

TOWN OF MONTGOMERY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION

IMPORTANT NOTICE: The answers to the questions contained in this application are necessary to determine your firm's eligibility for financial assistance from the Town of Montgomery Industrial Development Agency. These answers will also be used in the preparation of papers in this transaction. Accordingly, all questions should be answered accurately and completely by an officer or other employee of your firm who is thoroughly familiar with the business and affairs of your firm and who is also thoroughly familiar with the proposed project. This application is subject to acceptance by the Agency.

TO: Town of Montgomery Industrial Development Agency
110 Bracken Road
Montgomery, New York 12549
Attention: Chief Executive Officer

This application by applicant respectfully states:
Cardinal Health 200, Inc LLC

APPLICANT: _____
500 Neelytown Rd
APPLICANT'S STREET ADDRESS: _____
Montgomery NY 12549
CITY: _____ STATE: _____ ZIP CODE: _____
845-457-2114 PHONE NO.: _____ FAX NO.: _____ E-MAIL: _____
Mike.Zatlukal@cardinalhealth.com

NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION:

IF APPLICANT IS REPRESENTED BY AN ATTORNEY, COMPLETE THE FOLLOWING:
Law Office of Charles T. Bazydlo, P.C.

NAME OF FIRM: _____
Charles Bazydlo

NAME OF ATTORNEY: _____
5 Howard Seely Rd

ATTORNEY'S STREET ADDRESS: _____
Thompson NY 10985
CITY: _____ STATE: _____ ZIP CODE: _____
845-361-3668 PHONE NO.: _____ FAX NO.: _____ E-MAIL: _____
cbazydlo@hvc.rr.com

NOTE: PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE FILLING OUT THIS APPLICATION.

INSTRUCTIONS

1. The Agency will not approve any application unless, in the judgment of the Agency, said application and the summary contains sufficient information upon which to base a decision whether to approve or tentatively approve an action.
2. Fill in all blanks, using "none" or "not applicable" or "N/A" where the question is not appropriate to the project which is the subject of this application (the "Project").
3. If an estimate is given as the answer to a question, put "(est)" after the figure or answer which is estimated.
4. If more space is needed to answer any specific question, attach a separate sheet.
5. When completed, return two (2) copies of this application to the Agency at the address indicated on the first page of this application.
6. The Agency will not give final approval to this application until the Agency receives a completed environmental assessment form concerning the Project which is the subject of this application.
7. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the applicant feels that there are elements of the Project which are in the nature of trade secrets or information, the nature of which is such that if disclosed to the public or otherwise widely disseminated would cause substantial injury to the applicant's competitive position, the applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.
8. The applicant will be required to pay to the Agency all actual costs incurred in connection with this application and the Project contemplated herein (if applicable, such expenses may be paid out of proceeds of any bonds issued by the Agency to finance the project). The applicant will also be expected to pay all costs incurred by general counsel and bond counsel/special counsel to the Agency. The costs incurred by the Agency, including the Agency's general counsel and bond counsel, may be considered as a part of the project, and if applicable included as a part of any resultant bond issue.
9. The Agency has established an application fee of Five Hundred Dollars (\$500) to cover the anticipated costs of the Agency in processing this application. A check or money order made payable to the Agency must accompany each application. **THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS ACCOMPANIED BY THE APPLICATION FEE.**
10. The Agency has established a project fee for each project in which the Agency participates. **UNLESS THE AGENCY AGREES IN WRITING TO THE CONTRARY, THIS PROJECT FEE IS REQUIRED TO BE PAID BY THE APPLICANT AT OR PRIOR TO THE GRANTING OF ANY FINANCIAL ASSISTANCE BY THE AGENCY.**

FOR AGENCY USE ONLY

1.	Project Number	
2.	Date application received by Agency	, 20
3.	Date application referred to attorney for review	, 20
4.	Date copy of application mailed to members	, 20
5.	Date notice of Agency meeting on application posted	, 20
6.	Date notice of Agency meeting on application mailed	, 20
7.	Date of Agency meeting on application	, 20
8.	Date notice of public hearing on application posted	, 20
9.	Date notice of public hearing on application mailed	, 20
10.	Date notice of public hearing on application published	, 20
11.	Date public hearing conducted	, 20
12.	Date Environmental Assessment Form ("EAF") received	, 20
13.	Date Agency completed environmental review	, 20
14.	Date of final approval of application	, 20

Cardinal
Health, Inc.
Parent

AGENCY FEE SCHEDULE INFORMATION

1. APPLICATION FEE: \$500.00 (Non-refundable)
2. AGENCY FEE:
 - (a) ¾ of 1% of the first \$2,000,000 of Total Project Costs
 - (b) ½ of 1% of the remaining Total Project Cost
3. AGENCY COUNSEL FEE:
 - (a) Determine on a Project by Project Basis

SUMMARY OF PROJECT

Applicant: Cardinal Health 200, Inc. LLC

Contact Person: Michael Zatlukal

Phone Number:

Occupant: Cardinal Health

Project Location: 500 Neelytown Rd., Montgomery, NY

Approximate Size of Project Site: 400,000 sf

Description of Project: Expansion of current Cardinal Health Distribution Center

Type of Project: Manufacturing Warehouse/Distribution
 Commercial Not-For-Profit
 Other-Specify

Employment Impact: Existing Jobs N/A
New Jobs 60

Project Cost: \$ 24,000,000 Est

Type of Financing: Tax-Exempt Taxable Straight Lease

Amount of Bonds Requested: \$ N/A

Estimated Value of Tax-Exemptions:

N.Y.S. Sales and Compensating Use Tax: \$ 1,950,000
Mortgage Recording Taxes: \$ N/A
Real Property Tax Exemptions: \$ 3,261,996
Other (please specify): \$ N/A

Provide estimates for the following:

Number of Full Time Employees at the Project Site before IDA Status: 350
Estimate of Jobs to be Created: 60
Estimate of Jobs to be Retained: n/a
Average Estimated Annual Salary of Jobs to be Created: \$53,000
Annualized Salary Range of Jobs to be Created: \$53,000 - 260,000
Estimated Average Annual Salary of Jobs to be Retained: n/a

Amended 8/13/2021 Michael Zatlukal

I. INFORMATION CONCERNING THE PROPOSED OCCUPANT OF THE PROJECT (HEREINAFTER, THE "COMPANY").

A. Identity of Company:

1. Company Name: Cardinal Health 200, LLC

Present Address: 500 Neelytown Rd, Montgomery, NY

Zip Code: 12549

Employer's ID No.: 364095186

2. If the Company differs from the Applicant, give details of relationship:

3. Indicate type of business organization of Company:

a. _____ Corporation (If so, incorporated in what country? What State? _____, Date Incorporated? _____ Type of Corporation? _____ Authorized to do business in New York? Yes ____; No ____).

b. _____ Partnership (If so, indicate type of partnership _____, Number of general partners _____, Number of limited partners ____).

c. _____ Limited liability company (If so, formed in what state? DE, Number of Members? 16, Date formed? 06/26/96 Authorized to do business in New York State? Yes No ____).

d. _____ Sole proprietorship.

4. Is the Company a subsidiary or direct or indirect affiliate of any other organization(s)? If so, indicate name of related organization(s) and relationship:
Cardinal Health, Inc. - Parent

B. Management of Company:

1. List all owners, officers, members, directors and partners (complete all columns for each person):

NAME (First, Middle, Last) HOME ADDRESS	OFFICE HELD	OTHER PRINCIPAL BUSINESS
See Attached		

2. Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation? Yes ; No .

3. Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)? Yes ; No .

4. Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt? Yes ; No . (If yes to any of the foregoing, furnish details in a separate attachment).

5. If the answer to any of questions 2 through 4 is yes, please, furnish details in a separate attachment. See attached - Page 26 of May 2021 10Q filing

C. Principal Owners of Company:

1. Principal owners of Company: Is Company publicly held? Yes ; No . If yes, list exchanges where stock traded:

2. If no, list all stockholders having a 5% or more interest in the Company:

NAME	ADDRESS	PERCENTAGE OF HOLDING
	N/A	

- D. Company's Principal Bank(s) of account:
Wells Fargo, NA 2000002932174

II. DATA REGARDING PROPOSED PROJECT

- A. Summary: (Please provide a brief narrative description of the Project.)

Expand the current Distribution Center by 310,000 square feet of space to be used as a Replenishment Center for Medical devices and supplies within New York and the Northeastern Region of the United States.

- B. Location of Proposed Project:

1. Street Address: 500 Neelytown Rd.
2. City of
3. Town of Montgomery
4. Village of
5. County of Orange
6. School District: Valley Central School District
7. Tax Map Number: Section 36, Block 1 Lot 27

- C. Project Site:

1. Approximate size (in acres or square feet) of Project site: 400,000sq ft.
Is a map, survey, or sketch of the project site attached? Yes ; No .
2. Are there existing buildings on project site? Yes ; No .

a. If yes, indicate number and approximate size (in square feet) of each existing building:

609,000 square feet Main building; 40,000 square feet annex

- b. Are existing buildings in operation? Yes ; No .

If yes, describe present use of present buildings:

Distribution Center and warehouse.

- c. Are existing buildings abandoned? Yes ; No . About to be abandoned? Yes ; No . If yes, describe:

- d. Attach photograph of present buildings.

3. Utilities serving project site:
 Water-Municipal: Town of Montgomery
 Other (describe)
 Sewer-Municipal: Town of Montgomery
 Other (describe)
 Electric-Utility: Central Hudson
 Other (describe)
 Heat-Utility: N/A
 Other (describe)
4. Present legal owner of project site:
- a. If the Company owns project site, indicate date of purchase: May 1992, 1992; Purchase price: \$ Unknown.
- b. If Company does not own the Project site, does Company have option signed with owner to purchase the Project site? Yes ; No . If yes, indicate date option signed with owner: , 20 ; and the date the option expires: , 20 .
- c. If the Company does not own the project site, is there a relationship legally or by common control between the Company and the present owners of the project site? Yes ; No . If yes, describe:
- d. Current Assessed Value of the Project site: \$ 28,755,000
- e. Current annual property tax payment of the Project site: \$ 1,562,640.00
5. a. Zoning District in which the project site is located:
ID
- b. Are there any variances or special permits affecting the site? Yes ; No X. If yes, list below and attach copies of all such variances or special permits:

D. Buildings:

1. Does part of the project consist of the acquisition or construction of a new building or buildings? Yes ; No X. If yes, indicate number and size of new buildings:
2. Does part of the project consist of additions and/or renovations to the existing buildings located on the Project site? Yes X; No . If yes, indicate the buildings to be expanded or renovated, the size of any expansions and the nature of expansion and/or renovation:
 One new building to be added for a total of 310,000 square feet,
 Distribution Center
3. Describe the principal uses to be made by the Company of the building or buildings to be acquired, constructed, or expanded:
 Expansion due to locating a new Replenishment Center to the Northeast from the Chicago area.

E. Description of the Equipment:

1. Does a part of the Project consist of the acquisition or installation of machinery, equipment or other personal property (the "Equipment")? Yes ; No .
If yes, describe the Equipment:

Will require forklift type equipment, battery chargers, high-bay racking, electrical fixtures (internal and external), plumbing, HVAC, office fixtures/furniture, IT infrastructure, security systems, shrink wrappers, guard station, generator, and fencing.

2. With respect to the Equipment to be acquired, will any of the Equipment be Equipment which has previously been used? Yes ; No . If yes, please provide detail:

3. Describe the principal uses to be made by the Company of the Equipment to be acquired or installed:

The equipment installed will be used to operate the expanded Distribution Center.

F. Project Use:

1. What are the principal products to be produced at the Project?

No products will be produced/manufactured at this new facility

2. What are the principal activities to be conducted at the Project?

Medical devices and consumable supplies will be stored and shipped from this site direct to customers and to other Cardinal Health Distribution Centers.

