## OHIO DEPARTMENT OF TRANSPORTATION State Infrastructure Bank



**Initial Project Application** 

| 1. BORROWER INFORMA     | TION                           |                                |
|-------------------------|--------------------------------|--------------------------------|
| City of Gahanna         |                                |                                |
| Legal Name              |                                |                                |
| Legai Name              |                                |                                |
| 200 South Hamilton Road |                                |                                |
| Street Address          |                                |                                |
| Gahanna                 | Franklin                       | 43230                          |
| City                    | County                         | Zip Code                       |
| City                    | County                         | Zip code                       |
| Joann Bury              |                                | Director, Finance              |
| Contact Person          |                                | Title                          |
|                         |                                |                                |
| 614-342-4000            |                                | Joann.bury@gahanna.gov         |
| Telephone Number        | Fax Number                     | Email Address                  |
|                         |                                |                                |
| 2. PROJECT MANAGER (    | CONTA CT                       |                                |
| 2. PROJECI MANAGER (    | CONTACT                        |                                |
|                         |                                |                                |
| Shannon Hamons          |                                | Director, Economic Development |
| Contact Person          |                                | Title                          |
| 44.4.2.42.4020          |                                |                                |
| 614-342-4020            | E M 1                          | Shannon.hamons@gahanna.gov     |
| Telephone Number        | Fax Number                     | Email Address                  |
|                         |                                |                                |
| 3 CHARANTOR INFORM      | ATION (if different from above | Rorrowar Information)          |
| 3. GUARANTOR INFORM     | ATTON (ii unierent irom abovo  | e borrower imormation)         |
|                         |                                |                                |
| I 1 NJ                  |                                |                                |
| Legal Name              |                                |                                |
|                         |                                |                                |
| Street Address          |                                |                                |
|                         |                                |                                |
| City                    | County                         | Zip Code                       |
|                         | •                              | -                              |
| Contact Dancer          |                                | Tial a                         |
| Contact Person          |                                | Title                          |
|                         |                                |                                |
| Telephone Number        | Fax Number                     | Email Address                  |

| 4. PROJECT INFORMATION                              |   |
|---|---|
| A. General Information                              |   |
| Project Name: Crescent Blvd.                        |   |
| County-Route-Section:                               |   |
| PID #:  |   |
| Location of Project: Tech Center Drive              |   |
| City/Village/Township: Gahanna                      |   |
| Estimated Construction Start Date: 12/31/2023       |   |
| Estimated Completion Date: 12/31/2024               |   |
| B: Type of Project:                                 |   |
| ☐ Highway   |   |
| © Reconstruction                                    |   |
| © Preservation                                      |   |
| □ Local □ Rail                                      | ☐ Aviation                              |
| ☐ Intermodal ☐ Transit                              | ☐ Other (Specify):                      |
|   | \ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| C. System Identification (Functional Classification | on) of the Roadway:                     |
| ☐ Federal Road                                      | ☐ State Road                            |
| ▼ Local Road  | ☐ Other (Specify):                      |
| Local Road  |   |
| D. Functional classification of the Roadway: 1      |   |
| To determine classification please follow t         | <u>his link</u>                         |
| E. Is this project included in the:                 |   |
| ☐ Transportation Improvement Plan (TIP)             | TIP#:                                   |
| ☐ State Transportation Improvement Plan (STIP)      | STIP #:                                 |
| ☐ Transportation Review Advisory Council:           |   |
| TRAC Funding:                                       |   |
| Date request submitted to TRAC:                     | Click here to enter a date.             |
| -   | Click here to enter a date.             |
| Contact Person:                                     |   |
|   |   |

| F. Is this loan to be repaid with federal fund  | ds? If so plea  | •   |  |
|---|---|---|--|
| □ MPO □ CEAO  |   | ☐ Large City  | /  |
| G. Detailed description of the project (attack) The new road construction at Crescent Blvd development consisting of 296 units and see medical office building will be occupied by City of Columbus to Gahanna. The medical orthopedic specialties, on-site physical there services. Orthopedic One plans to grow the The project requires the new road construct medical office building and other future constructions. | d. ("project")  arve a new 60  or Orthopedic  l facility wor  apy and handir workforce  tion to accon | 0,000 square for One and will reall feature a phyd therapy, plus a from 215 to 24 | ot medical office building. The elocate 215 employees from the ysician clinic serving all advanced imaging, and MRI 4 in the next few years. |
|   |   |   |  |
| H. Status of Project Planning   | Completed   | :   | Date:  |
| Technical Feasibility Study   | C Yes   | No  | Click here to enter a date.  |
| Preliminary Design/Engineering  | • Yes   | O No  | Click here to enter a date.  |
| Major Investment Study  | C Yes   | No  | Click here to enter a date.  |
| Traffic Study   | C Yes   | No  | Click here to enter a date.  |
| Final Design  | • Yes   | O No  | Click here to enter a date.  |
| Environmental Clearance   | • Yes   | O No  | Click here to enter a date.  |
| Right of Way Acquisition  | C Yes   | No  | Click here to enter a date.  |
| Project Status (brief description):  The City of Gahanna approved Ordinance: City of Gahanna to enter into a revised Dev developer of the building, that among other The Agreement with developer was execute   | velopment A   | greement with Oprovide for the o  | CP Crescent, LLC the   |

