the return-on-investment. When we reach capacity, we will operate the 60 hours of the production with at least two dentists and two hygienists staffed at all times. At full capacity, the dental office will be able to treat over 20,000 visits per year.

	<u>Encounters</u>	<u>Staffing</u>	<u>Operational Change</u>
2019	1,000	1 Den, 2 DA	2.5 months using mobile equipment in clinic, building the patient base and new office. Add 24/7 Call Center
2020	10,000	2.5 Den, 2 Hyg, 6 DA, 2 FD	Build and Open Office by April 1, 2020. 6-Chairs
2021	15,000	3 Den, 2.5 Hyg, 6 DA, 2 FD, 1 Mgr	Add 2 Additional Treatment Rooms for a total of 8-Chairs.
2022	20,000	4 Den, 4 Hyg, 8 DA, 4 FD, 1 Mgr	Add 2 Additional Treatment Rooms for a total of 10-Chairs.

Project Description (Continued):

Simple and early intervention, however, will prevent time-consuming, costly and sometimes painful procedures.

While the situation may appear to be a hopeless, this executive summary will delineate the opportunities and strategy to fully implement a financially successful, self-sustainable dental model with the highest care outcomes and patient satisfaction. This proposed and customized FHS dental model is a proven dental model developed from a combination of three very different dental delivery care models, each very successful in its own right and each providing key elements of our future success and growth. The FHS dental model will combine distinct operational structures, using the best practices of each:

- (1) a military, data-driven, high-volume and protocol structured office for safety and accountability
- (2) a technology-intensive private-practice staff-driven model for financial accountability
- (3) a public health social-responsibly model allowing access and discounted dental care for everyone who can be fully integrated into the FHS health home

The FHS Family Dental Care office will provide safe and methodical delivery of dental care for our very large, underserved population of patients. The patients are already medically complex and are at high risk for complications due to both their medical status and their advanced stage of dental need. We would begin each patient's treatment cycle with a comprehensive exam, followed by one or more preventative sessions with the hygienist, finally continuing their individualized treatment plan for stabilizing and restoring oral health. The highly controlled and structured dental care delivery model will allow for newly trained dental assistants, hygienists, and dentists to begin their careers in a socially responsible manner. It gives providers exposure to a wide range of patient care challenges, from privately insured patients (such as welcomed Board Members and community leaders) to patients making payments on a sliding-fee-scale system.

The dental teams in this model are made of general dentists, hygienists, and dental assistants that will provide comprehensive care for children, adults and the elderly in a family dental office environment. Dental services include cleanings, sealants, periodontal care, fillings, build-ups and crowns, root canals, extractions, partials and full dentures. Specialty care, which is in great demand in underserved communities, will need to be available through community partnerships, if our providers are unable to provide this care directly. The development of a Dental Residency Program is also a future possibility, which will allow for grant funded operations, an increase in provider recruitment and an increase in specialty care.

Patient education and prevention in the dental department will be a key component of the unique FHS model for changing behavior. We will teach our dental patients the importance of dental disease prevention by staging their care in unique and customized treatment plans. These stages of care ensure that our providers are streamlined and focused on diagnosing and delivering care, while our patients remain informed and engaged. Patient engagement helps us address one of our biggest challenges: ensuring that these patients complete their care once the treatment cycle begins. We will strongly encourage the patient to schedule their next appointment before leaving their current appointments. We will send text messages and "warm touch" reminder phone calls to safeguard against a high failed appointment rate, while keeping our patients engaged in care.

Since the dental team will be staffed with new and recent graduates from dental, hygiene, and dental assisting schools, we will be committed to growing the team from within by encouraging continuing education and upward mobility. We will aim to have our providers and support staff reflect the demographics of our patient base, allowing for a natural cultural competency and for easier communication to occur. We will need to partner with the dental and hygiene schools allowing their fourth-year dental and hygiene students to complete their community outreach education with us. This will all allow for highly effective recruitment and retention of the best mission-oriented staff, while simultaneously fulfilling our commitment to our staff and community.

The implementation of a new dental service line will also have two additional major positive financial influences on FHS and our partner Firelands. (1) Costly and unproductive emergency department visits for those seeking dental care will be greatly reduced as these patients will now have a dental home at FHS. This will be a very large savings for the hospital as dental ED visits are typically expensive and not definitely addressed; and then, the patient often returns in pain once the antibiotic and pain medication has been exhausted. (2) New patients seeking dental care at FHS will be directed to our medical department to ensure continuity of care for primary care services that will increase medical's productivity. These two additional financial windfalls help control costs and increase our quality outcomes for our patient base.

In order to move forward, the design and buildout of a new dental practice of 8-10 chairs in 3,000 square feet will require a line-of-credit of \$1.5M. The staggered build-out process will allow us to control costs by only adding equipment such as dental chairs and x-ray sensors, as capacity permits. It is not expected that the full line of credit will be exhausted. The plumbing, vacuum lines, electrical, and vacuum/compressor units will all need to be installed during initial construction. The estimated equipment cost for an 8-10 chair office is about \$800k, with an anticipated total construction cost of around \$150-\$175 per square foot or \$500k for 3,000 sq. ft. The timeline of construction can be completed in 4-5 months. If over the next 4-5 years we apply all of the profits back toward the line-of-credit, we will be able to completely pay off the line-of-credit. This estimation does not include any grant money awarded to FHS from local, state, or federal agencies to offset operational costs or expansion costs. In addition, HRSA also has a dental loan guarantee program that covers up to 80% of the principle.

Erie County Community Foundation:

<https://www.eriefoundation.org/>

Dorn Foundation:

419-625-8324

Mylander Foundation:

<https://www.mylanderfoundation.org/>

Wightman-Wieber Foundation:

<https://www.wightman-wieber-foundation.org/>

HRSA Loan Guarantee:

<https://bphc.hrsa.gov/programopportunities/loan-guarantee-program.html>

Henry Schein Cares Foundation:

<http://www.hscaresfoundation.org/apply.asp>

The completion of the buildout will need to be finished within 6-months from when we start screening patients in building the patient base. This timeline is absolutely essential to be within CMS billing compliance. To offset future buildout/expansion costs, we will be applying for HRSA Oral Health Expansion (OHE) Grants in 2020 and 2021, which typically range between \$300k to \$700k.

To secure the success of the FHS Family Dental Care and mitigate financial risk, we will need to begin a low-cost but effective marketing campaign, establish a call center relationship, and leverage all current relationships. Some examples are:

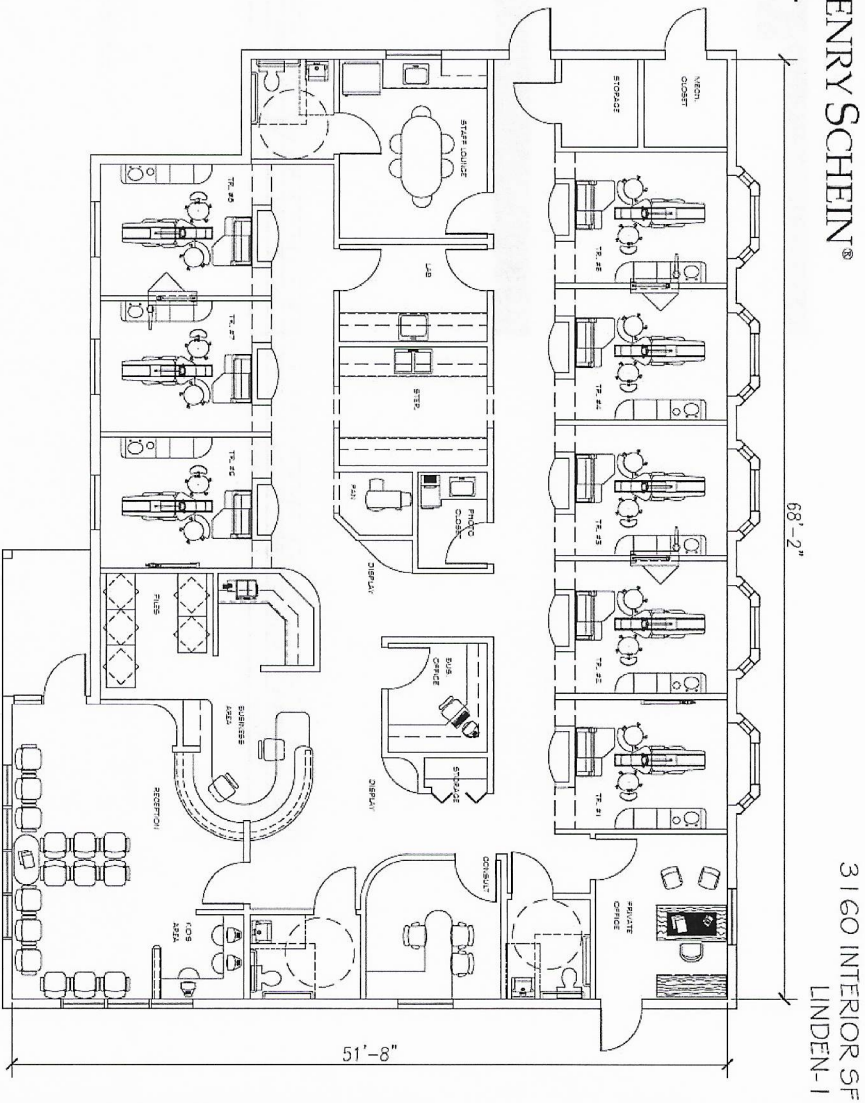
1. sending paper mailings
2. emails and/or text messages to the current medical patient base
3. referrals from the medical department
4. establish a referral network of neighborhood dentists not accepting Medicaid
5. request patient panels from partnering MCOs
6. partner with Sandusky Public Schools
7. patient dental seeking care at Fireland's emergency department.