3. Does the Project include facilities or property that are primarily used in making retail sales of goods or services to customers who personally visit such facilities? Yes ; No . If yes, please provide detail:

4. If the answer to question 3 is yes, what percentage of the cost of the Project will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project? N/A %

5. If the answer to question 3 is yes, and the answer to question 4 is more than 33.33%, indicate whether any of the following apply to the Project:

N/A

- a. Will the Project be operated by a not-for-profit corporation? Yes ____; No _____. If yes, please explain:
N/A
- b. Is the Project likely to attract a significant number of visitors from outside the economic development region in which the Project will be located? Yes ____; No _____. If yes, please explain:
N/A
- c. Would the Project occupant, but for the contemplated financial assistance from the Agency, locate the related jobs outside the State of New York? Yes ____; No _____. If yes, please explain:
N/A
- d. Is the predominant purpose of the Project to make available goods or services which would not, but for the Project, be reasonably accessible to the residents of the city, town or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services? Yes ____; No _____. If yes, please provide detail:
N/A
- e. Will the Project be located in one of the following: (i) an area designed as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (ii) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (x) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of households receiving public assistance, and (y) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates? Yes ____; No _____. If yes, please explain: _____
N/A
6. If the answers to any of subdivisions c. through e. of question 5 is yes, will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? Yes ____; No _____. If yes, please explain:
N/A
7. Will the completion of the Project result in the removal of a plant or facility of the Company or another proposed occupant of the Project (a "Project Occupant") from one area of the State of New York to another area of the State of New York? Yes ____; No X _____. If yes, please explain:

8. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Company located in the State of New York? Yes ___; No X. If yes, please provide detail:
9. If the answer to either question 7 or question 8 is yes, indicate whether any of the following apply to the Project:
- a. Is the Project reasonably necessary to preserve the competitive position of the Company or such Project Occupant in its industry? Yes ___; No ___ . If yes, please provide detail:
N/A
- b. Is the Project reasonably necessary to discourage the Company or such Project Occupant from removing such other plant or facility to a location outside the State of New York? Yes ___; No ___ . If yes, please provide detail:
N/A
10. Will the Project be owned by a not-for-profit corporation? Yes ___; No X. If yes, please provide detail:
11. Will the Project be sold or leased to a municipality? Yes ___; No X. If yes, please provide detail:

G. Other Involved Agencies:

1. Please indicate all other local agencies, boards, authorities, districts, commissions or governing bodies (including any city, county and other political subdivision of the State of New York and all state departments, agencies, boards, public benefit corporations, public authorities or commissions) involved in approving or funding or directly undertaking action with respect to the Project. For example, do you need a municipal building permit to undertake the Project? Do you need a zoning approval to undertake the Project? If so, you would list the appropriate municipal building department or planning or zoning commission which would give said approvals.
Montgomery Municipal Planning Board
2. Describe the nature of the involvement of the federal, state, or local agencies described above:
The Municipal Planning Board is involved to approve the overall engineering and land use design plans.

H. Construction Status:

1. Has construction work on this project begun? Yes ____; No X. If yes, please discuss in detail the approximate extent of construction and the extent of completion. Indicate in your answer whether such specific steps have been completed as site clearance and preparation; completion of foundations; installation of footings; etc.:

2. Please indicate amount of funds expended on this Project by the Company in the past three (3) years and the purposes of such expenditures:

\$1,062,601.45 as of 7/30/2021.

3. Please indicate the date the applicant estimates the Project will be completed:
July 15, 2022 _____.

I. Method of Construction after Agency Approval:

1. If the Agency approves the project which is the subject of this application, there are two methods that may be used to construct the project. The applicant can construct the project privately and sell the project to the Agency upon completion. Alternatively, the applicant can request to be appointed as "agent" of the Agency, in which case certain laws applicable to public construction may apply to the project. Does the applicant wish to be designated as "agent" of the Agency for purposes of constructing the project? Yes X; No ____.

2. If the answer to question 1 is yes, does the applicant desire such "agent" status prior to the closing date of the financing? Yes X; No ____.

III. INFORMATION CONCERNING LEASES OR SUBLEASES OF THE PROJECT. (PLEASE COMPLETE THE FOLLOWING SECTION IF THE COMPANY INTENDS TO LEASE OR SUBLEASE ANY PORTION OF THE PROJECT).

- A. Does the Company intend to lease or sublease more than 10% (by area or fair market value) of the Project? Yes ____; No X. If yes, please complete the following for each existing or proposed tenant or subtenant:
 1. Sublessee name: N/A
Present Address:

City: _____ State: _____ Zip: _____

Employer's ID No.:

Sublessee is: _____ Corporation: _____ Partnership: _____ Sole Proprietorship

Relationship to Company:

Percentage of Project to be leased or subleased:

Use of Project intended by Sublessee:

Date of lease or sublease to Sublessee:

Term of lease or sublease to Sublessee:

Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes _____; No _____. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

2. Sublessee name: N/A

Present Address:

City: _____ State: _____ Zip: _____

Employer's ID No.:

Sublessee is:

_____ Corporation: _____ Partnership: _____ Sole Proprietorship

Relationship to Company:

Percentage of Project to be leased or subleased:

Use of Project intended by Sublessee:

Date of lease or sublease to Sublessee:

Term of lease or sublease to Sublessee: _____

Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes _____; No _____. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

3. Sublessee name: N/A

Present Address:

City: _____ State: _____ Zip: _____

Employer's ID No.:

Sublessee is: _____ Corporation: _____ Partnership: _____ Sole Proprietorship

Relationship to Company:

Percentage of Project to be leased or subleased:

Use of Project intended by Sublessee:

Date of lease or sublease to Sublessee:

Term of lease or sublease to Sublessee:

Will any portion of the space leased by this sublessee be primarily used in making retail sales of goods or services to customers who personally visit the Project? Yes _____; No _____. If yes, please provide on a separate attachment (a) details and (b) the answers to questions II(F)(4) through (6) with respect to such sublessee.

B. What percentage of the space intended to be leased or subleased is now subject to a binding written lease or sublease?

N/A

IV. Employment Impact

A. Indicate the number of people presently employed at the Project site and the **additional** number that will be employed at the Project site at the end of the first and second years after the Project has been completed, using the tables below for (1) employees of the Applicant, (2) independent contractors, and (3) employees of independent contractors. (Do not include construction workers). Also indicate below the number of workers employed at the Project site representing newly created positions as opposed to positions relocated from other project sites of the applicant. Such information regarding relocated positions should also indicate whether such positions are relocated from other project sites financed by obligations previously issued by the Agency.

TYPE OF EMPLOYMENT Employees of Applicant					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals
Present Full Time	30		211		241
Present Part Time					
Present Seasonal					
First Year Full Time	34		268		301
First Year Part Time					
First Year Seasonal					
Second Year Full Time	34		268		301
Second Year Part Time					
Second Year Seasonal					

TYPE OF EMPLOYMENT Independent Contractors					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals
Present Full Time	7		95		102
Present Part Time					
Present Seasonal					
First Year Full Time	7		95		102
First Year Part Time					
First Year Seasonal					
Second Year Full Time	7		95		102
Second Year Part Time					
Second Year Seasonal					

TYPE OF EMPLOYMENT Employees of Independent Contractors					
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled	Totals
Present Full Time					
Present Part Time					
Present Seasonal					

First Year Full Time					
First Year Part Time					
First Year Seasonal					
Second Year Full Time					
Second Year Part Time					
Second Year Seasonal					

B. Indicate below (1) the estimated salary and fringe benefit averages or ranges and (2) the estimated number of employees residing in the Mid-Hudson Economic Development Region for all the jobs at the Project site, both retained and created, listed in the tables described in subsection A above for each of the categories of positions listed in the chart below.

RELATED EMPLOYMENT INFORMATION				
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled
Estimated Salary and Fringe Benefit Averages or Ranges	\$80,000 - \$260,000	\$72,900 - \$84,700		\$53,000-\$74,700
Estimated Number of Employees Residing in the Mid-Hudson Economic Development Region ¹	40	48		190

C. Please describe the projected timeframe for the creation of any new jobs with respect to the undertaking of the Project:

It is projected that staffing for the expansion would start with professional employees in February/March, 2022 and un-skilled workers in April-June 2022.

¹ The Mid-Hudson Economic Development Region consists of the following counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester.

- D. Please prepare a separate attachment describing in detail the types of employment at the Project site. Such attachment should describe the activities or work performed for each type of employment.

V. Project Cost and Financing Sources

- A. Anticipated Project Costs. State the costs reasonably necessary for the acquisition of the Project site, the construction of the proposed buildings and the acquisition and installation of any machinery and equipment necessary or convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

<u>Description of Cost</u>	<u>Amount</u>
Land	0
	\$ _____
	17,700,000
Buildings	\$ _____
	230,000
Machinery and equipment costs	\$ _____
	270,000
Utilities, roads and appurtenant costs	\$ _____
	300,000
Architects and engineering fees	\$ _____
	0
Costs of Financing	\$ _____
	0
Construction loan fees and interest (if applicable)	\$ _____
Other (specify)	
Site work	1,750,000
	\$ _____
Furniture/Fixtures	2,000,000
	\$ _____
IT Comm/Security Sys.	1,750,000
	\$ _____
	24,000,000
TOTAL PROJECT COSTS	\$ _____

- B. Anticipated Project Financing Sources. State the sources reasonably necessary for the financing of the Project site, the construction of the proposed buildings and the acquisition and installation of any machinery and equipment necessary or convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

<u>Description of Sources</u>	<u>Amount</u>
Private Sector Financing	0 \$ _____
Public Sector	
Federal Programs	0 \$ _____
State Programs	0 \$ _____
Local Programs	0 \$ _____
Applicant Equity	24,000,000 \$ _____
Other (specify, e.g., tax credits)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL AMOUNT OF PROJECT FINANCING SOURCES	24,000,000 \$ _____

C. Have any of the above expenditures already been made by the applicant?
 Yes ; No _____. If yes, indicate particulars.

Engineering/Design - \$120,874

Land Prep - \$18,500

Dev. Fees and Planning Approval - 85,955.65

Material Procurement - \$837,271.80

D. Amount of loan requested: \$ N/A;

Maturity requested: N/A years.

E. Has a commitment for financing been received as of this application date, and if so, from whom?

Yes ; No _____. Institution Name: _____

Provide name and telephone number of the person we may contact.

Name: _____ Phone: _____

F. The percentage of Project costs to be financed from public sector sources is estimated to equal the following: N/A %

- G. The total amount estimated to be borrowed to finance the Project is equal to the following: \$ N/A

VI. BENEFITS EXPECTED FROM THE AGENCY

A. Financing

1. Is the applicant requesting that the Agency issue bonds to assist in financing the project? Yes ___; No X. If yes, indicate:
 - a. Amount of loan requested: N/A Dollars;
 - b. Maturity requested: N/A Years.
2. If the answer to question 1 is yes, is the interest on such bonds intended to be exempt from federal income taxation? Yes ___; No ___.
3. If the answer to question 2 is yes, will any portion of the Project be used for any of the following purposes:
 - a. retail food and beverage services: Yes ___; No ___
 - b. automobile sales or service: Yes ___; No ___
 - c. recreation or entertainment: Yes ___; No ___
 - d. golf course: Yes ___; No ___
 - e. country club: Yes ___; No ___
 - f. massage parlor: Yes ___; No ___
 - g. tennis club: Yes ___; No ___
 - h. skating facility (including roller skating, skateboard and ice skating): Yes ___; No ___
 - i. racquet sports facility (including handball and racquetball court): Yes ___; No ___
 - j. hot tub facility: Yes ___; No ___
 - k. suntan facility: Yes ___; No ___
 - l. racetrack: Yes ___; No ___
4. If the answer to any of the above questions contained in question 3 is yes, please furnish details on a separate attachment.

B. Tax Benefits

1. Is the applicant requesting any real property tax exemption in connection with the Project that would not be available to a project that did not involve the Agency? Yes X; No ___. If yes, is the real property tax exemption being sought consistent with the Agency's Uniform Tax Exemption Policy? Yes X; No ___.
2. Is the applicant expecting that the financing of the Project will be secured by one or more mortgages? Yes ___; No X. If yes, what is the approximate

amount of financing to be secured by mortgages? \$ n/a

3. Is the applicant expecting to be appointed agent of the Agency for purposes of avoiding payment of N.Y.S. Sales Tax or Compensating Use Tax? Yes X; No _____. If yes, what is the approximate amount of purchases which the applicant expects to be exempt from the N.Y.S. Sales and Compensating Use Taxes? \$ 1,950,000

4. What is the estimated value of each type of tax-exemption being sought in connection with the Project? Please detail the type of tax-exemption and value of each exemption.

a.	N.Y.S. Sales and Compensating Use Taxes:	\$ <u>1,950,000</u>
b.	Mortgage Recording Taxes:	\$ <u>n/a</u>
c.	Real Property Tax Exemptions:	\$ <u>3,261,996</u>
d.	Other (please specify):	\$ _____
		\$ _____

5. Are any of the tax-exemptions being sought in connection with the Project inconsistent with the Agency's Uniform Tax Exemption Policy? Yes ____; No _____. If yes, please explain.

C. Project Cost/Benefit Information. Complete the attached Cost/Benefit Analysis so that the Agency can perform a cost/benefit analysis of undertaking the Project. Such information should consist of a list and detailed description of the benefits of the Agency undertaking the Project (e.g., number of jobs created, types of jobs created, economic development in the area, etc.). Such information should also consist of a list and detailed description of the costs of the Agency undertaking the Project (e.g., tax revenues lost, buildings abandoned, etc.).

VII. REPRESENTATIONS BY THE APPLICANT. The applicant understands and agrees with the Agency as follows:

A. Job Listings. In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entities") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JTPA"), as replaced by the Workforce Investment Act of 1998 (Public Law 105-220), in which the Project is located.

B. First Consideration for Employment. In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by

collective bargaining agreements, where practicable, the applicant will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for new employment opportunities created as a result of the Project.