## 5. PROJECT FINANCING REQUEST

| ✓ LOAN                                       | □ BOND                   | Click here for Bond/Lo | an Ma                | <u>atrix</u>                     |
|--|--------------------------|------------------------|----------------------|----------------------------------|
| SOURCES A. SIB Request B. Developer C. D. E. |                          | Project Sources & Uses | \$<br>\$<br>\$<br>\$ | AMOUNT<br>2,000,000<br>2,376,002 |
|  | TOTAL SO                 | URCES                  | \$                   | 4,376,002                        |
| <u>USES</u>                                  |                          |                        |                      | <u>AMOUNT</u>                    |
| A. Preliminary E                             | •                        |                        | \$                   | 284,706                          |
| B. Environmenta                              |                          |                        | \$                   |                                  |
| C. Right-of-Way                              | •                        |                        | \$                   |                                  |
| D. Construction                              | (Specify)                |                        | \$                   | 3,957,414                        |
| E. Soil Engineeri                            | ing                      |                        | \$                   | 20,000                           |
| F. Inspection                                |                          |                        | \$                   | 113,882                          |
| _  | TOTAL U                  | USES                   | \$                   | 4,376,002                        |
| Term of SIB Loan                             | n or Bond Requested      |                        |                      |                                  |
|  | ars), (Bond, $1-25$ year | rs)                    |                      | 20-years                         |
| •  | drawdown of SIB fund     |                        |                      | 2,000,000                        |

Please provide a detailed breakdown of the Sources & Uses of Funds:

Note: Date can not exceed one year past completion date (Reference to

Estimated last disbursement date of SIB funds:

question 4A)

|                  |                |             |             |    | Sources (3) |     |   |              |
|------------------|----------------|-------------|-------------|----|-------------|-----|---|--------------|
| Uses (1)         | Date Mo/Yr (2) | 1. SIB      | 2.Developer | 3. | 4.          | . 5 | • | <b>Total</b> |
| Preliminary Eng. |                |             | \$284,706   | \$ | \$          | \$  | ; | \$284,706    |
| Environmental    |                |             | \$          | \$ | \$          | \$  |   | \$           |
| Right of Way     |                | \$          | \$          | \$ | \$          | \$  |   | \$           |
| Construction     | 12/23          | \$2,000,000 | \$1,957,414 | \$ | \$          | \$  |   | \$3,957,414  |
| Soil Engineerin  | 12/23          | \$          | \$20,000    | \$ | \$          | \$  |   | \$20,000     |
| Inspection       | 12/23          | \$          | \$113,882   | \$ | \$          | \$  | 1 | \$113,882    |
| TOTAL            |                | \$2,000,000 | \$2,376,002 | \$ | \$          | \$  |   | \$4,376,002  |

3/30/25

- (1) Uses are the same as specified in Section 5 above.
- (2) Provide the date when each event will first occur.
- (3) Sources are the same as specified in Section 5 above.

## 6. DEDICATED REPAYMENT SOURCE FOR SIB LOAN:

Please list the specific sources of revenue you intend to pledge to repay the SIB loan and provide evidence, if available, of these revenues, i.e., financial statements highlighting applicable revenues. Examples of revenue sources include but are not limited to, Tax-Increment Payments, State Gas Tax, Vehicle Registration Fees, Tolls, Private Donations, Local Sales Tax, Non-Tax Revenues, General Obligation, Grants, etc.

| Repayment Source<br>(Specify) | Historical Annual Average (Received) |           | Projected Annual Average (Expected) |           |           |
|-------------------------------|--------------------------------------|-----------|-------------------------------------|-----------|-----------|
|                               | Past 2 Years                         |           | Year 1                              | Year 2    | Year 3    |
| Crescent TIF PILOT            | \$290,610                            | \$304,206 | \$315,800                           | \$320,500 | \$325,300 |
|                               |                                      |           |                                     |           |           |
|                               |                                      |           |                                     |           |           |
|                               |                                      |           |                                     |           |           |
|                               |                                      |           |                                     |           |           |
| <b>Total Revenue Source</b>   | \$                                   | \$        | \$                                  | \$        | \$        |

| Does the applicant have any outstanding debt secured by the repayment source?  If yes, please specify the debt and amount: | <b>⊙</b> No | )    |  |
|--|-------------|------|--|
| 7. APPLICATION DOCUMENTATION CHECKLIST   |             |      |  |
| Project Map  | • Yes       | C No |  |
| Legislation passed by local entity   | • Yes       | O No |  |
| Evidence of Bond Rating  | Yes         | O No |  |
| Bond Rating:Aa1  |             |      |  |
| Approved letter from grantor if a grant is noted as a project funding source   | C Yes       | No   |  |
| Audited Financial Statements (2 years)   | Yes         | O No |  |
| Proof of Environmental Clearance   | Yes         | C No |  |
| Projected Construction Disbursement Schedule   | Yes         | © No |  |

## 8. SIGNATURES

A completed Initial Project Application and all applicable attachments may be submitted to the following for initiation of the approval process:

Brenna Smathers
State Infrastructure Bank
Ohio Department of Transportation
1980 West Broad Street
Columbus, Ohio 43223
(614) 752-0416
(614) 887-4117 fax

 $\underline{http://www.dot.state.oh.us/Divisions/Finance/Pages/StateInfrastructureBank.aspx}$ 

| Applicant/Borrower Signature *      |  |
|-------------------------------------|--|
| Applicant/Borrower Printed Name     |  |
| Title of person signing application |  |
| Date                                |  |

Please sign and return to the address above.

<sup>\*</sup> The representative signing this application must be authorized by law to bind the borrower to an agreement