Immediate Ohio Dental licensing, internal/external credentialing, adding dentistry to scope of care at FHS and meeting with Ohio CMS in Columbus is also essential. It is imperative that we establish relationships with contractors, supply vendors, large equipment vendors and start interviewing new dental team members to begin building the dental program.

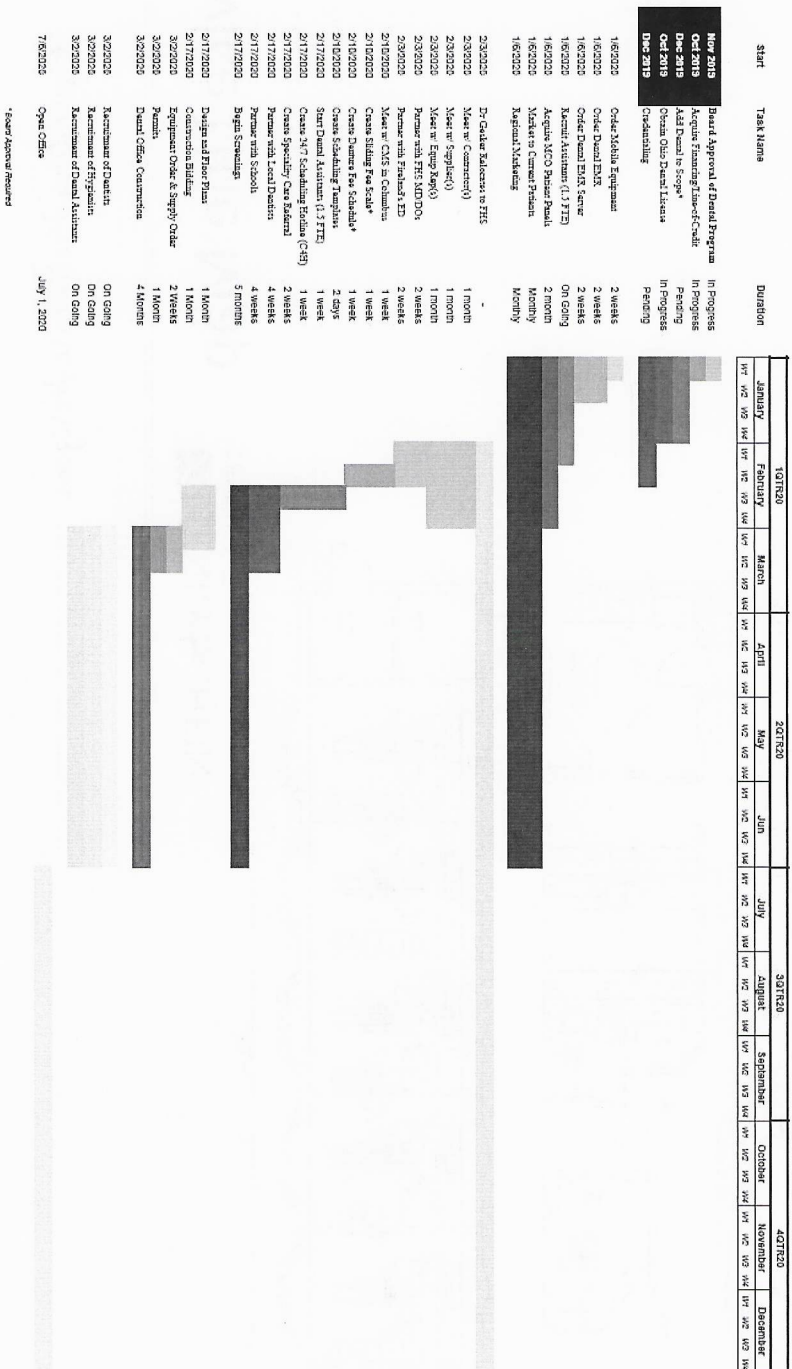
Please find attached the proformas for 2020 through 2022, the development timeline, and a sample dental office layout.

Dental Service Line Map

HENRY SCHEIN®
DENTAL



Dental Program Timeline





Expanding Healthcare Horizons

Cash Flow Analysis

Bank Version

Cash Flow Analysis

FHS Dental

Bank Version

10/3/2019

Gross Sales

Proforma Operating Expenses

Salaries

Fringe Benefits

Travel

Equipment

Supplies

Professional Fees - Lab Fees

Training and Development

Communication/Marketing Costs

Total Operating Expenses

Net Operating Profit/Loss

Cash Flow from Business Activity

Net Income

Add Back:

Depreciation/Amortization

Interest

Less: Distributions

Total Available

Annualized Debt Payment

\$150K LOC @ WSJP + 1%, Interest only

\$800K @5.25%, 7 Year Amortized

Available from Business

Business DSC Ratio

Proforma	Proforma	Proforma
2022	2021	2020
\$2,860,000	\$2,145,000	\$1,430,000

\$1,477,500	51.66%	\$1,027,500	47.80%	\$682,083	47.70%
\$221,625	7.75%	\$154,125	7.19%	\$102,313	7.15%
\$21,450	0.75%	\$16,088	0.75%	\$10,725	0.75%
\$28,600	1.00%	\$21,450	1.00%	\$14,300	1.00%
\$200,200	7.00%	\$150,150	7.00%	\$100,100	7.00%
\$114,400	4.00%	\$85,800	4.00%	\$57,200	4.00%
\$28,600	1.00%	\$21,450	1.00%	\$14,300	1.00%
\$28,600	1.00%	\$21,450	1.00%	\$14,300	1.00%
\$2,120,975	74.16%	\$1,498,013	69.84%	\$895,321	69.60%

\$739,025	\$646,987	\$434,679
-----------	-----------	-----------

\$739,025	\$646,987	\$434,679
-----------	-----------	-----------

\$739,025	\$646,987	\$434,679
-----------	-----------	-----------

\$9,000	\$9,000	\$9,000
\$137,147	\$137,147	\$137,147
\$146,147	\$146,147	\$146,147

\$592,878	\$500,840	\$288,532
-----------	-----------	-----------

5.06	4.43	2.97
------	------	------

Dental Proforma 2020

FHS
Productivity: 2020
Dental
\$143

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
DENTAL							OPEN						
Dr. Rich Gesker - General Dentist #1		150	300	300	300	300	200	320	200	320	320	320	2410
General Dentists #2							320	320	320	320	320	320	1920
General Dentists #3													960
General Dentists #4													
Hygienist #1							240	240	240	240	240	240	1440
Hygienist #2							240	240	240	240	240	240	1440
Hygienist #3										120	120	120	360
Hygienist #4													

Yrly Prod Hours

1,760

	Hrs/Day	Pts/Day	Pts/Hr	Hrs/Wk	Admin	Wks/Mn	Pts/Mn	Pts/Yr	Pts/Hr
DENTAL									
Dr. Rich Gesker - General Dentist #1	10	20	2	40	0.25	4.0	240	2880	1.64
General Dentists #2	10	20	2	40	-	4.0	320	3840	2.18
General Dentists #3	10	20	2	40	-	4.0	320	3840	2.18
General Dentists #4	10	20	2	40	-	4.0	320	3840	2.18
Hygienist #1	10	15	1.5	40	-	4.0	240	2880	1.64
Hygienist #2	10	15	1.5	40	-	4.0	240	2880	1.64
Hygienist #3	10	15	1.5	40	-	4.0	120	1440	0.82
Hygienist #4	10	15	1.5	40	-	4.0	240	2880	1.64