- C. Annual Sales Tax Filings. In accordance with Section 874(8) of the New York General Municipal Law, the applicant understands and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the applicant and all consultants or subcontractors retained by the applicant.
- D. Annual Employment Reports. The applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the applicant agrees to file, or cause to be filed, with the Agency, within 45 days of the end of the calendar year, reports regarding the number of people employed at the Project site, including (1) the NYS-45 – Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return – for the quarter ending December 31 (the “NYS-45”), and (2) the US Dept. of Labor BLS 3020 Multiple Worksite report if applicable.
- E. Uniform Agency Project Agreement. The applicant agrees to enter into a project benefits agreement with the Agency where the applicant agrees that (1) the amount of Financial Assistance to be received shall be contingent upon, and shall bear a direct relationship to the success or lack of success of such project in delivering certain described public benefits (the “Public Benefits”) and (2) the Agency will be entitled to recapture some or all of the Financial Assistance granted to the applicant if the project is unsuccessful in whole or in part in delivering the promised Public Benefits.
- F. Representation of Financial Information. Neither this Application nor any other agreement, document, certificate, project financials, or written statement furnished to the Agency or by or on behalf of the applicant in connection with the project contemplated by this Application contains any untrue statement of a material fact or omits to state a material fact necessary in order to make the statements contained herein or therein not misleading. There is no fact within the special knowledge of any of the officers of the applicant which has not been disclosed herein or in writing by them to the Agency and which materially adversely affects or in the future in their opinion may, insofar as they can now reasonably foresee, materially adversely affect the business, properties, assets or condition, financial or otherwise, of the applicant.
- G. Agency Financial Assistance Required for Project. The Project would not be undertaken but for the Financial Assistance provided by the Agency or, if the Project could be undertaken without the Financial Assistance provided by the Agency, then the Project should be undertaken by the Agency for the following reasons:

- H. Compliance with Article 18-A of the General Municipal Law. The Project, as of the date of this Application, is in substantial compliance with all provisions of article 18-A of the General Municipal including, but not limited to, the provisions of Section 859-a and subdivision one of Section 862; and the provisions of subdivision one of Section 862 of the General Municipal Law will not be violated if Financial Assistance is provided for the Project.
- I. Compliance with Federal, State, and Local Laws. The applicant is in substantial compliance with applicable local, state, and federal tax, worker protection, and environmental laws, rules, and regulations.
- J. False or Misleading Information. The applicant understands that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemptions claimed by reason of Agency involvement in the Project.
- K. Absence of Conflicts of Interest. The applicant acknowledges that the members, officers and employees of the Agency are listed on the Agency's website. No member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:
- L. Additional Information. Additional information regarding the requirements noted in this Application and other requirements of the Agency are included in the Agency's Policies which can be accessed at:

[http://www.townofmontgomery.com/DepartmentsBoards/Boards/IndustrialDevelopment Agency.](http://www.townofmontgomery.com/DepartmentsBoards/Boards/IndustrialDevelopmentAgency)

I affirm under penalty of perjury that all statements made on this application are true, accurate, and complete to the best of my knowledge.

By its execution below, the Applicant acknowledges and agrees to the following:

(i) The undersigned has read, understands and consents to the Agency's Local Labor Law Policy as adopted and amended (See, Policies at www.montgomeryida.com);

(ii) The undersigned affirms under the penalty of perjury that all statements made on this application are true, accurate and complete to the best of my knowledge; and

(iii) The undersigned understands and agrees that the Agency will rely on the statements made in this application.


Applicant

By: Michael Zatlukal

Title: VP, Operations

NOTE: APPLICANT MUST ALSO COMPLETE THE APPROPRIATE VERIFICATION APPEARING ON PAGES 24 THROUGH 27 HEREOF BEFORE A NOTARY PUBLIC AND MUST SIGN AND ACKNOWLEDGE THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 28.

VERIFICATION

(If applicant is limited liability company)

STATE OF N.Y.)
) SS.:
COUNTY OF Orange

Michael Zatlukal

_____, deposes and says
(Name of Individual) Cardinal Health 200 Inc, LLC
that he is one of the members of the firm of _____,
(Limited Liability Company)

the limit liability company named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as a member of and from the books and papers of said limited liability company.

Michael J Zatlukal

Sworn to before me this
17 day of August, 2021

Suzanne Hadden
(Notary Public)

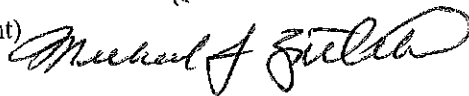
SUZANNE HADDEN
Notary Public, State of New York
Qualified In Orange County
Registration No. 01HA6117399
Commission Expires October 25, 2024

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 30 IS SIGNED BY THE APPLICANT.

HOLD HARMLESS AGREEMENT

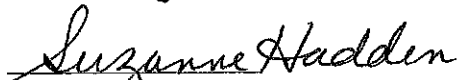
Applicant hereby releases Town of Montgomery Industrial Development Agency and the members, officers, servants, agents and employees thereof (hereinafter collectively referred to as the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the application or the project described therein or the financial assistance requested therein are favorably acted upon by the Agency, (B) the Agency's financing, acquisition, construction and/or installation of the Project described therein; and (C) any further action taken by the Agency with respect to the Project, including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the Agency or the Applicant are unable to reach final agreement with respect to the Project or, if applicable, find buyers willing to purchase the total bond issue requested, then, and in that event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred by the Agency in the processing of the Application, including attorneys' fees, if any.

(Applicant)



BY: Michael Zatlukal, VP Operations

Sworn to before me this
12th day of August, 2021


(Notary Public)

SUZANNE HADDEN
Notary Public, State of New York
Qualified In Orange County
Registration No. 01HA6117399
Commission Expires October 25, 2024

TO: Project Applicants
 FROM: Town of Montgomery Industrial Development Agency
 RE: Cost/Benefit Analysis

In order for the Town of Montgomery Industrial Development Agency (the "Agency") to prepare a Cost/Benefit Analysis for a proposed project (the "Project"), the Applicant must answer the questions contained in this Project Questionnaire (the "Questionnaire") and complete the attached Schedules. This Questionnaire and the attached Schedule will provide information regarding various aspects of the Project, and the costs and benefits associated therewith.

This Questionnaire must be completed before we can finalize the Cost/Benefit Analysis, please complete this Questionnaire and forward it to us at your earliest convenience.

PROJECT QUESTIONNAIRE

1. Name of Project Beneficiary ("Company"):
2. Brief Identification of the Project:
3. Estimated Amount of Project Benefits Sought:

A. Amount of Bonds Sought:	\$ 0
B. Value of Sales Tax Exemption Sought	\$ 1,950,000
C. Value of Real Property Tax Exemption Sought	\$ 3,261,996
D. Value of Mortgage Recording Tax Exemption Sought	\$ 0
4. Likelihood of accomplishing the Project in a timely fashion:

High

PROJECTED PROJECT INVESTMENT

- | | | |
|----|--|------------|
| A. | Land-Related Costs | |
| 1. | Land acquisition | \$ 0 |
| 2. | Site preparation | \$ 920,100 |
| 3. | Landscaping | \$ 75,000 |
| 4. | Utilities and infrastructure development | \$ 270,000 |
| 5. | Access roads and parking development | \$ 745,990 |
| 6. | Other land-related costs (describe) | \$ |

Amended 8/13/2001 Michael J. [Signature]

B. Building-Related Costs		
1.	Acquisition of existing structures	\$0
2.	Renovation of existing structures	\$0
3.	New construction costs	\$15,221,441
4.	Electrical systems	\$1,171,163
5.	Heating, ventilation and air conditioning	\$685,212
6.	Plumbing	\$622,184
7.	Other building-related costs (describe)	\$52,500 (BMS)
C. Machinery and Equipment Costs		
1.	Production and process equipment	\$56,000
2.	Packaging equipment	\$52,500
3.	Warehousing equipment	\$80,625
4.	Installation costs for various equipment	\$Incl.
5.	Other equipment-related costs (describe)	\$437,500
D. Furniture and Fixture Costs		
1.	Office furniture	\$270,000
2.	Office equipment	\$272,000 (Incl. Wrhse IT)
3.	Computers	\$56,000
4.	Other furniture-related costs (describe)	\$1,649,375 (racking)
E. Working Capital Costs		
1.	Operation costs	\$0
2.	Production costs	\$0
3.	Raw materials	\$0
4.	Debt service	\$0
5.	Relocation costs	\$0
6.	Skills training	\$0
7.	Other working capital-related costs (describe)	\$0
F. Professional Service Costs		
1.	Architecture and engineering	\$300,000
2.	Accounting/legal	\$10,000
3.	Other service-related costs (describe)	\$0
G. Other Costs		
1.	IT Infrastructure	\$808,500
2.	Security	\$626,500

H. Summary of Expenditures	
1. Total Land-Related Costs	\$2,020,090
2. Total Building-Related Costs	\$17,752,500
3. Total Machinery and Equipment Costs	\$626,625
4. Total Furniture and Fixture Costs	\$2,247,375
5. Total Working Capital Costs	\$0
6. Total Professional Service Costs	\$300,000
7. Total Other Costs	\$1,435,000

PROJECTED PROFIT

I. Please provide projected profit as defined by earnings after income tax but before depreciation and amortization:

YEAR	Without IDA benefits	With IDA benefits
1	\$N/A	\$N/A
2	\$N/A	\$N/A
3	\$N/A	\$N/A
4	\$N/A	\$N/A
5	\$N/A	\$N/A

PROJECTED CONSTRUCTION EMPLOYMENT IMPACT

I. Please provide estimates of total construction jobs and the total annual wages and benefits of construction jobs at the Project:

Year	Number of Construction Jobs	Total Annual Wages and Benefits	Estimated Additional NYS Income Tax
Current Year	8	\$831,774	\$39,991
Year 1	99	\$1,502,644	\$91,618
Year 2		\$	\$
Year 3		\$	\$
Year 4		\$	\$
Year 5	0	\$	\$

PROJECTED PERMANENT EMPLOYMENT IMPACT

I. Estimates of the total number of existing permanent jobs to be preserved or retained as a result of the Project are described in the tables in Section IV of the Application.

II. Estimates of the total new permanent jobs to be created by the Project are described in the tables in Section IV of the Application.

III. Please provide estimates for the following:

A. Creation of New Job Skills relating to permanent jobs. Please complete Schedule A.

IV. Provide the projected percentage of employment that would be filled by Town of Montgomery residents: 13%

A. Provide a brief description of how the project expects to meet this percentage:

Based off and assumes the current demographic percentage for town of Montgomery employees.

PROJECTED OPERATING IMPACT


I. Please provide estimates for the impact of Project operating purchases and sales:

Additional Purchases (1 st year following project completion)	\$ 0
Additional Sales Tax Paid on Additional Purchases	\$ 0
Estimated Additional Sales (1 st full year following project completion)	\$ 0
Estimated Additional Sales Tax to be collected on additional sales (1 st full year following project completion)	\$ 0

II. Please provide estimates for the impact of Project on existing real property taxes and new payments in lieu of taxes ("Pilot Payments"):

Year	Existing Real Property Taxes (Without IDA involvement)	New Pilot Payments (With IDA)	Total (Difference)
Current Year	0		
Year 1	\$795,433	\$318,173	\$477,260
Year 2	\$795,433	\$318,173	\$477,260
Year 3	\$795,433	\$318,173	\$477,260
Year 4	\$795,433	\$397,716	\$397,716
Year 5	\$795,433	\$437,488	\$357,945
Year 6	\$795,433	\$477,260	\$318,173
Year 7	\$795,433	\$517,013	\$278,402
Year 8	\$795,433	\$556,803	\$238,630
Year 9	\$795,433	\$636,346	\$159,807
Year 10	\$795,433	\$715,890	\$ 79,543

III. Please provide a detailed description for the impact of other economic benefits and all anticipated community benefits expected to be produced as a result of the Project (attach additional pages as needed for a complete and detailed response):

Amended 8/13/201 

CERTIFICATION

I certify that I have prepared the responses provided in this Questionnaire and that, to the best of my knowledge; such responses are true, correct, and complete.

I understand that the foregoing information and attached documentation will be relied upon, and constitute inducement for, the Agency in providing financial assistance to the Project. I certify that I am familiar with the Project and am authorized by the Company to provide the foregoing information, and such information is true and complete to the best of my knowledge. I further agree that I will advise the Agency of any changes in such information, and will answer any further questions regarding the Project prior to the closing.

I affirm under penalty of perjury that all statements made on this application are true, accurate and complete to the best of my knowledge.

Date Signed: August 12, 2021

Name of Person Completing Project Questionnaire on behalf of the Company.

Name: Michael Zatlukal

Title: VP Operations

Phone Number: 845-457-2114

Address: 500 Neelytown Rd Montgomery, NY 12549

Signature: 

SCHEDULE A

CREATION OF NEW JOB SKILLS

Please list the projected new job skills for the new permanent jobs to be created at the Project as a result of the undertaking of the Project by the Company.

New Job Skills	Number of Positions Created	Range of Salary and Benefits
Warehouse Employees	60	\$53,000 - \$74,000
Supervisor	2	\$88,000
Manager	1	\$130,000
Director	1	\$260,000

Should you need additional space, please attach a separate sheet.

Name	Type	Sub-Type	Effective From	Effective To	Signing Authority	Scope
Cardinal Health 200, LLC	Officer	Vice President - Global Trade Operations		2020-05-15		
Cardinal Health 200, LLC	Officer	Chief Financial Officer		2020-05-22		
Cardinal Health 200, LLC	Officer	Director - Regulatory Management		2020-05-22		
Cardinal Health 200, LLC	Officer	Vice President - Tax		2020-05-22		
Cardinal Health 200, LLC	Officer	Secretary		2020-05-22		
Cardinal Health 200, LLC	Officer	Assistant Secretary		2020-02-11		
Cardinal Health 200, LLC	Officer	Assistant Treasurer		2020-02-11		
Cardinal Health 200, LLC	Officer	Senior Vice President - Tax		2020-02-11		
Cardinal Health 200, LLC	Officer	Chief Financial Officer - Medical Segment		2020-02-11		
Cardinal Health 200, LLC	Officer	Vice President & Treasurer		2019-08-16		
Cardinal Health 200, LLC	Officer	Chief Executive Officer - Medical Segment		2019-08-16		
Cardinal Health 200, LLC	Officer	Chief Legal and Compliance Officer		2019-01-16		
Cardinal Health 200, LLC	Officer	President, Global Manufacturing & Supply Chain		2017-03-19		
Cardinal Health 200, LLC	Officer	Executive Vice President - Strategy & Corporate Development		2017-02-17		
Cardinal Health 200, LLC	Officer	Vice President - HR Management				

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Other

Legal Proceedings

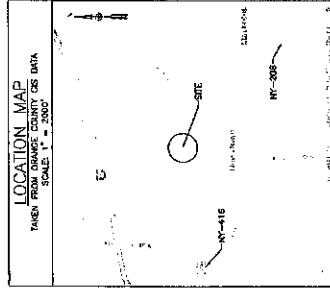
In addition to the proceeding described below, the legal proceedings described in Note 6 of the "Notes to Condensed Consolidated Financial Statements" are incorporated in this "Legal Proceedings" section by reference.

In June 2019, Melissa Cohen, a purported shareholder, filed an action on behalf of Cardinal Health, Inc. in the U.S. District Court for the Southern District of Ohio against certain current and former members of our Board of Directors alleging that the defendants breached their fiduciary duties by failing to effectively monitor Cardinal Health's distribution of controlled substances and approving certain payments of executive compensation. In December 2019 and January 2020, similar complaints were filed in the U.S. District Court for the Southern District of Ohio by purported shareholders, Stanley M. Malone and Michael Splaine, respectively. In January, 2020, the court consolidated the derivative cases under the caption *In re Cardinal Health, Inc. Derivative Litigation* and in March 2020, plaintiffs filed an amended complaint. The amended consolidated derivative complaint seeks, among other things, unspecified money damages against the defendants and an award of attorneys' fees. In February 2021, the court granted in part and denied in part defendants' motion to dismiss. The court dismissed the claim with respect to executive compensation but declined to dismiss the failure to monitor claim.

The expansion of the Cardinal Health facility in Montgomery, New York will create over 60 full time jobs with expected payroll of approximately \$4.0M per year. Cardinal Health has operated in the Town of Montgomery for 28 years and this project will lengthen the time that Cardinal Health expects to operate from this facility. This in turn, will create the associated income, property, and employment taxes within the Town of Montgomery, Orange County, and New York State.

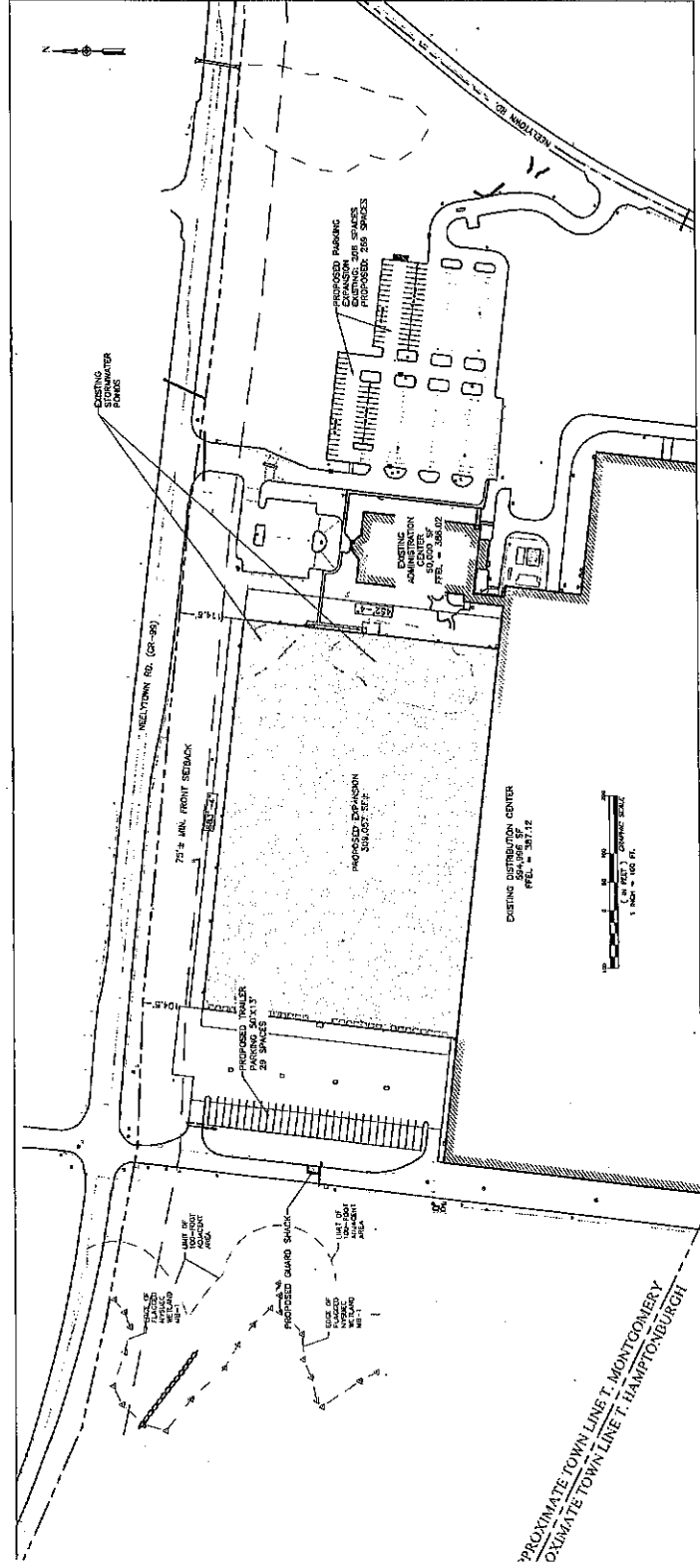
The project is expected to employ up to 99 contractors during the construction phase, again with the associated tax revenue for the Town of Montgomery and local region.

Through this project, Cardinal Health will position greater amounts of medical devices and medical consumables closer to customers which will create better service levels for patients and improve patient care for our local customer base serviced by this facility.



GENERAL NOTES

1. SHEET / APPROVAL OF RECORD: CARROLL HEALTH 200, LLC, DUBLIN, OHIO 43017
2. SUBJECT PROPERTY ADDRESS: 15 GARDNER DRIVE, SECOND FLOOR, MONROEVILLE, NEW YORK 12550
3. ZONING DISTRICT: D - INTERCHANGE
4. PREPARED BY: SET ARCHITECTS AND LAND SURVEYING, P.C., APRIL 21, 2021
5. VERTICAL DATUM IS MVD 88
6. APPROXIMATE LIMITS OF DISTURBANCE: 13.66 ACRES



SHEET INDEX

1. G-001 COVER SHEET
2. G-002 GENERAL NOTES
3. V-100 EXISTING CONDITIONS
4. G-100 REGULATION PLAN
5. C-101 PROPOSED CONDITIONS
6. E-102 PROPOSED GRADING 1
7. C-103 PROPOSED GRADING 2
8. E-103 PROPOSED LIGHTING
9. C-104 PROPOSED DRAINAGE
10. C-105 PROPOSED UTILITIES
11. C-106 PROPOSED LANDSCAPING
12. C-500 DETAIL SHEET 1
13. C-501 DETAIL SHEET 2
14. C-502 DETAIL SHEET 3

PARCEL SUMMARY INFORMATION

PARCEL NUMBER	STREET ADDRESS	PARCEL ADDRESS	ZONING DISTRICT	PROPOSED BUILDING AREA	EXISTING BUILDING AREA	PROPOSED PARKING SPACES	EXISTING PARKING SPACES
38-1-07	500 HEDDEN RD	70A	D	72,000 SF	25,000 SF	206	103

BULK REGULATION TABLE, ID - INTERCHANGE ZONE

USE	LOT AREA	MAX. BUILDING COVERAGE	LOT WIDTH	FRONT YARD SETBACK	REAR YARD SETBACK	MIN. LOT WIDTH	MIN. LOT DEPTH
REQUIRED	40,000 SF	40%	150 FT	25 FT	20 FT	40 FT	40 FT
EXISTING	300,000 SF	24%	200 FT	50 FT	50 FT	100 FT	100 FT
PROPOSED	350,000 SF	34%	250 FT	100 FT	100 FT	150 FT	150 FT

DRAWINGS FOR REVIEW ONLY - NOT FOR CONSTRUCTION

AMENDED SITE PLAN FOR CARROLL HEALTH 200, LLC

TOWN OF MONTGOMERY, ORANGE COUNTY, NEW YORK

K Engineering and Land Surveying, P.C.
 15 Cassin Drive
 Monticello, NY 12550
 Phone: (845) 937-3000
 Fax: (845) 937-3000
 Web: www.kespa.com

TOWN OF MONTGOMERY PLANNING BOARD

APPROVED BY RESOLUTION OF THE PLANNING BOARD OF THE TOWN OF MONTGOMERY ON THIS DAY OF _____, 20____, SUBJECT TO ALL REQUIREMENTS AND CONDITIONS OF SAID RESOLUTION. ANY CHANGES, ERRORS, MODIFICATIONS, OR REVISIONS OF THIS SITE PLAN AS APPROVED, SHALL VOID THIS APPROVAL.

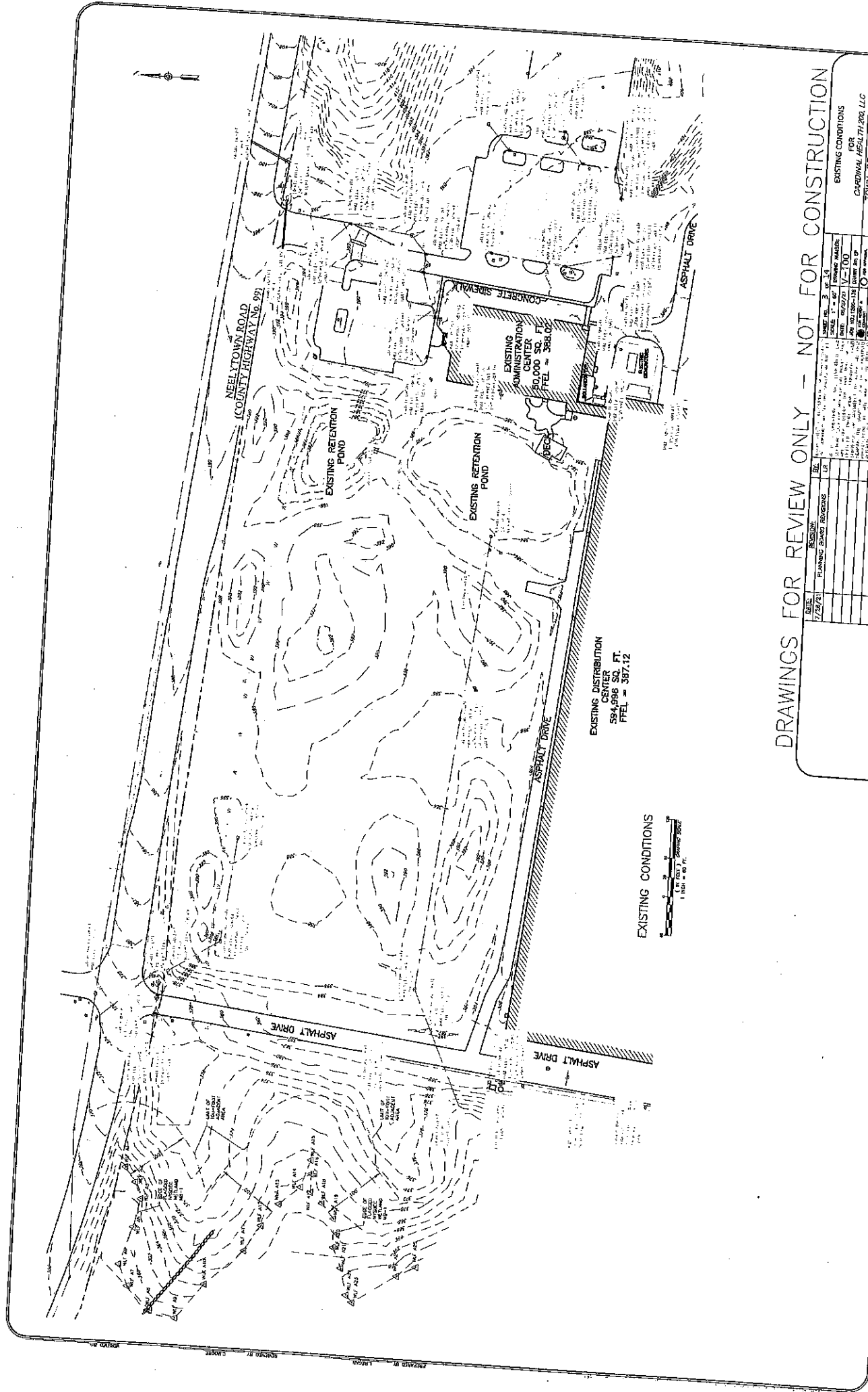
DATE: 1/28/22
 BY: _____
 TITLE: _____

OWNER'S CERTIFICATION

I, THE UNDERSIGNED, THE PROJECT MAKE REVIEWED THIS MAP AND DO HEREBY CONSENT TO ALL CHANGES, ERRORS, MODIFICATIONS, OR REVISIONS, AND CONDITIONS NOTED ON THIS MAP.