Dental Proforma 2020

FHS
Staffing Analysis: 2020
Dental

	Jan	Feb	Mar	Apr	May	Jun	OPEN	July	Aug	Sept	Oct	Nov	Dec	
DENTAL														
1 Dr. Rich Gecker - General Dentist #1	\$260,000	\$135	1.00											\$256,667
2 General Dentists #2	\$150,000	\$72	1.00											\$75,000
3 General Dentists #3	\$150,000	\$72	1.00											\$75,000
4 General Dentists #4	\$0	\$0	1.00											\$37,500
5 Hygienist #1	\$75,000	\$36	1.00					\$6,250	\$6,250	\$6,250	\$6,250	\$6,250	\$6,250	\$37,500
6 Hygienist #2	\$75,000	\$36	1.00					\$6,250	\$6,250	\$6,250	\$6,250	\$6,250	\$6,250	\$37,500
7 Hygienist #3	\$0	\$0	1.00											
8 Hygienist #4	\$0	\$0	1.00											
9 Office Manager	\$0	\$0	1.00											
10 Front Desk Lead #1	\$35,000	\$17	1.00			\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$20,417
11 Front Desk Lead #2	\$35,000	\$17	1.00				\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$17,500
12 Front Desk #1	\$0	\$0	1.00											
13 Front Desk #2	\$0	\$0	1.00											
14 Front Desk #3	\$0	\$0	1.00											
15 Front Desk #4	\$0	\$0	1.00											
16 Dental Assistant Lead #1	\$0	\$20	1.00											
17 Dental Assistant Lead #2	\$0	\$20	1.00											
18 Dental Assistant #1	\$35,000	\$17	1.00			\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$32,083
19 Dental Assistant #2	\$35,000	\$17	1.00			\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$32,083
20 Dental Assistant #3	\$35,000	\$17	1.00			\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$30,417
21 Dental Assistant #4	\$35,000	\$17	1.00			\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$30,417
22 Dental Assistant #5	\$35,000	\$17	1.00			\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$20,417
23 Dental Assistant #6	\$35,000	\$17	1.00			\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$2,917	\$8,750
24 Dental Assistant #7	\$0	\$0	1.00											
25 Dental Assistant #8	\$0	\$0	1.00											
	\$0	\$29,167	\$29,167	\$29,167	\$29,167	\$40,833	\$68,750	\$68,750	\$68,750	\$84,167	\$84,167	\$84,167	\$84,167	\$616,250

Dental Proforma 2020

FHS
Budget: 2020
Dental

Revenue

Grant Income
Blended Rate
Annual Encounters
Patient Fees

-
143
8,530
1,219,790

Total

1,219,790

Expenses

Salaries
Fringe Benefits

\$ 616,250 50.52%
\$ 92,438 15%

Travel

\$ 9,148 0.75%

Equipment
Supplies

\$ 12,198 1.00%
\$ 85,385 7.00%

Contractors and Consultants
Clinical Professionals

\$ - 0.00%
\$ - 0.00%

Professional Fees - Lab Fees
Training and Development

\$ 48,792 4.00%
\$ 12,198 1.00%

Communication Costs (includes marketing)
Transportation

\$ 12,198 1.00%
\$ - 0.00%

Insurance
Occupancy Costs

\$ - 0.00%
\$ - 0.00%

Other Expenses
Fundraising & Special Events

\$ - 0.00%
\$ - 0.00%

Depreciation & Amortization
Facilities Charges

\$ - 0.00%
\$ - 0.00%

Business Loan/LOC: \$1M / 10yr / 5%

\$ 171,020

Amount \$1,000,000
Rate 5.25%
Terms (in Years) 7

Note: This amount will be much
lower as the monthly payment will
be on a Line of Credit (LOC).

Total

\$ 1,059,627

Profit

160,163

13%

Dental Proforma 2021

FHS
Productivity: 2021
Dental
\$143

DENTAL	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	
Dr. Rich Gesker - General Dentist #1	48	48	48	48	48	48	48	48	48	48	24	0	504
General Dentists #2	288	288	288	288	288	288	288	288	288	288	288	288	3456
General Dentists #3	320	320	320	320	320	320	320	320	320	320	320	320	3840
General Dentists #4													
Hygienist #1	240	240	240	240	240	240	240	240	240	240	240	240	2880
Hygienist #2	240	240	240	240	240	240	240	240	240	240	240	240	2880
Hygienist #3	120	120	120	120	120	120	120	120	120	120	120	120	1440
Hygienist #4													
	1,256	1,256	1,256	1,256	1,256	1,256	1,256	1,256	1,256	1,256	1,232	1,208	15,000
	\$179,608	\$179,608	\$179,608	\$179,608	\$179,608	\$179,608	\$179,608	\$179,608	\$179,608	\$179,608	\$176,176	\$172,744	\$2,145,000

DENTAL	Yrly Prod Hours	Hrs/Day	PerDay	PerHr	Hrs/Wk	Admin	Wks/Mn	PerMn	PerYr	PerHr
Dr. Rich Gesker - General Dentist #1	1,760	10	20	2	40	0.85	4.0	48	576	0.33
General Dentists #2		10	20	2	40	0.10	4.0	288	3456	1.96
General Dentists #3		10	20	2	40	-	4.0	320	3840	2.18
General Dentists #4		10	20	2	40	-	4.0	320	3840	2.18
Hygienist #1		10	15	1.5	40	-	4.0	240	2880	1.64
Hygienist #2		10	15	1.5	40	-	4.0	240	2880	1.64
Hygienist #3		10	15	1.5	20	-	4.0	120	1440	1.64
Hygienist #4		10	15	1.5	40	-	4.0	240	2880	1.64



FHS
Staffing Analysis: 2021
Dental

[illegible]



Expanding Healthcare Horizons

Dental Proforma 2021

FHS
Budget: 2021
Dental

Revenue

Grant Income	-
Blended Rate	143
Annual Encounters	15,000
Patient Fees	2,145,000
Total	2,145,000

Expenses

Salaries	\$ 1,117,500	52.10%
Fringe Benefits	\$ 167,625	15%
Travel	\$ 16,088	0.75%
Equipment	\$ 21,450	1.00%
Supplies	\$ 150,150	7.00%
Contractors and Consultants	\$ -	0.00%
Clinical Professionals	\$ -	0.00%
Professional Fees - Lab Fees	\$ 85,800	4.00%
Training and Development	\$ 21,450	1.00%
Communication Costs (includes marketing)	\$ 21,450	1.00%
Transportation	\$ -	0.00%
Insurance	\$ -	0.00%
Occupancy Costs	\$ -	0.00%
Other Expenses	\$ -	0.00%
Fundraising & Special Events	\$ -	0.00%
Depreciation & Amortization	\$ -	0.00%
Facilities Charges	\$ -	0.00%
Business Loan/LOC: \$1M / 10yr / 5%	\$ 171,020	0.00%

Terms (in Years)

Amount \$1,000,000
Rate 5.25%

7

Total	\$ 1,772,533
Profit	372,467
	17%

Note: This amount will be much lower as the monthly payment will be on a Line of Credit (LOC).



FHS
Productivity: 2022
Dental \$143

Kirk Prod Hours

DENTAL	1,760	Hrs/Day	Prs/Day	Prs/Hr	Hrs/Wk	Admin	Wks/Mn	Prs/Mn	Prs/Yr	Prs/Th
Dr. Rich Gasker - General Dentist #1		10	20	2	40	0.80	4.0	64	768	0.44
General Dentists #2		10	20	2	40	0.10	4.0	288	3456	1.96
General Dentists #3		10	20	2	40	-	4.0	320	3840	2.18
General Dentists #4		10	20	2	20	-	4.0	160	1920	1.09
Hygienist #1		10	15	1.5	40	-	4.0	240	2880	1.64
Hygienist #2		10	15	1.5	40	-	4.0	240	2880	1.64
Hygienist #3		10	15	1.5	30	-	4.0	180	2160	2.45
Hygienist #4		10	15	1.5	30	-	4.0	180	2160	1.23



Expanding Healthcare Horizons

Dental Proforma 2022

FHS
Budget: 2022
Dental

Revenue

Grant Income
Blended Rate
Annual Encounters
Patient Fees

-
143
20,000
2,860,000

Total

2,860,000

Expenses

Salaries
Fringe Benefits

\$ 1,497,500
\$ 224,625
52.36%
1.5%

Travel

\$ 21,450
0.75%

Equipment

\$ 28,600
1.00%

Supplies

\$ 200,200
7.00%

Contractors and Consultants

\$ -
0.00%

Clinical Professionals

\$ 114,400
4.00%

Professional Fees - Lab Fees

\$ 28,600
1.00%

Training and Development

\$ 28,600
1.00%

Communication Costs (includes marketing)

\$ 28,600
1.00%

Transportation

\$ -
0.00%

Insurance

\$ -
0.00%

Occupancy Costs

\$ -
0.00%

Other Expenses

\$ -
0.00%

Fundraising & Special Events

\$ -
0.00%

Depreciation & Amortization

\$ -
0.00%

Facilities Charges

\$ -
0.00%

Business Loan/LOC: \$1M / 10yr / 5%

\$ 14,251.68
\$ 171,020

Note: This amount will be much lower as the monthly payment will be on a Line of Credit (LOC).