NAME: CARROLL HEALTH 200, LLC
 ADDRESS: COLUMBUS, OHIO, 43216

DATE: _____



DRAWINGS FOR REVIEW ONLY - NOT FOR CONSTRUCTION

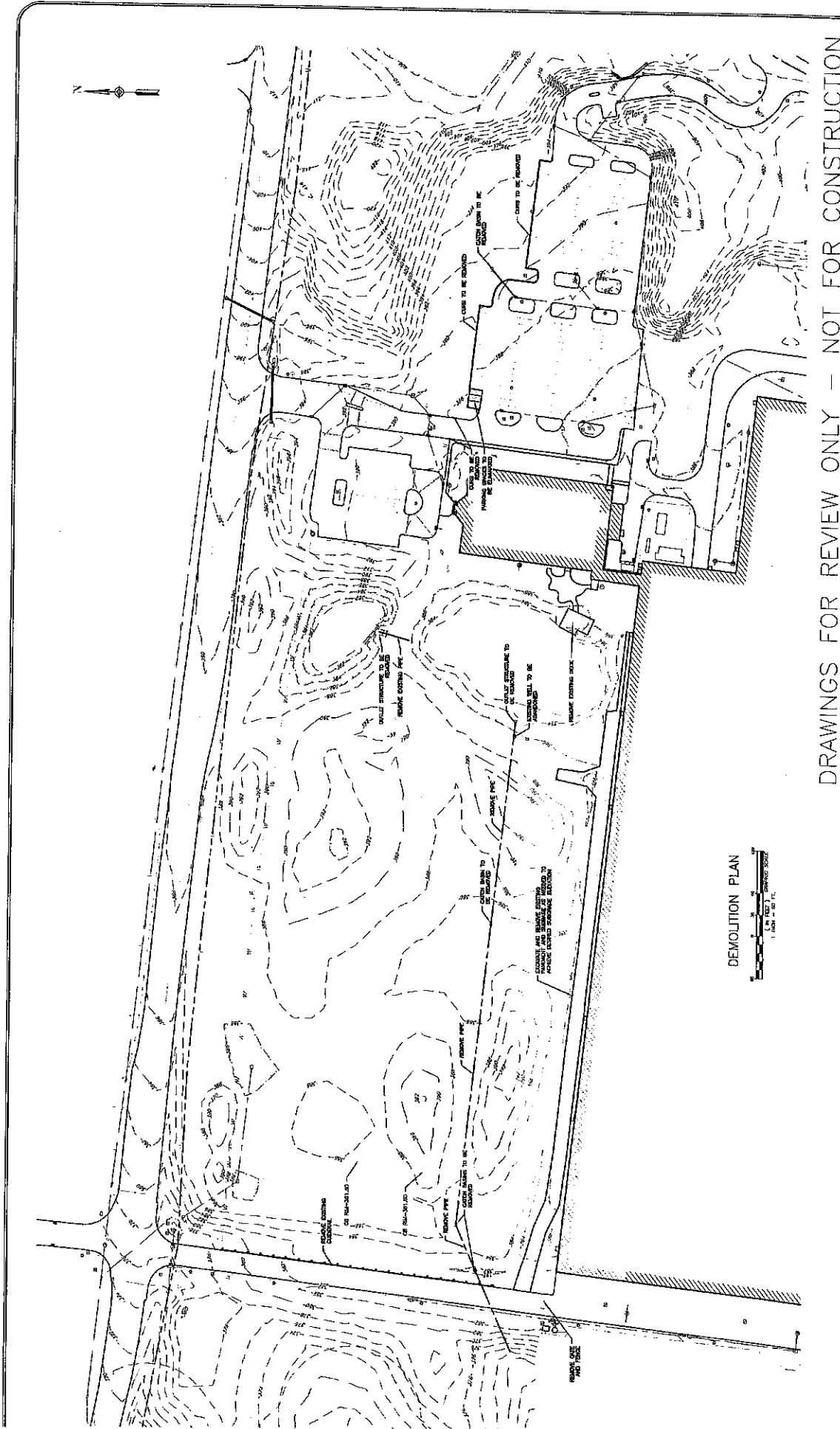
DATE	7/28/10	REVISION	
PLANNING BOARD	REVISIONS		
NO.	1	DESCRIPTION	
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EXISTING CONDITIONS
 FOR
 CAPITAL HEALTH 200 LLC
 TOWN OF MONTGOMERY
 ORANGE COUNTY, NEW YORK

12 Governor Place
 Newburgh, NY 12550
 Phone: (845) 531-2800
 E-mail: info@scap.com
 Web: www.scap.com

Engineering and
 Land Surveying, P.C.





DRAWINGS FOR REVIEW ONLY - NOT FOR CONSTRUCTION

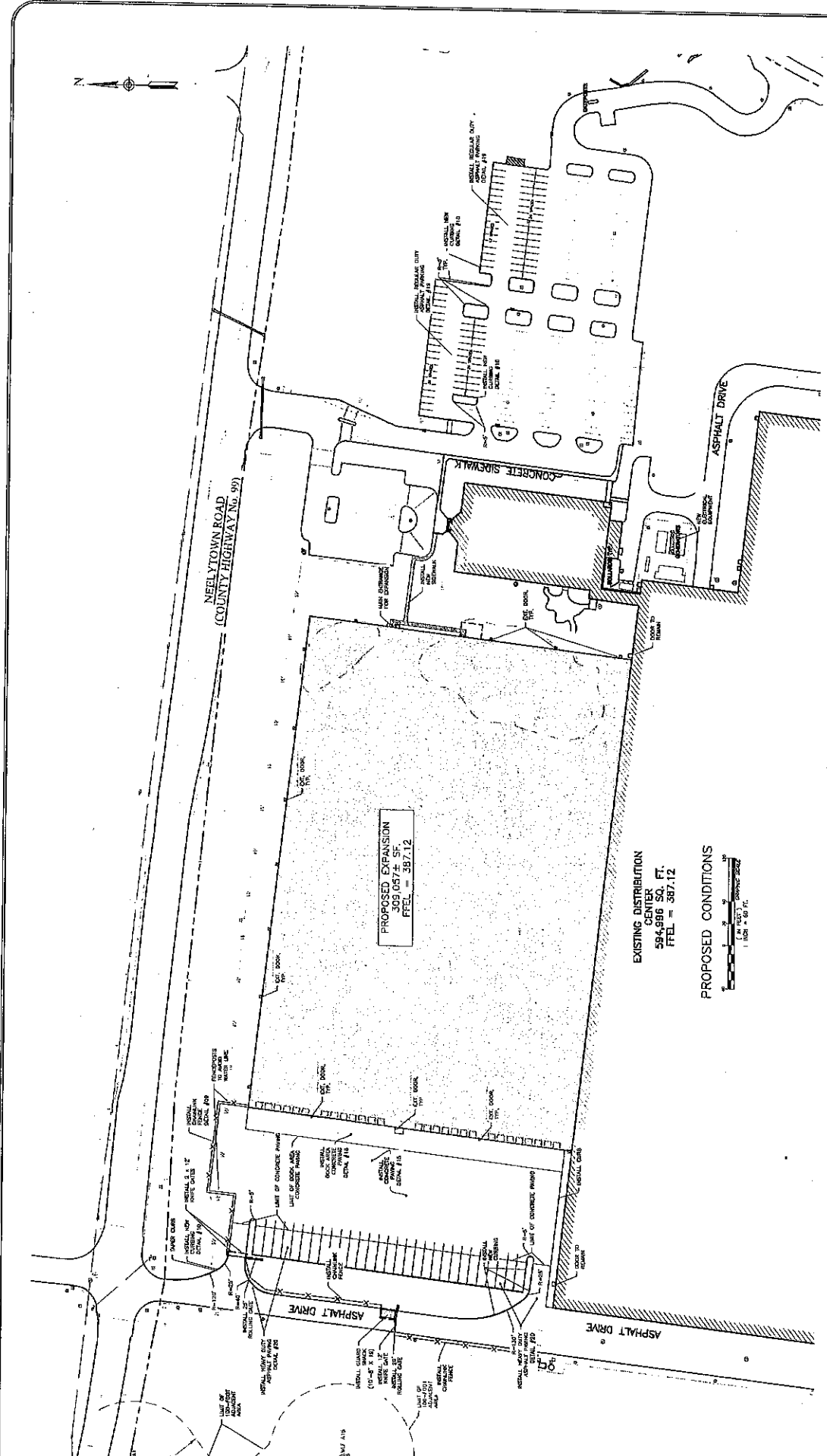
REVISIONS		DATE	BY	REASON

DEMOLITION PLAN
 FOR
 CARDINAL HEALTH 200, LLC
 TOWN OF MONTGOMERY
 ORANGE COUNTY, NEW YORK

SHEET NO. 4 OF 4
 SCALE: 1" = 50'
 DATE: 05/27/21
 JOB NO.: 1806-138
 DRAWN BY: JC
 CHECKED BY: JC
 PROJECT NO.: 1806-138

Prepared by: JC
 Date: 05/27/21
 Project: 1806-138
 Client: Cardinal Health 200, LLC
 Address: 200 Cardinal Health Drive
 Town of Montgomery
 Orange County, New York 12155
 Phone: (518) 437-2800
 Email: info@csdpc.com
 Website: www.csdpc.com