Amount \$1,000,000
Rate 5.25%
Terms (in Years) 7

Total

\$ 2,314,995

Profit

545,005
19%



FHS
Staffing Analysis: 2022
Dental

[illegible]

HENRY SCHEIN®
DENTAL
135 Duryea Road, Melville, New York 11747
(800) 645-6594

QUOTE#

20200202135821722

Bill To: Family Health Services ;			Date: 2/3/2020		Acct No: 5002020		Install Date:	
Address: 1912 Hayes Ave.			Field Sales Consultant:		Sales Specialist: Brian Nolan		Sales Specialist:	
City: Sandusky State: Ohio Zip:			Installation Address: 1912 Hayes Ave.					
Deliver To: Same			City: Sandusky		State: Ohio		Zip:	
Phone:			Phone:		Fax:			
Fax:			New Acct:		Existing Acct:			
Email:			Henry Schein Dental					
			City:		State:		Zip:	
			Phone:		Fax:			

Qty	Manufacturer	Item Code	Description	Price	Total
			8 Op Dental Equipment Budget		
8	ADEC		A-dec 511 Chair	\$0.00	\$0.00
8	ADEC	493-0361	Opt,Fndtn Price,511B,No	\$10,260.00	\$82,080.00
8	ADEC	492-8730	Sewn Upholstery	\$2,250.00	\$18,000.00
8	ADEC	492-8550	Floor Box,Ctrd,511/311B	\$373.00	\$2,984.00
4	ADEC		Inspire Treatment Console	\$0.00	\$0.00
8	ADEC	492-9377	Fndtn Prc,591.42In Console	\$7,721.00	\$61,768.00
8	ADEC	492-9544	SB1003,Sub-Base f/Cab MT,	\$220.00	\$1,760.00
8	ADEC	492-9525	DB1102,5 IN,7.5 IN,10 IN	\$465.00	\$3,720.00
8	ADEC	492-9527	DR1204,CPU Strg,5 IN	\$303.00	\$2,424.00
8	ADEC	492-9531	DR1002,Bi-Fld,Side-Opn,2X	\$1,009.00	\$8,072.00
8	ADEC	492-9540	WA1002,Wall,2X Fltg Shlvs	\$1,325.00	\$10,600.00
	ADEC	492-9601	591.Monitor MT	\$1,623.00	
8	ADEC	492-9500	UP1004, Non-P/T,Alum Fnt	\$566.00	\$4,528.00
8	ADEC		Adec side sinks cabinets with uppers	\$4,627.00	\$37,016.00
8	ADEC		A-dec 521 Doctor's Stool	\$0.00	\$0.00
8	ADEC	492-9121	Foundation Price- 521	\$1,200.00	\$9,600.00
8	ADEC		A-dec 522 Asst Stool	\$0.00	\$0.00
8	ADEC	492-9122	Foundation Price- 522	\$1,364.00	\$10,912.00
			541 Rear delivery system		
8	ADEC	492-9047	Fndtn Price,541 DLXTP	\$8,414.00	\$67,312.00
8	ADEC	492-9234	Ctop-Quartz 541/545	\$163.00	\$1,304.00

HENRY SCHEIN®
DENTAL
 135 Duryea Road, Melville, New York 11747
 (800) 645-6594

QUOTE#

20200202135821722

Date: 2/3/2020		Acct No: 5002020		Install Date:	
Field Sales Consultant:		Sales Specialist: Brian Nolan		Sales Specialist:	
Installation Address: 1912 Hayes Ave.					
City: Sandusky		State: Ohio		Zip:	
Phone:		Fax:			
New Acct:		Existing Acct:			
Henry Schein Dental					
City:					
State:		State:		Zip:	
Phone:		Phone:		Fax:	

Bill To: Family Health Services ;					
Address: 1912 Hayes Ave.					
City: Sandusky	State: Ohio	Zip:			
Deliver To: Same					
Phone:					
Fax:					
Email:					

Qty	Manufacturer	Item Code	Description	Price	Total
8	ADEC	492-8714	Tray Hldr,Std,Wrksfc Mt,	\$237.00	\$1,896.00
8	ADEC	492-8519	Air/Wtr QD,500	\$202.00	\$1,616.00
8	ADEC	492-8683	Kit,Pwr Supply Connector	\$114.00	\$912.00
8	ADEC	492-9141	pos[0],4-Hole Tubing	\$114.00	\$912.00
8	ADEC	492-9140	Positions,6-Pin Tubing	\$171.00	\$1,368.00
8	ADEC	492-8526	Asst Touchpad,Std,500	\$378.00	\$3,024.00
8	ADEC	492-8747	Adtl HVE w/Hldr	\$158.00	\$1,264.00
8	MCC	170-9445	N.Carolina Mobile W/Shelf	\$562.00	\$4,496.00
8	ADEC	492-9171	Satelec Nwtrn Slim Ulsnc	\$2,057.00	\$16,456.00
8	ADEC	492-9162	EA53 LED Electric Motor	\$1,860.00	\$14,880.00
8	ADEC	492-8995	Satelec Nwtrn Slim B.LED	\$829.00	\$6,632.00
8	ADEC	492-9124	Tip Kt f/Ulsnc Instr HP	\$430.00	\$3,440.00
8	ADEC	493-0219	Elec Mtr Cntrl Mod,	\$1,338.00	\$10,704.00
8	ADEC	492-9100	Fndtn Price,577 LED Track light	\$4,931.00	\$39,448.00
Digital X-ray					
2	ARIBEX	844-0018	NOMAD Pro2,Portable x-ray,White	\$7,275.00	\$14,550.00
3	DEXIS	135-2854	Titanium Sensor intra oral	\$9,730.00	\$29,190.00
1	INSTRM	628-1617	OP 3D 9X11 FOV	\$66,327.00	\$66,327.00
Includes computer and monitor Direct 3D link inot Dexis software.					
Mechanical Room					

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QUOTE#

20200202135821722

Date: 2/3/2020		Acct No: 5002020		Install Date:	
Field Sales Consultant:		Sales Specialist: Brian Nolan		Sales Specialist:	
Installation Address: 1912 Hayes Ave.					
City: Sandusky		State: Ohio		Zip:	
Phone:		Fax:			
New Acct:		Existing Acct:			
Henry Schein Dental					
City:					
State:		Zip:			
Phone:		Fax:			

Qty	Manufacturer	Item Code	Description	Price	Total
Redundant air and Vac system					
2	AIRTEC	698-0935	Air Intake,Remote, AS50	\$368.00	\$736.00
2	AIRTEC	698-7632	Airstar 50 Compressr-Twin	\$9,072.00	\$18,144.00
2	AIRTEC	698-0357	Dry Vac,Mojave,Max 5 User	\$11,923.00	\$23,846.00
2	AIRTEC	698-0941	Remote Control Water Valve	\$1,487.00	\$2,974.00
2	AIRTEC	698-8665	CONTROL PANEL:3-SWITCH	\$338.00	\$676.00
2	SOLMET	177-0087	PROMO-NXT Hg5 Amal Sep	\$399.00	\$798.00
Sterilization					
1	DCI		Custom cabinets per drawings	\$17,077.00	\$17,077.00
1	SCICAN	138-2160	Statim G4 5000	\$7,399.99	\$7,399.99
1	COLTEN	888-7743	Biosonic UC300B Ultrasonic	\$2,239.99	\$2,239.99
2	SCICAN	138-8965	Bravo 21 w/Printer, 120 v	\$10,904.00	\$21,808.00
1	KAVO	628-0970	QUATTROcare Plus Maintenance	\$2,899.99	\$2,899.99
1	SCICAN	138-1358	Hydrim G4 Lg.Instru.Washr	\$10,185.00	\$10,185.00
2	SCICAN	138-1700	VistaCool-Sgl Autoclvs Sys	\$843.00	\$1,686.00
2	SCICAN	138-0485	AUTOFILL F/STATIM	\$203.00	\$406.00
2	SCICAN	138-0486	AutoFill for Bravo	\$249.99	\$499.98
2	SCICAN	138-4222	VistaPure	\$2,910.00	\$5,820.00
2	SCICAN	138-0607	Vista Drain Hub Fitting Kit	\$92.00	\$184.00

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QUOTE#

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Field Sales Consultant:		Sales Specialist: Brian Nolan		Sales Specialist:	
Installation Address: 1912 Hayes Ave.					
City: Sandusky		State: Ohio		Zip:	
Phone:		Fax:			
New Acct:		Existing Acct:			
Henry Schein Dental					
City:					
State:		Zip:			
Phone:		Fax:			
Email:					