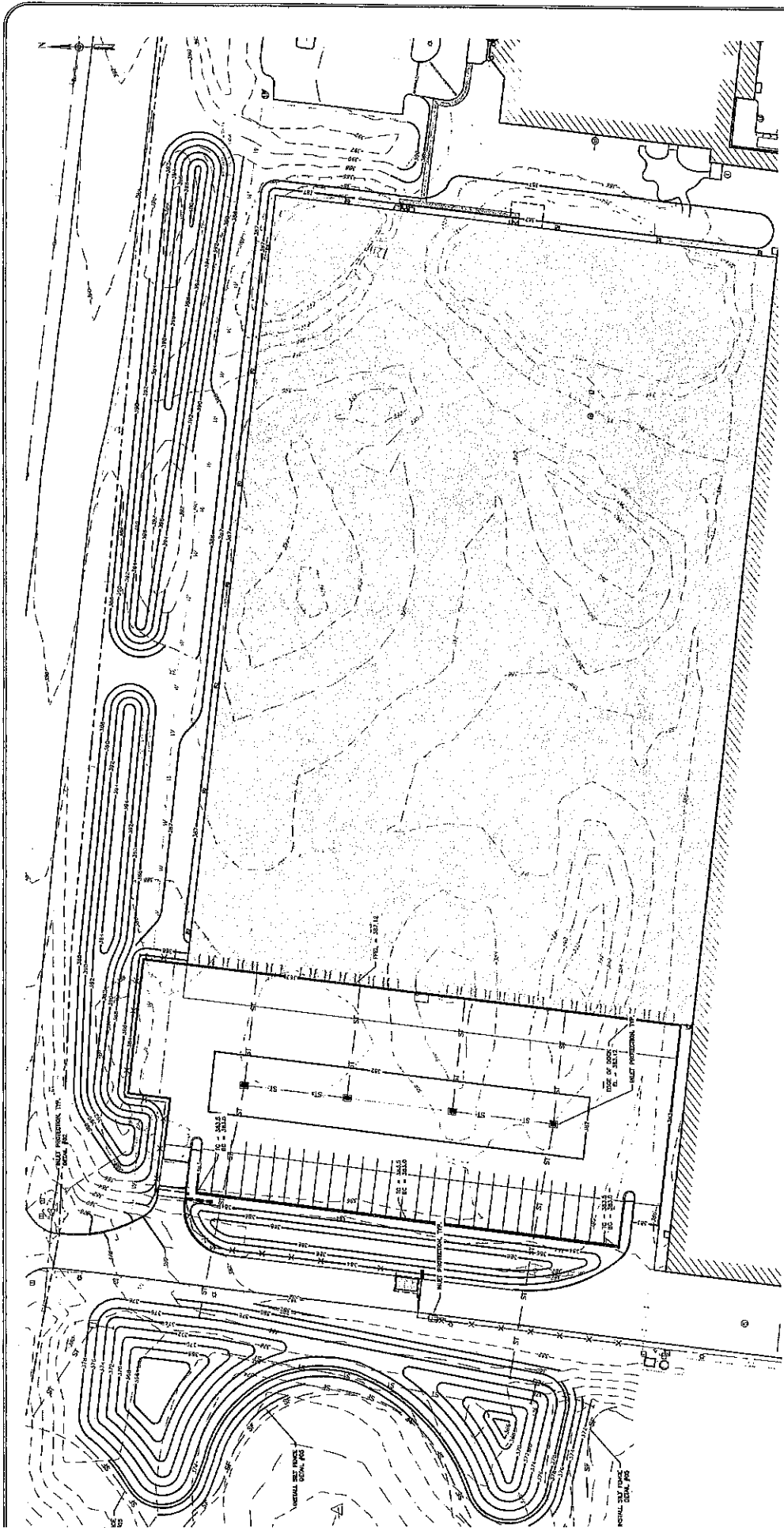


DRAWINGS FOR REVIEW ONLY – NOT FOR CONSTRUCTION

DATE	REVISION	BY
7/25/21	PLANNING BOARD REVISIONS	CF

SHEET NO. 5 OF 14
 PROPOSED CONDITIONS
 DATE: 7-25-21
 DRAWING NUMBER: C-101
 PROJECT: 22-018
 CLIENT: TOWN OF MONTSEVIEY
 COUNTY: DRACONA COUNTY
 STATE: NEW YORK
 15 Governor Drive
 Newburgh, NY 12550
 Phone: 845-532-5600
 E-mail: info@klsurvey.com
 Web: www.klsurvey.com
KLS Engineering and Land Surveying, P.C.

EXISTING DISTRIBUTION CENTER
 584,586 SQ. FT.
 PFL = 387.12
 PROPOSED CONDITIONS
 1 inch = 60 ft.



PROPOSED GRADING: TRAILER DOCK, TRAILER PARKING, AND BUILDING AREA

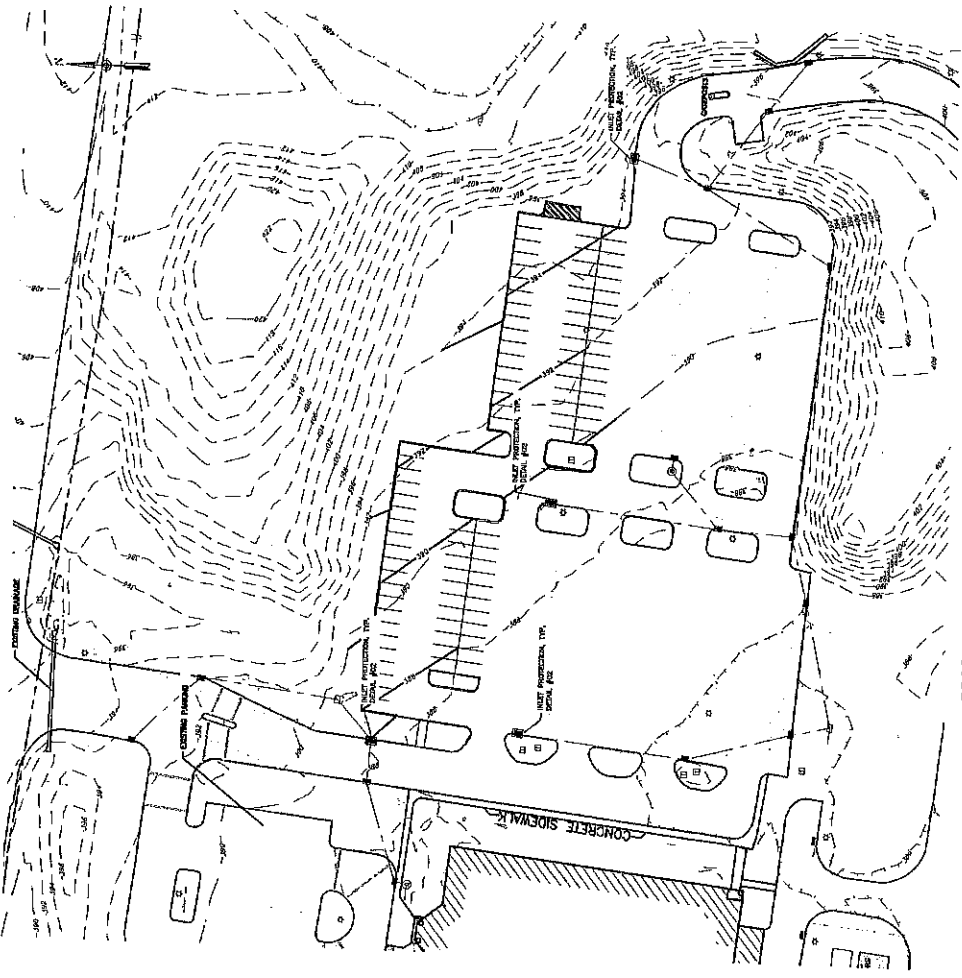
DRAWINGS FOR REVIEW ONLY - NOT FOR CONSTRUCTION

DATE	1/25/21	REVISIONS	LA	NO. 1	DATE	6/24/18	BY	LA	NO. 1	DATE	6/24/18	BY	LA	NO. 1
PLANNING BOARD REVISIONS														

SHEET NO. 6 OF 14
 SCALE: 1" = 40'
 DRAWING NUMBER: C-10.3
 JOB NUMBER: 18-000-103
 DRAWN BY: LA
 CHECKED BY: LA
 DATE: 1/25/21

PROPOSED GRADING 1
 FOR
 CARDINAL HEALTH 200, LLC
 TOWN OF MONTGOMERY
 ORANGE COUNTY, NEW YORK
 12550
 Phone: (845) 831-2800
 Email: info@k-engineering.com
 Web: www.k-engineering.com

K Engineering and Land Surveying, P.C.



PROPOSED GRADING: EAST PARKING LOT

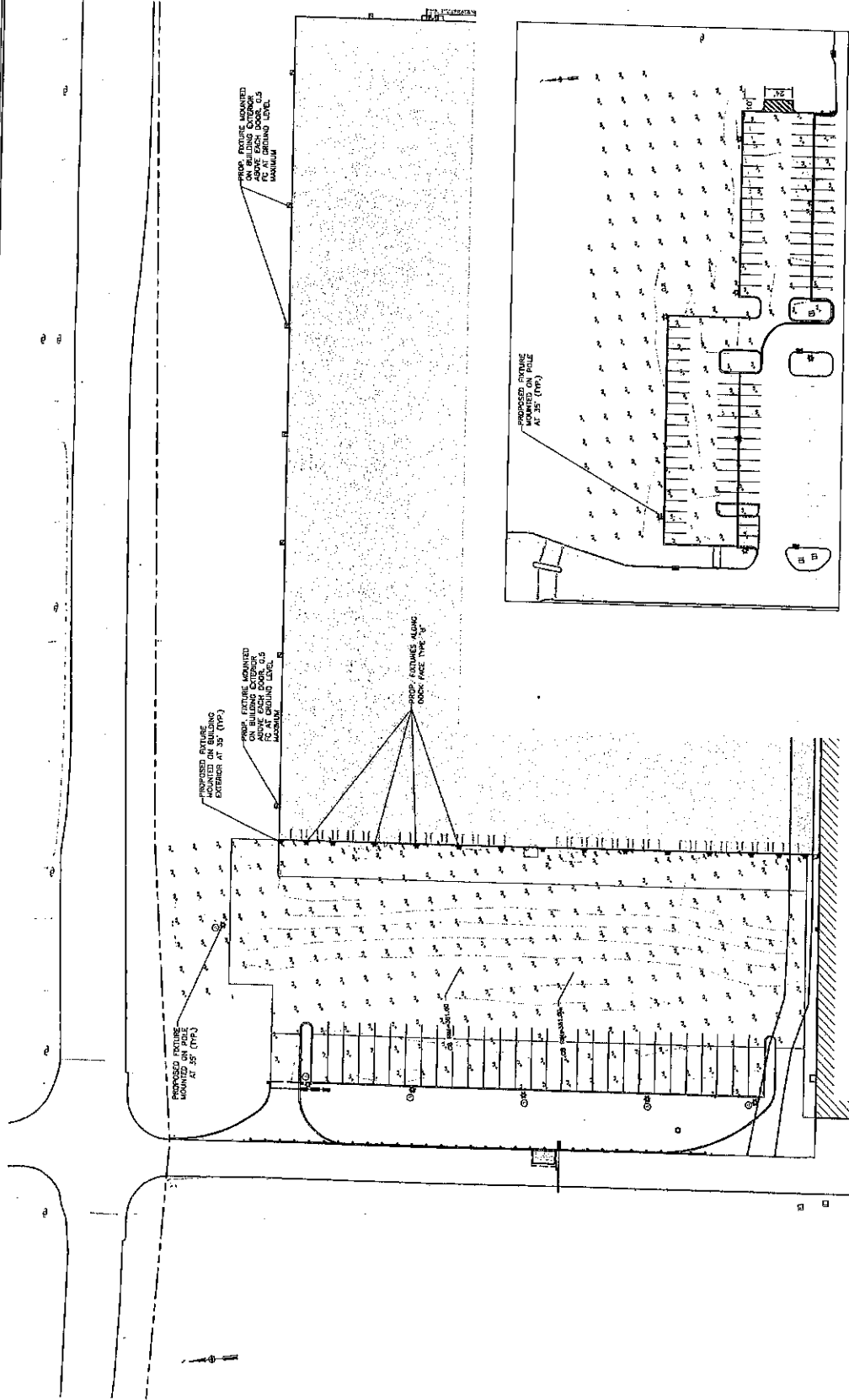


DRAWINGS FOR REVIEW ONLY - NOT FOR CONSTRUCTION

DATE:	7/25/21	REVISION:	LR
PLANNING BOARD REVISIONS:			
DATE:	7/25/21	REVISION:	LR
PLANNING BOARD REVISIONS:			
DATE:	7/25/21	REVISION:	LR
PLANNING BOARD REVISIONS:			

PROPOSED GRADING 2
 FOR
 CARGINA HEALTH 202, LLC
 TOWN OF MONTGOMERY
 ORANGE COUNTY, NEW YORK

KE Engineering and
 Land Surveying, P.C.
 Newburgh, NY 12550
 Phone: (845) 931-2900
 Web: www.kepspc.com



PROPOSED LIGHTING: WEST PARKING LOT

PROPOSED LIGHTING: EAST PARKING LOT

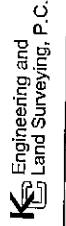
DATE: 7/28/23
 SCALE: 1" = 40'
 SHEET NO. 8 OF 14
 DRAWING NUMBER: L-100

FIGURE ID	LOCATION	QUANTITY	MANUFACTURER	MODEL	MATERIAL	TYPE	MOUNTING HEIGHT	HEIGHT PER FIXTURE	BUD. RATING
A	LOADING DOCK	7	AMERICAN LIGHTING	ATRO P303 R4 2K	106.0	LED	35'	15719.9	3, 0, 5
C	PARKING LOT	10	LITHONIA LIGHTING	DRX1 LED F1 30K T15	54.0	LED	35'	6457.1	2, 0, 2
B	LOADING DOCK	15	HOLOPHANE	HLPWZ P50 50K XX TPTM	115.0	LED	35'	8007.9	1, 0, 2