Qty	Manufacturer	Item Code	Description	Price	Total
			Kavo handpiece set up		
12	KAVO	628-1245	MASTERtorque M8900 L	\$1,504.99	\$18,059.88
8	KAVO	628-0337	MULTIflex LUX Coupler 460LED	\$363.00	\$2,904.00
12	KAVO	628-1586	SMARTmatic S20 K CA HP	\$589.00	\$7,068.00
12	KAVO	628-1577	SMARTmatic S10 K Straight HP	\$500.00	\$6,000.00
12	KAVO	628-1597	SMARTmatic S19 K 8:1 HP	\$471.00	\$5,652.00
1	KAVO	628-0970	QUATTROcare Plus Maintenance	\$2,991.99	\$2,991.99
			Nitrous Equipment		
1	ACCUT	119-6947	Digi-Flo Auto Switch Manifold	\$4,768.00	\$4,768.00
1			with wall mounted alarm panel	\$0.00	\$0.00
4	ACCUT	117-6624	MicroLine Trpl Outlt w/Hose	\$669.00	\$2,676.00
4	ACCUT	120-5767	Chair Mount Kit RSS	\$284.00	\$1,136.00
4	ACCUT	107-2419	O2 Check Valve Riser	\$120.00	\$480.00
4	ACCUT	107-8447	N2O Check Valve Riser	\$120.00	\$480.00
4	ACCUT	107-4635	Ultra PC Cabinet Mount Flowmeter	\$4,050.00	\$16,200.00
4	ACCUT	107-1987	Remote Sliding BRacket Mt	\$420.00	\$1,680.00
	ACCUT				
1	HSDENT		Computers, monitors, servers, switch,	\$54,875.00	\$54,875.00
1			router, patch panel, clinical computers and	\$0.00	\$0.00
1			monitors and patient monitors.	\$0.00	\$0.00



QUOTE#

20200202135821722

Bill To: Family Health Services ;				City: Sandusky		State: Ohio	Zip:
Address: 1912 Hayes Ave.				Phone:		Fax:	
City: Sandusky		State: Ohio	Zip:	New Acct:		Existing Acct:	
Deliver To: Same				Henry Schein Dental			
Phone:							
Fax:				City:		State:	Zip:
Email:				Phone:		Fax:	

[illegible]

<input checked="checked" type="checkbox"/> Henry Schein Financial Services	<input type="checkbox"/> Cash/Bank Financing	
SSN*:	SSN*:	
DOB:	Bank Name:	
Credit Card #:	Bank Officer:	
Expiration:	Bank Phone:	

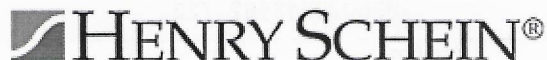
	Subtotal:	\$781,545.82
	Shipping & Handling:	\$13,821.00
0.000%	ESTIMATED TAX:	\$0.00
	Total:	\$795,366.82
	Deposit:	\$0.00
	Balance Due:	\$795,366.82

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL EQUIPMENT TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY.

X _____ X _____
Purchaser's Signature Date Sales Specialist Date

Prices are in effect until	Acceptance by Henry Schein Dental	Date
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Special Instructions



Dear Family Health Services : _____: the attached equipment order (quote) is for your review from Henry Schein, Inc. dba HSD. Please read these Supplemental Terms and Conditions which are applicable to your purchase of dental equipment ("equipment" or "goods") and review all lines of the equipment order (quote) for accuracy. If all documents meet your requirements, please sign at the appropriate signature area.

DENTAL EQUIPMENT / SUPPLEMENTAL TERMS AND CONDITIONS

1. **Late Delivery.** HSD shall attempt to deliver on the date specified in the equipment order, but is not responsible for delays and any delays are not considered a breach by HSD hereunder.
2. **Partial Delivery.** By signing this equipment order, Purchaser agrees that, if in order to fulfill Purchaser's needs and/or installation requirements, HSD may make partial deliveries, and Purchaser must pay amounts owed relating to any such partial delivery. Partial billing is due upon receipt of invoice.
3. **Warranty Disclaimer.** Except as provided in HSD's equipment standard terms of sale, HSD does not give warranties (on products or installation). HSD personnel, including Equipment Specialists or Field Sales Consultants, are not authorized to bind HSD or to make warranties. Oral statements by HSD personnel or agents do not constitute warranties and may not be relied upon or considered a contract.
4. **Labor and Services Time Periods.** Labor described in your equipment order (such as maintenance, repairs, replacement of defective parts, or repairs) must be completed within 90 days following installation. Services (such as training) must be completed within 180 days following installation.
5. **Repairs/Loaners.** If manufacturer is unable to provide replacement product during repair HSD may endeavor to provide a temporary loaner during any period of repair, to the extent available.
6. **Not Included.** Costs relating to the following activities are the sole responsibility of Purchaser and ARE NOT INCLUDED IN THE PURCHASE PRICE:
 - a. Disconnecting and/or reinstalling Purchaser's existing equipment
 - b. Changes or additions in plumbing, electrical, or carpentry
 - c. Governmental inspections, approvals, or fees
 - d. Union intervention in installation or delivery
 - e. Disposal of old equipment
 - f. Delivery of donated equipment
 - g. Insurance
7. **Late Payment Charges.** 1½% PER MONTH WILL BE CHARGED ON PAST DUE BALANCES (18% PER YEAR).
8. **Office Space Plans.** Office space plans drawn by HSD, are the sole property of HSD and are not to be used without HSD's prior written consent.
9. **Purchaser's Name.** The name provided in the equipment order is the exact legal name of Purchaser.
10. **Return Policy.**

(Return Policy) Initial Here: _____

60 days or under	61 to 90 Days	Greater than 90 days
<ul style="list-style-type: none">Goods purchased on equipment orders through HSD will be subject to a 15% restock fee if the goods are returned in original sellable condition (see below). Goods returned not in original sellable condition are subject to a 25% restock fee.	<ul style="list-style-type: none">Goods purchased on equipment orders through HSD will be subject to a 25% restock fee if the goods are returned in original sellable condition. Goods returned not in original sellable condition are subject to a 50% restock fee.Regardless of condition, technology goods including laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware will be subject to a 50% restock fee.	<ul style="list-style-type: none">Goods purchased on equipment orders through HSD that have been installed and put into use can only be returned after approval for a credit to Purchaser's account which may only be used for future purchases from HSD or to settle an open balance, and will be subject to a 50% restock fee.

Exceptions/Additional Information:

- a. Goods covered by this policy are those sold by HSD in product series 800, 805, 819, 826, 845 and 850.
 - b. Dates above are calculated from invoice date.
 - c. Goods are not returnable after 12 months from invoice date or that show obvious signs of abuse or misuse.
 - d. The following are not returnable: small equipment, hand pieces and software (including Dextrix).
 - e. The following are returnable only in the first 90 days: laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware.
 - f. Interest rate charges or early pay penalties charged by financial institutions are the sole responsibility of the customer.
 - g. Custom goods are not returnable.
 - h. Deposits placed on custom orders that are canceled will be subject to forfeiture at any time if the manufacturer of the goods is unable to cancel an order.
 - i. Original sellable condition is defined as the goods being returned in good working order, free of cosmetic imperfections and fully operational to the manufacturer's specifications.
11. **Credit Line Review.** By signing this equipment order, Purchaser authorizes HSD and its subsidiaries and affiliates, by or through their designees: (i) to investigate Purchaser's personal credit and finance records, including obtaining records from the listed bank(s) and from such other applicable banks providing information related to the opening and extension of credit and other accounts with HSD, and (ii) to use Purchaser's social security number to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of accounts with HSD. Purchaser further consents to the sharing of the information provided in connection with any Purchaser application and account, as well as the information on Purchaser's consumer credit report, by and among HSD and its subsidiaries and affiliates, and with third parties from which Purchaser elects to apply for credit, for purposes of applying for and extending credit and other forms of accounts. Bank and credit information may be obtained for future reference provided Purchaser's account remains in active standing. Purchaser hereby authorizes the listed bank to release Purchaser's financial information to verify funds availability for payments under this equipment order. Upon request from Purchaser, HSD or its designee may apply on Purchaser's behalf for appropriate financing to finance this equipment order.
 12. **Financing Statements.** By signing this equipment order, Purchaser acknowledges that HSD may file financing statements and amendments thereto for HSD to perfect its security interest in the equipment described in this equipment order. Such security interest will be maintained until HSD receives payment in full for such equipment.
 13. **Credit Card Policy.** Limits on credit card uses: (a) Henry Schein-branded credit cards, no limit; (b) non-Henry Schein-branded credit cards, limited to the greater of 10% of an order or \$20,000; and (c) no credit cards (Henry Schein-branded or other) may be used for payments regarding EZPay purchases. (Credit Card Policy) Initial Here: _____
 14. **Sales Tax.** Sales tax shown is an estimate and actual sales tax will be calculated at time of invoice.
 15. **CBCT Installations.** For CBCT installations, the National Council on Radiation Protection and Measurements (NCRP), in Report Nos. 49 and 147, recommends a plan review/shielding design by a qualified expert physicist, which is also a legal requirement in most states. HSD will facilitate obtaining this plan review/shielding design through a qualified expert physicist before installation. **Standard Terms of Sale.** HSD's equipment standard terms of sale are hereby incorporated herein by this reference and apply to this equipment order.

DISCOUNTS, REBATES AND DISCLOSURES: Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

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DENTAL
 135 Duryea Road, Melville, New York 11747
 (800) 645-6594

QUOTE#

20200202135821722

Bill To: Family Health Services ;			Date: 2/3/2020		Acct No: 5002020		Install Date:	
Address: 1912 Hayes Ave.			Field Sales Consultant:		Sales Specialist: Brian Nolan		Sales Specialist:	
City: Sandusky State: Ohio Zip:			Installation Address: 1912 Hayes Ave.					
Deliver To: Same			City: Sandusky		State: Ohio		Zip:	
Phone:			Phone:		Fax:			
Fax:			New Acct:		Existing Acct:			
Email:			Henry Schein Dental					
			City:		State:		Zip:	
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Qty	Manufacturer	Item Code	Description	Price	Total
			8 Op Dental Equipment Budget		
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8	ADEC	493-0361	Opt,Fndtn Price,511B,No	\$10,260.00	\$82,080.00
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Fax:			New Acct:		Existing Acct:			
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Qty	Manufacturer	Item Code	Description	Price	Total
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Phone:				Phone:		Fax:			
Fax:				New Acct:		Existing Acct:			
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				City:		State:		Zip:	
				Phone:		Fax:			

Qty	Manufacturer	Item Code	Description	Price	Total
Redundant air and Vac system					
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1	KAVO	628-0970	QUATTROcare Plus Maintenance	\$2,899.99	\$2,899.99
1	SCICAN	138-1358	Hydrim G4 Lg.Instru.Washr	\$10,185.00	\$10,185.00
2	SCICAN	138-1700	VistaCool-Sgl Autoclvs Sys	\$843.00	\$1,686.00
2	SCICAN	138-0485	AUTOFILL F/STATIM	\$203.00	\$406.00
2	SCICAN	138-0486	AutoFill for Bravo	\$249.99	\$499.98
2	SCICAN	138-4222	VistaPure	\$2,910.00	\$5,820.00
2	SCICAN	138-0607	Vista Drain Hub Fitting Kit	\$92.00	\$184.00



DENTAL

135 Duryea Road, Melville, New York 11747

(800) 645-6594

QUOTE#

20200202135821722

Date: 2/3/2020			Acct No: 5002020			Install Date:		
Field Sales Consultant:			Sales Specialist: Brian Nolan			Sales Specialist:		
Installation Address: 1912 Hayes Ave.								
City: Sandusky			State: Ohio			Zip:		
Address: 1912 Hayes Ave.			Phone:			Fax:		
City: Sandusky			State: Ohio			Zip:		
Deliver To: Same			Henry Schein Dental					
Phone:								
Fax:			City:			State:		Zip:
Email:			Phone:			Fax:		

Qty	Manufacturer	Item Code	Description	Price	Total
			Kavo handpiece set up		
12	KAVO	628-1245	MASTERTorque M8900 L	\$1,504.99	\$18,059.88
8	KAVO	628-0337	MULTiflex LUX Coupler 460LED	\$363.00	\$2,904.00
12	KAVO	628-1586	SMARTmatic S20 K CA HP	\$589.00	\$7,068.00
12	KAVO	628-1577	SMARTmatic S10 K Straight HP	\$500.00	\$6,000.00
12	KAVO	628-1597	SMARTmatic S19 K 8:1 HP	\$471.00	\$5,652.00
1	KAVO	628-0970	QUATTROcare Plus Maintenance	\$2,991.99	\$2,991.99
			Nitrous Equipment		
1	ACCUT	119-6947	Digi-Flo Auto Switch Manifold	\$4,768.00	\$4,768.00
1			with wall mounted alarm panel	\$0.00	\$0.00
4	ACCUT	117-6624	MicroLine Trpl Outlt w/Hose	\$669.00	\$2,676.00
4	ACCUT	120-5767	Chair Mount Kit RSS	\$284.00	\$1,136.00
4	ACCUT	107-2419	O2 Check Valve Riser	\$120.00	\$480.00
4	ACCUT	107-8447	N2O Check Valve Riser	\$120.00	\$480.00
4	ACCUT	107-4635	Ultra PC Cabinet Mount Flowmeter	\$4,050.00	\$16,200.00
4	ACCUT	107-1987	Remote Sliding BRacket Mt	\$420.00	\$1,680.00
	ACCUT				
1	HSDENT		Computers, monitors, servers, switch,	\$54,875.00	\$54,875.00
1			router, patch panel, clinical computers and	\$0.00	\$0.00
1			monitors and patient monitors.	\$0.00	\$0.00



20200202135821722

Date: 2/3/2020	Acct No: 5002020	Install Date:
Field Sales Consultant:	Sales Specialist: Brian Nolan	Sales Specialist:
Installation Address: 1912 Hayes Ave.		
City: Sandusky	State: Ohio	Zip:
Phone:	Fax:	
New Acct:	Existing Acct:	
Henry Schein Dental		
City:	State:	Zip:
Phone:	Fax:	

[illegible]

<input checked="" type="checkbox"/> Henry Schein Financial Services	<input type="checkbox"/> Cash/Bank Financing
SSN*:	SSN*:
DOB:	Bank Name:
Credit Card #:	Bank Officer:
Expiration:	Bank Phone:

	Subtotal:	\$781,545.82
	Shipping & Handling:	\$13,821.00
0.000%	ESTIMATED TAX:	\$0.00
	Total:	\$795,366.82
	Deposit:	\$0.00
	Balance Due:	\$795,366.82

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL EQUIPMENT TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY.
Orders are subject to credit approval.

X _____ X _____
Purchaser's Signature Date Sales Specialist Date

Prices are in effect until	Acceptance by Henry Schein Dental	Date
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Special Instructions



Dear Family Health Services : : the attached equipment order (quote) is for your review from Henry Schein, Inc. dba HSD. Please read these Supplemental Terms and Conditions which are applicable to your purchase of dental equipment ("equipment" or "goods") and review all lines of the equipment order (quote) for accuracy. If all documents meet your requirements, please sign at the appropriate signature area.

DENTAL EQUIPMENT / SUPPLEMENTAL TERMS AND CONDITIONS

1. Late Delivery. HSD shall attempt to deliver on the date specified in the equipment order, but is not responsible for delays and any delays are not considered a breach by HSD hereunder.
2. Partial Delivery. By signing this equipment order, Purchaser agrees that, if in order to fulfill Purchaser's needs and/or installation requirements, HSD may make partial deliveries, and Purchaser must pay amounts owed relating to any such partial delivery. Partial billing is due upon receipt of invoice.
3. Warranty Disclaimer. Except as provided in HSD's equipment standard terms of sale, HSD does not give warranties (on products or installation). HSD personnel, including Equipment Specialists or Field Sales Consultants, are not authorized to bind HSD or to make warranties. Oral statements by HSD personnel or agents do not constitute warranties and may not be relied upon or considered a contract.
4. Labor and Services Time Periods. Labor described in your equipment order (such as maintenance, repairs, replacement of defective parts, or repairs) must be completed within 90 days following installation. Services (such as training) must be completed within 180 days following installation.
5. Repairs/Loaners. If manufacturer is unable to provide replacement product during repair HSD may endeavor to provide a temporary loaner during any period of repair, to the extent available.
6. Not Included. Costs relating to the following activities are the sole responsibility of Purchaser and ARE NOT INCLUDED IN THE PURCHASE PRICE:
 - a. Disconnecting and/or reinstalling Purchaser's existing equipment
 - b. Changes or additions in plumbing, electrical, or carpentry
 - c. Governmental inspections, approvals, or fees
 - d. Union intervention in installation or delivery
 - e. Disposal of old equipment
 - f. Delivery of donated equipment
 - g. Insurance
7. Late Payment Charges. 1½% PER MONTH WILL BE CHARGED ON PAST DUE BALANCES (18% PER YEAR).
8. Office Space Plans. Office space plans drawn by HSD, are the sole property of HSD and are not to be used without HSD's prior written consent.
9. Purchaser's Name. The name provided in the equipment order is the exact legal name of Purchaser.
10. Return Policy.