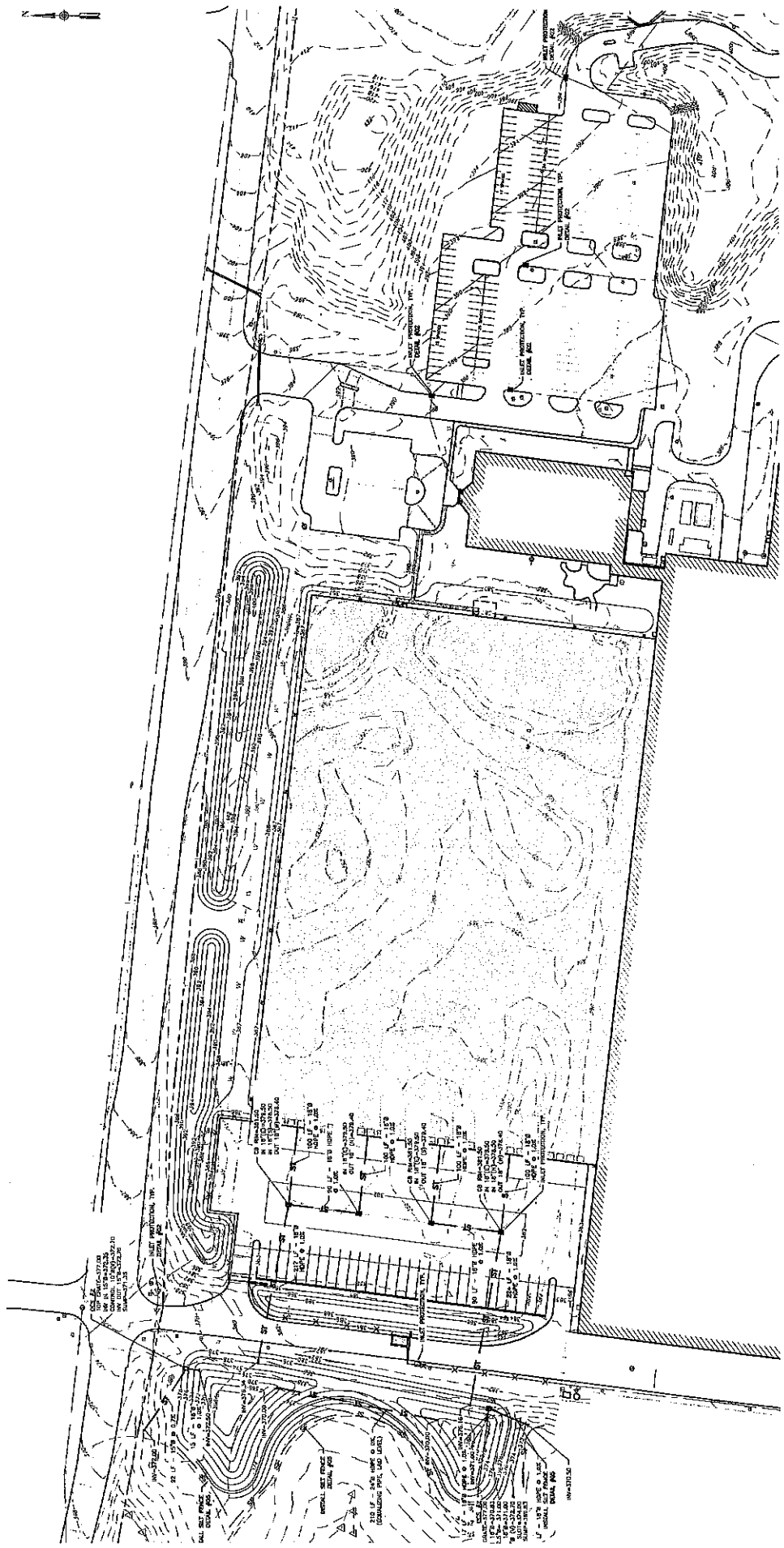
DATE	DESCRIPTION	BY	CHK'D BY
7/28/23	PLANNING BOARD NOTICES	LR	

EXTERIOR LIGHTING PLAN
 FOR
 CARDINAL HEALTH 200 LLC
 TOWN OF MONTGOMERY
 ORANGE COUNTY, NEW YORK

15 Governor Drive
 Orangeburg, NY 11969
 Phone: (609) 531-2600
 E-mail: info@lopic.com
 Web: www.lopic.com



DRAWINGS FOR REVIEW ONLY - NOT FOR CONSTRUCTION



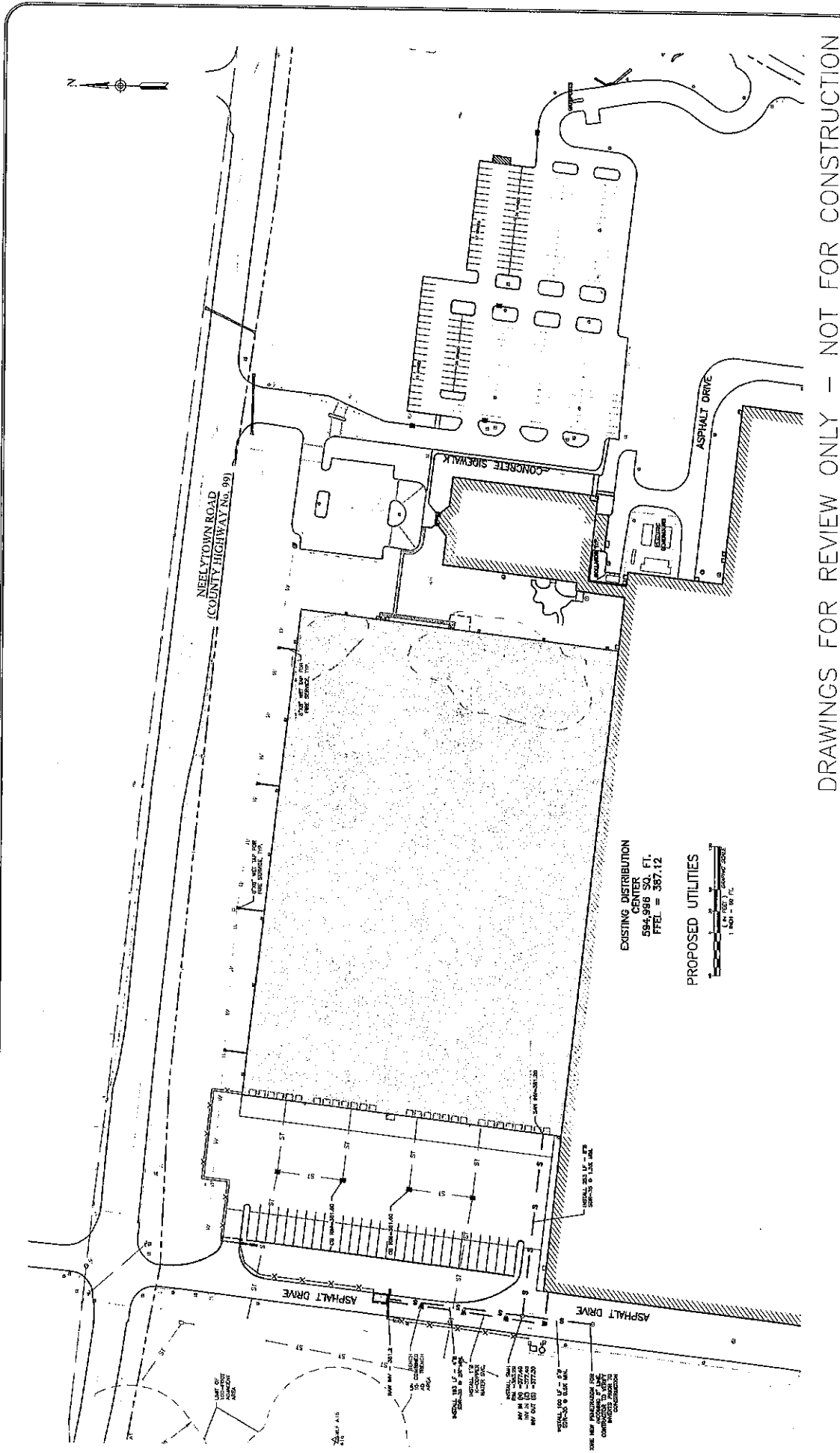
PROPOSED DRAINAGE

 1" = 100' ±

DRAWINGS FOR REVIEW ONLY - NOT FOR CONSTRUCTION

DATE	7/25/21	REVISION	PLANNING BOARD REVISIONS	BY	JK
SHEET NO.	9 OF 14	PROJECT NO.	19-013	DATE	07/27/21
SCALE	AS SHOWN	DRAWING NUMBER	C-105	PROJECT	PROPOSED DRAINAGE FOR CARDINAL HEALTH 202 LLC
PROJECT	PROPOSED DRAINAGE	OWNER	CARDINAL HEALTH 202 LLC	CITY/TOWN	TOWN OF MONTGOMERY
PROJECT ADDRESS	100 WEST WASHINGTON, NY	COUNTY	ORANGE COUNTY	STATE	NEW YORK
DESIGNED BY	KS Engineering and Land Surveying, P.C.	DATE OF DESIGN	07/27/21	DESIGNED BY	JK
CHECKED BY	JK	DATE OF CHECK	07/27/21	CHECKED BY	JK

KS Engineering and Land Surveying, P.C.
 15 Governor Drive
 Monticello, NY 12548
 Phone: (845) 931-5000
 E-mail: info@kseng.com
 Web: www.kseng.com



DRAWINGS FOR REVIEW ONLY - NOT FOR CONSTRUCTION

DATE	REVISION	BY	REASON
7/26/21	PLANNING BOARD REVISIONS	UR	

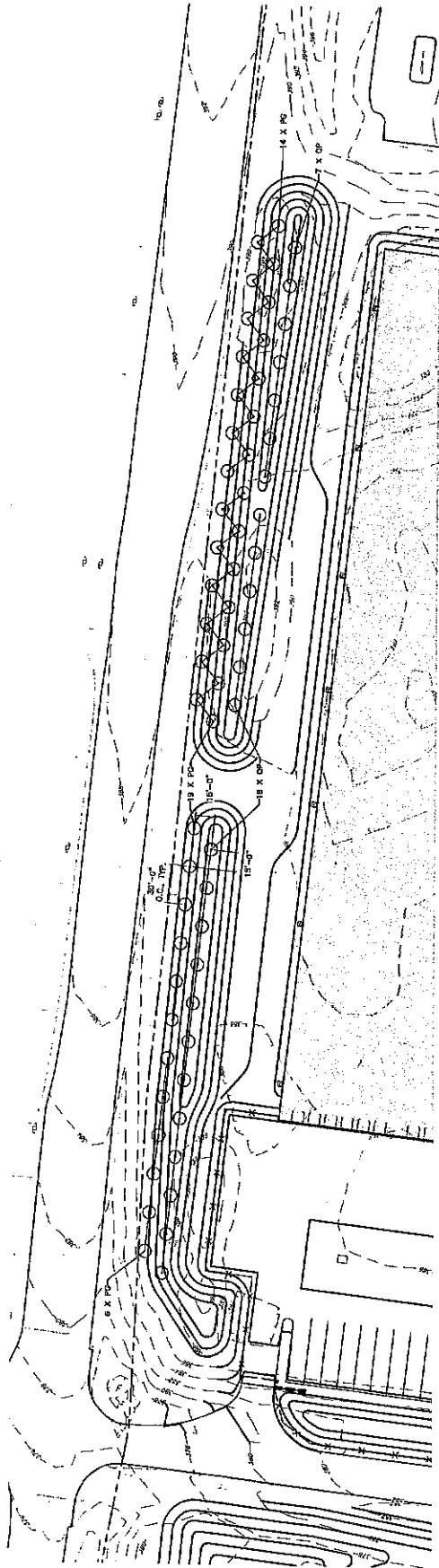
SHEET NO.	10	OF	14
SCALE	1" = 40'		
DATE	6/23/21	ENGINEER NUMBER	C-106
PROJECT NUMBER	19-000-131	PROJECT NAME	EXISTING DISTRIBUTION CENTER
PROJECT LOCATION	NEELYTOWN ROAD, COUNTY HIGHWAY NO. 99, NEELYTOWN, NY 12550		
PROJECT OWNER	CARDINAL HEALTH 200, LLC		
PROJECT TYPE	PROPOSED UTILITIES		
PROJECT COUNTY	ORANGE COUNTY, NY		
PROJECT TOWN	TOWN OF MONTICOMERY, NY		

PROJECT ENGINEER	KS Engineering and Land Surveying, P.C.
PROJECT ADDRESS	1000 N. 10th St., Monticomey, NY 12550
PROJECT PHONE	(845) 831-2500
PROJECT FAX	(845) 831-2500
PROJECT WEBSITE	www.ksls.com

EXISTING DISTRIBUTION CENTER
 594,986 SQ. FT.
 FFEL = 387.12

PROPOSED UTILITIES

1" = 40' FT.