(Return Policy) Initial Here: _____

60 days or under	61 to 90 Days	Greater than 90 days
<ul style="list-style-type: none">• Goods purchased on equipment orders through HSD will be subject to a 15% restock fee if the goods are returned in original sellable condition (see below). Goods returned not in original sellable condition are subject to a 25% restock fee.	<ul style="list-style-type: none">• Goods purchased on equipment orders through HSD will be subject to a 25% restock fee if the goods are returned in original sellable condition. Goods returned not in original sellable condition are subject to a 50% restock fee.• Regardless of condition, technology goods including laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware will be subject to a 50% restock fee.	<ul style="list-style-type: none">• Goods purchased on equipment orders through HSD that have been installed and put into use can only be returned after approval for a credit to Purchaser's account which may only be used for future purchases from HSD or to settle an open balance, and will be subject to a 50% restock fee.

Exceptions/Additional Information:

- a. Goods covered by this policy are those sold by HSD in product series 800, 805, 819, 826, 845 and 850.
 - b. Dates above are calculated from invoice date.
 - c. Goods are not returnable after 12 months from invoice date or that show obvious signs of abuse or misuse.
 - d. The following are not returnable: small equipment, hand pieces and software (including Dentrax).
 - e. The following are returnable only in the first 90 days: laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware.
 - f. Interest rate charges or early pay penalties charged by financial institutions are the sole responsibility of the customer.
 - g. Custom goods are not returnable.
 - h. Deposits placed on custom orders that are canceled will be subject to forfeiture at any time if the manufacturer of the goods is unable to cancel an order.
 - i. Original sellable condition is defined as the goods being returned in good working order, free of cosmetic imperfections and fully operational to the manufacturer's specifications.
11. Credit Line Review. By signing this equipment order, Purchaser authorizes HSD and its subsidiaries and affiliates, by or through their designees: (i) to investigate Purchaser's personal credit and finance records, including obtaining records from the listed bank(s) and from such other applicable banks providing information related to the opening and extension of credit and other accounts with HSD, and (ii) to use Purchaser's social security number to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of accounts with HSD. Purchaser further consents to the sharing of the information provided in connection with any Purchaser application and account, as well as the information on Purchaser's consumer credit report, by and among HSD and its subsidiaries and affiliates, and with third parties from which Purchaser elects to apply for credit, for purposes of applying for and extending credit and other forms of accounts. Bank and credit information may be obtained for future reference provided Purchaser's account remains in active standing. Purchaser hereby authorizes the listed bank to release Purchaser's financial information to verify funds availability for payments under this equipment order. Upon request from Purchaser, HSD or its designee may apply on Purchaser's behalf for appropriate financing to finance this equipment order.
 12. Financing Statements. By signing this equipment order, Purchaser acknowledges that HSD may file financing statements and amendments thereto for HSD to perfect its security interest in the equipment described in this equipment order. Such security interest will be maintained until HSD receives payment in full for such equipment.
 13. Credit Card Policy. Limits on credit card uses: (a) Henry Schein-branded credit cards, no limit; (b) non-Henry Schein-branded credit cards, limited to the greater of 10% of an order or \$20,000; and (c) no credit cards (Henry Schein-branded or other) may be used for payments regarding EZPay purchases. (Credit Card Policy) Initial Here: _____
 14. Sales Tax. Sales tax shown is an estimate and actual sales tax will be calculated at time of invoice.
 15. CBCT Installations. For CBCT installations, the National Council on Radiation Protection and Measurements (NCRP), in Report Nos. 49 and 147, recommends a plan review/shielding design by a qualified expert physicist, which is also a legal requirement in most states. HSD will facilitate obtaining this plan review/shielding design through a qualified expert physicist before installation. Standard Terms of Sale. HSD's equipment standard terms of sale are hereby incorporated herein by this reference and apply to this equipment order.

DISCOUNTS, REBATES AND DISCLOSURES: Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

Construction

1/30/2020

Proposal for Family Health Services Dental Project

1- Permits (Budget)	\$5,500.00
2- Framing/ backing	\$32,550.00
3- Drywall	\$32,850.00
4- Ceilings	\$22,450.00
5- Doors/ hardware	\$17,725.00
6- Saw cutting and cement	\$15,225.00
7- HVAC	\$62,900.00
8- Regular Plumbing	\$34,813.00
9- Dental utilities (air and Vac plumbing)	\$37,891.00
10- Electrical	\$67,225.00
11- Painting	\$22,831.00
12- Flooring (\$11.00/sf Allowance)	\$33,763.00
13- General conditions	\$17,820.00
14- Non-Dental Cabinetry	\$40,979.00
15- Profit and Overhead	\$38,826.00
16- Fire Suppression	\$14,629.00
Total:	\$497,977.00

These are estimated costs based on evaluation of space and contractor recommendations based off other dental buildouts with similar conditions.

Not in Contract:

Phone system

Security system

Dental Equipment

Office furnishings

Sound system and Computers

FEBRUARY 11, 2020

Economic Development Incentive Committee Summary

CHESAPEAKE LOFTS CONDOMINIUM ASSOCIATION (or its affiliates and assigns)

APPLICANT: Mr. Michael Meyer
401 West Shoreline Drive
Sandusky, Ohio 44870

CORPORATE STRUCTURE: Corporation Not-for-profit

PRINCIPAL/% OWNERSHIP: Unitowners- 100%

PROGRAM APPLIED FOR: Signage & Façade

RECOMMENDATION: \$24,000.00 from the Signage and Façade program; contingent upon obtaining title/lien reports, obtaining all relevant permits (if necessary), submitting before and after photographs (if necessary), and displaying a sign evidencing City of Sandusky support for one year after project completion. This project will be complete by June 30, 2021.

BACKGROUND

Constructed in the early 1920's by the Hinde and Dauch Paper Company, 401 W. Shoreline Drive served as a beacon on the City's waterfront to its industrial and manufacturing. In 1992, the building's most recent occupant, the Chesapeake Display Company, ceased operations and for nearly 13 years the building sat empty. In 2005, construction began to restore the abandoned building and site. Today, 195 for-sale residential condominium units and a commercial condominium space make this one of Sandusky's downtown waterfront landmarks and success stories.

PROJECT DESCRIPTION

This project is a portion of a previously applied for larger grant request for a complete renovation project to the historic building's exterior. After rejection by the Committee, the applicant downsized his request to the southerly, Shoreline drive-facing exterior and the specific work scope that encompasses the upper wall restoration of the historic building signage, decorative features, and adjacent brick work.

This building markings and façade renovation (the "Project") will be completed as follows: (i) Removal of foam from the "Hinde and Dauch Paper Co" name plate and other decorative features on the building front along Shoreline Drive; (ii) The outer foam will be removed by cutting away from the name plate surface to remove the mass; (iii) Hand scraping will be done to get down to the original surface of the signage and adjacent bricks; (iv) The cleaning of surface will be completed with chemical cleaner to loosen bond of foam resins; (v) After foam removal, the existing surfaces will be evaluated to determine if the plaque surface would need any imperfections corrected; and (vi) Surfaces will be sealed with a clear masonry sealer. This Project is intended to preserve this nationally-registered Landmark Historic property.

Upon completion, this Project will result in a significant enhancement to the building's physical appearance, and will be consistent with other improvements to historic properties. This Project has been previously approved by the City's Landmarks Commission.

PROJECT FINANCING

The Project sources and uses are as follows for the substantial development assistance:

<i>Uses</i>	<i>Amounts</i>
Upper Wall Restoration of the Historical Building Signage, Decorative Features, and Brick Work	\$ 32,450.00
-Removal of Spray Foam Insulation	
-Hand scraping to original surface of signage and bricks.	
-Chemical cleaning to loosen bond of foam resins.	
-Surface sealing with a clear masonry sealer.	
-Cleaning decorative surfaces in repair areas;	
-Restoration of " <i>Hinde and Dauch Paper Company</i> " sign	
<hr/>	
TOTAL	\$ 32,450.00
 <i>Sources</i>	 <i>Amounts</i>
Signage & Façade Grant	\$ 24,000.00
Unitowners Reserves/Assessments	\$ 8,450.00
<hr/>	
TOTAL	\$ 32,450.00

The recommended total Signage and Façade Grant amount is \$24,000.00 and will be used to fund the phase two repair and restoration work to the south side wall of the building. On the whole, this grant allocation is approximately 74% of the \$32,450.00 total project cost, which is below our capped 75% grant allowance on a project within the Signage and Façade Grant program, but is intended to assist the mixed-use project achieve a more stable and aesthetically beautiful downtown waterfront historic landmark.

FINANCIAL SUMMARY – BUSINESS

n/a

RECOMMENDATION

Staff is recommending a \$24,000 Signage & Façade grant to support this Project.

Applicant / Borrower Company:

Michael Meyer

(Applicant Name)

President, Board of Directors

(Title)

Chesapeake Lofts Condominium Association

(Company Name – if different than Applicant Name)

401 West Shoreline Drive

(Street Address)

No. 271

(Suite, Apt, etc.)

Sandusky, Ohio 44870

(City, State, Zip)

(937) 272-6215

(Phone Number)

26-0375461

(Federal Tax ID or last 4 of SSN)

memclofts@email.com

(Email)

None

(Fax Number)

Project Description:

Please provide a brief description of the project to be undertaken for which City assistance is being sought (attach additional page if necessary).

The east, south, and a section of the west parapet wall of the Chesapeake Lofts Building is covered with a latex foam that was applied in the 1990s to prevent deterioration of the building façade.

This project involves removal of the foam encapsulation material and restoration of the upper parapet wall bricks and mortar. (See attached scope of work.)

The project is to be completed in 3 phases:

- 1) East side (604 lineal feet),
- 2) South side (124 lineal feet) includes restoration of original "Hinde and Dauch Paper Company" building moniker, and
- 3) Northwest side (102 lineal feet) to be restored similar to East side facade

Contractors who have done work / paid

Business/Personal References:

Name / Title: _____

Email: _____ Phone: _____

Relationship: _____

Name / Title: _____

Location of Proposed Project:

401 W. Shoreline Drive

(Address)

Sandusky, Ohio 44870

(City, State, Zip)

Erie

(County)

If a relocation, indicate from where _____

Project Type:

☒ Renovation ☐ Expansion ☐ Start-Up/New

Applicant / Business Background Information:

Please provide a brief summary about your background and experience. Please also provide historical information regarding the building or property at which the business will operate, including but not limited to the most recent building use (attach additional page if necessary).

I have been an owner of a unit at the Chesapeake Lofts since 2007, and a fulltime resident at the Chesapeake since 2009. In 2013 I was elected to the Owner Association Board of Directors, and have served as president of the Board since 2016.

The Chesapeake building was constructed in the early 1920s by the Hinde and Dauch Paper Co.

In 1992 the most recent occupants of the building, Chesapeake Display company, ceased operation at the Shoreline Dr site. In 2005 construction began to restore the abandoned site and developed it into

195 residential condominiums.

Project Concept (N/A for Signage): Use the space below to address the following:

- How does the proposed project relate to a strategic approach to revitalization of the surrounding area?
- Will the project contribute to a change in the market dynamics, economic status, physical appearance or perception of the area?
- Does the project address specific area needs or missing services?

The Chesapeake Lofts building is a Landmark Historic property.

This project will result in a significant enhancement in the appearance and structural integrity of the

building, and is consistent with other improvements to historic properties, as part of the downtown Sandusky redevelopment initiatives.

This project was recently approved by the Sandusky Landmark Commission.



Email: _____

Phone: _____

Relationship: _____

Project Source & Use Of Funds:

Break out total project costs by use of funds and allocate each use cost by source (attach additional page if necessary) (total of B+C+D should = A).

Total Project Cost (itemize below):

\$ 32,450.00

(see attached
R.L. Seiler Scope of Work)

\$ 8,450.00

Owner Equity (dollars and source):

Private Lending (dollars, source, and terms):

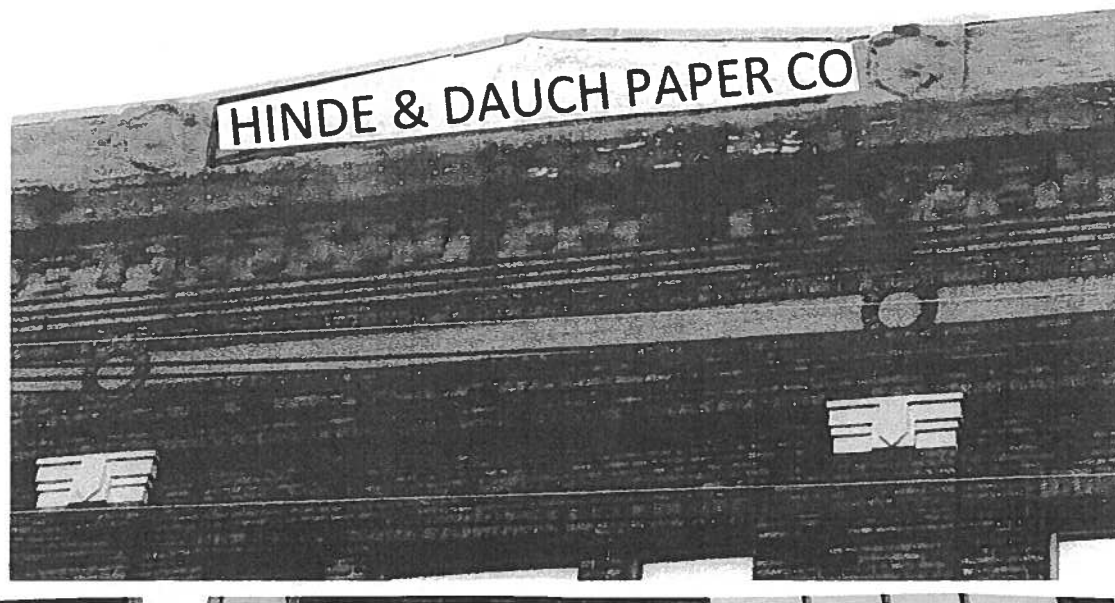
Request for City Assistance (dollars and type):

\$ 24,000.00

(≈ 75% of Project cost)

CHESAPEAKE LOFTS – SOUTH BUILDING FACE

CURRENT CONDITION:



The undersigned certifies that he/she is authorized to complete, sign and submit this application on behalf of the applicant/owner. Further, the undersigned certifies that the information contained in this application has been reviewed by him/her and that all information, including exhibits, are, to the best of his/her knowledge, complete and accurate and presents fairly the condition of the applicant and project accurately. Intentionally falsifying information in this document constitutes a criminal offense. The undersigned hereby authorizes the City of Sandusky to investigate the credit worthiness and of the undersigned, and/or applicant. The undersigned understands that information submitted to the City of Sandusky as part of this application is considered a public record. The undersigned also agrees to display signage showing City support on their property for up to one (1) year.

The undersigned understands that additional information may be required to finalize the approval process, and that, if the project is funded, Economic Development funds cannot pay for projects completed before grant approval and notice of award. The undersigned also understands that the submission of the application for financial assistance does not automatically constitute approval.

The undersigned understands that if the business or enterprise receiving grant funding moves or relocates to a different location outside of the municipal boundaries of Sandusky within three (3) years from the effective date of the grant agreement, that the grant funding will be rescinded in its entirety and the undersigned waives any right or claim to the awarded funding. This provision does not include businesses or enterprises that cease operations and close or that open up additional locations outside of the municipal boundaries of Sandusky while maintaining their funded location within the Sandusky city limits.

x By checking this box, I acknowledge that I have read, understand, and agree to the policies and procedures outlined in this document. I further agree to be interviewed, photographed and/or have my business photographed for Economic Development marketing purposes. If you have questions, please contact the Department of Community Development.

Company Name: _____

By: Michael E. Meyer, President, Chesapeake Lofts Condo Owners Association

(Print or type name and title)

(Signature)

(Date)



R. L. SEILER & ASSOCIATES, LLC
ROOFING CONSULTANTS & BUILDING EVALUATION
COMMERCIAL INDUSTRIAL INSTITUTIONAL

January 24, 2020

Mr. Bryan Baugh
Northcoast Property Management Co. LLC
140 Buckeye Drive
Port Clinton, Ohio

Mr. Mike Myer
Chesapeake lofts Condominium Association
401 W. Shoreline Drive
Sandusky, Ohio
RE: Chesapeake Lofts Front Upper Wall Sign and Façade restoration

A breakdown of the Shoreline Dr.(south), upper wall restoration of the historical building signage, decorative features, and adjacent brick work

The building markings and facade renovation will be completed as follows:

Special care will be taken when removing foam from the "HINDE AND DAUCH PAPER CO". name plate and other decorative features on the building front along Shoreline Dr. The outer foam will be removed by cutting away from the name plate surface to remove the mass. Hand scraping will be done to get down to the original surface of the signage and adjacent bricks. The cleaning of surface will be completed with chemical cleaner to loosen bond of foam resins. After foam is removed the existing surfaces will be evaluated to determine if surface of plaque would need any imperfection's corrected. Surfaces will then be sealed with a clear masonry sealer. The labor and material cost for restoring the building signage, adjacent brick work, and decorative markings is: \$32,450.00

Please call with any questions
Sincerely,

Larry Villers GM

P.O. Box 215 * Doylestown, Ohio 44230
Telephone 1-330-697-8555
Division of the Exterior Building Forensic Group