PROPOSED LANDSCAPING

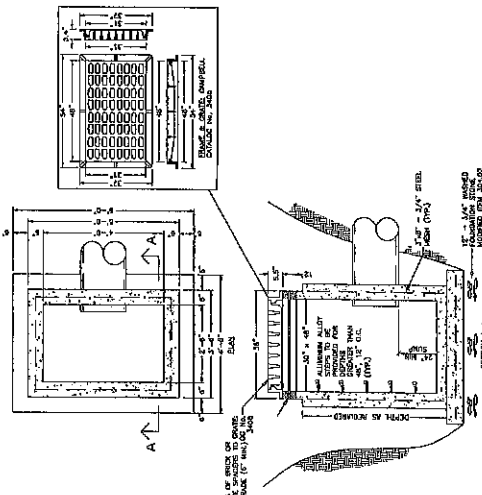


SYMBOL	LATIN NAME	COMMON NAME	PLANT SIZE	CONDITION	QUANTITY
PO	PICEA GLAUCA	WHITE SPRUCE	8'-10'	BAB	30
CP	QUERCUS PALUMSTRIS	PIN OAK	2'-3" CAL	BAB	25

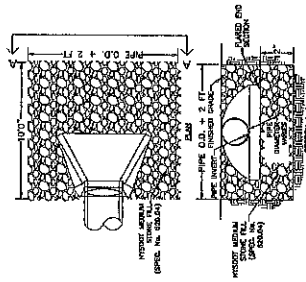
DRAWINGS FOR REVIEW ONLY – NOT FOR CONSTRUCTION

DATE	7/29/21	REVISION	UR
PLANNING BOARD REVISIONS			
REVISION			
DATE	11/04/14	REVISION	UR
SCALE	1" = 40'	ENGINEER NUMBER	C-103
DATE	05/27/21	JOB NUMBER	18-1100-136
JOB NUMBER	18-1100-136	DRAWN BY	UR
PROJECT NAME	PROPOSED LANDSCAPING FOR CARONNA HEALTH 200, LLC		
TOWN	TOWN OF MONTGOMERY		
COUNTY	ORANGE COUNTY, NEW YORK		
PROJECT ADDRESS	18 Governor Drive		
PROJECT CONTACT	Phone: (845) 831-2500		
PROJECT CONTACT	Email: info@klsurvey.com		
PROJECT CONTACT	Web: www.klsurvey.com		

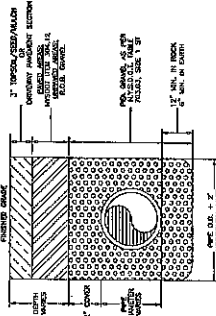
KLS Engineering and Land Surveying, P. C.



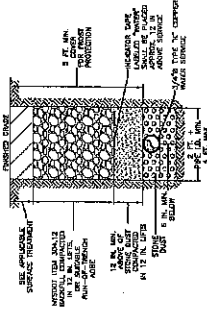
01 PRECAST CONCRETE CATCHBASIN DETAIL
NOT TO SCALE



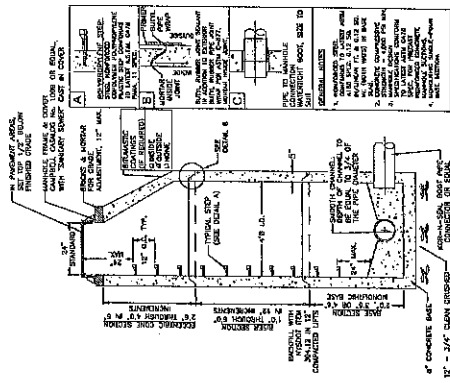
04 FLARED END SECTION DETAIL
NOT TO SCALE



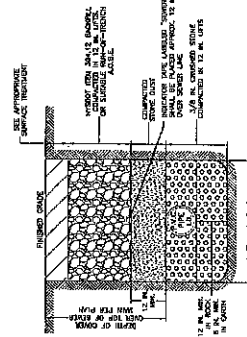
03 DRAINAGE PIPE TRENCHING DETAIL
NOT TO SCALE



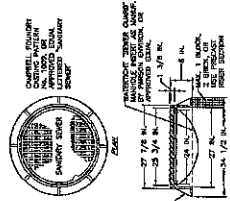
02 WATER SERVICE TRENCH DETAIL
NOT TO SCALE



05 SANITARY MANHOLE DETAIL
NOT TO SCALE



06 GRAVITY SEWER MAIN TRENCH DETAIL
NOT TO SCALE

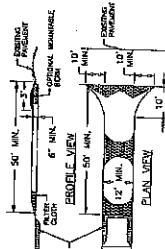


07 SANITARY SEWER MANHOLE CASING DETAIL
NOT TO SCALE

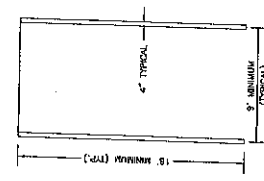
Dig Safely.
New York
800-962-7962
www.digsafely.com
Dig Safely is a national safety program that provides a comprehensive training and certification program for workers in the trenching and shoring industry. Dig Safely is committed to providing the highest quality training and certification services to its members.

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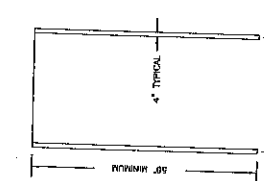
DETAIL SHEET 1		DATE: 12/2/14
FOR: CARDINAL HEALTH 200, LLC		PROJECT: 14-0003
TOWN OF MONTGOMERY		LOCATION: 14-0003-01
ORANGE COUNTY, NEW YORK		SCALE: AS SHOWN
DESIGNED BY: [Redacted]	CHECKED BY: [Redacted]	DATE: 12/2/14
PROJECT NO.: 14-0003	DRAWING NO.: 14-0003-01	
15 Governor Drive P.O. Box 1848 Monticello, NY 13853 Phone: (845) 331-2900 E-mail: info@cepcc.com Web: www.cepcc.com		



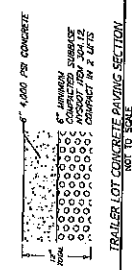
- 08 STABILIZED CONSTRUCTION ENTRY ENTRANCE DETAIL**
NOT TO SCALE
- STABILIZED CONSTRUCTION ENTRANCE CONSTRUCTION SPECIFICATIONS
1. SPRING SIDE-UP 2" THICK OR REINFORCED BY RECYCLED CONCRETE EQUIVALENT
 2. LENGTH AS REQUIRED BUT NOT LESS THAN 50 FEET
 3. THICKNESS NOT LESS THAN 8 INCHES
 4. POINTS WHERE CURB IS TO BE JOINED SHALL BE LESS THAN THE FULL WIDTH OF CURB
 5. SPACING UNDER ALL SURFACES WITH EXCEPT OR EXCEPTED FROM CONSTRUCTION SPECIFICATIONS SHALL BE 18" ON CENTER
 6. MATERIALS: THE ENTRANCE SHALL BE MANUFACTURED AS A CONCRETE WHICH WILL NOT CRACK UNDER THE WEIGHT OF TRUCKS AND TRAILERS. THE ENTRANCE SHALL BE MANUFACTURED WITH A COMPACTED SUBGRADE AND A 2" THICK COURSE OF CONCRETE WITH 1/2" THICK STEEL REINFORCEMENT. ALL SURFACES SHALL BE FINISHED TO A SMOOTH FINISH.
 7. REINFORCEMENT SHALL BE 1/2" THICK STEEL REINFORCEMENT WITH 18" ON CENTER SPACING. THE REINFORCEMENT SHALL BE PLACED WITH 1" CLEARANCE FROM THE TOP AND BOTTOM SURFACES OF THE CONCRETE.
 8. FINISHED ENTRANCE SHALL BE LOCATED AND CONSTRUCTION ON ALL INTERVALS, DATE, CENTER, WIDTH, AND OTHER SPECIFICATIONS.



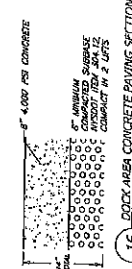
11 STANDARD PARKING SPACE DETAIL
NOT TO SCALE



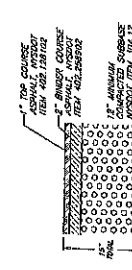
12 TRAILER PARKING SPACE DETAIL
NOT TO SCALE



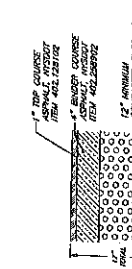
15 TRAILER LOT CONCRETE PAVING SECTION
NOT TO SCALE



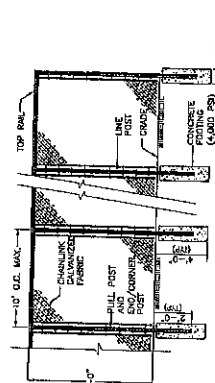
16 LOCAL AREA CONCRETE PAVING SECTION
NOT TO SCALE



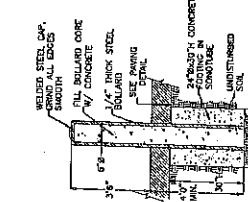
19 ASPHALT PAVING DETAIL - REGULAR DUTY
NOT TO SCALE



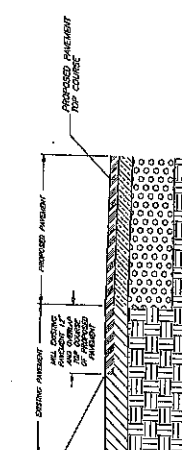
20 ASPHALT PAVING DETAIL - HEAVY DUTY
NOT TO SCALE



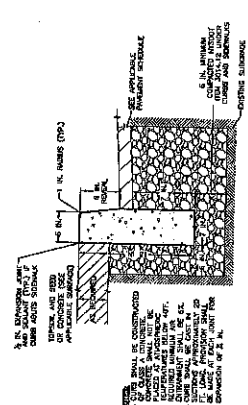
- 09 CHAIN LINK FENCE DETAIL**
NOT TO SCALE
- DIAMETER FENCING NOTES:
1. FENCE SHALL BE 4" HIGH CHAIN LINK WITH CLASS 28 2" x 3.0"
 2. GATE FRAMES FABRICATED FROM 1 1/2" SCHEDULE 40 PIPE (1.315" NOMINAL O.D.)
 3. LINE POSTS FABRICATED FROM 1 1/2" SCHEDULE 40 PIPE (1.315" NOMINAL O.D.)
 4. LINE POSTS FABRICATED FROM 1 1/2" SCHEDULE 40 PIPE (1.315" NOMINAL O.D.)



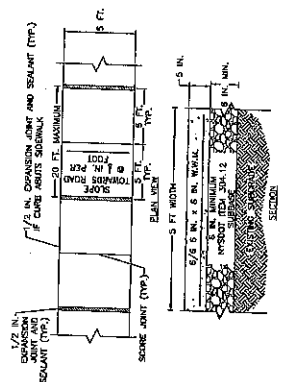
13 ROLLARD DETAIL
NOT TO SCALE



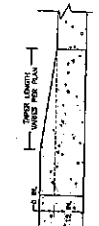
17 PAVEMENT OVERLAP DETAIL
NOT TO SCALE



10 CONCRETE CURB DETAIL
NOT TO SCALE



14 CONCRETE SIDEWALK DETAIL
NOT TO SCALE



18 TAPERED CONCRETE CURB DETAIL
NOT TO SCALE

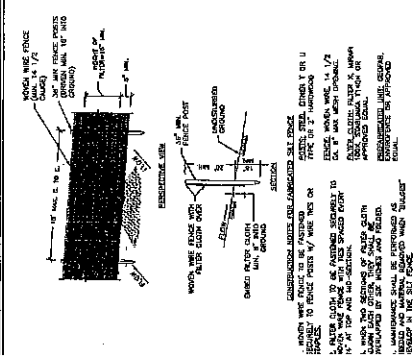
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DETAIL SHEET 2
FOR
CARDINAL HE-4.71.200 LLC
TOWN OF MONTGOMERY
ORANGE COUNTY, NEW YORK

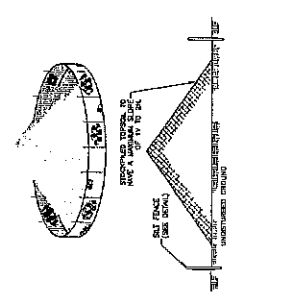
DATE: 7/28/21
SCALE: AS SHOWN
PROJECT: 18-001-18
DRAWN BY: JLD
CHECKED BY: JLD
APPROVED BY: JLD

18 Governor Drive
Montgomery, NY 12548
Phone: (845) 931-2800
E-mail: info@kls.com
Web: www.kls.com

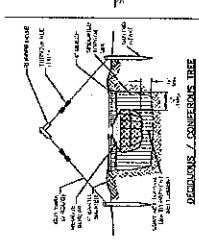
KLS
Engineering and
Land Surveying, P.C.



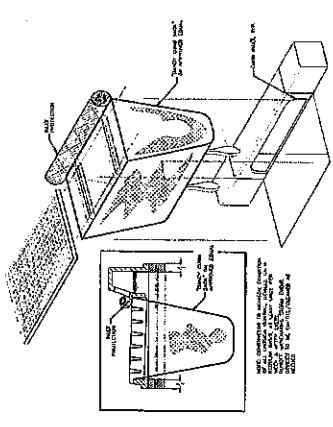
21 SILT FENCE DETAIL
NOT TO SCALE



22 SOIL STOCKPILE DETAIL
NOT TO SCALE



23 RETAINING DETAIL
NOT TO SCALE



24 INLET PROTECTION DETAIL
NOT TO SCALE

DRAWINGS FOR REVIEW ONLY - NOT FOR CONSTRUCTION

DATE:	7/28/21	REVISION:	
SCALE:	AS SHOWN	DRAWING NUMBER:	DETAIL SHEET 3
PROJECT:	PLANNING BOARD REVISIONS	DATE:	08/27/21
		JOB NO.:	1901-001-101
		PROJECT:	ORANGE COUNTY
		CITY:	ORANGE COUNTY
		COUNTY:	ORANGE COUNTY
		STATE:	NEW YORK
		CITY:	NEWBURGH, NY 12556
		PHONE:	(845) 831-2800
		WWW:	www.klsurvey.com

K Engineering and Land Surveying, P.C.
Newburgh, NY 12556
Phone: (845) 831-2800
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