

Community Reinvestment Area Incentive Application City of Gahanna Planning & Development Department 200 S. Hamilton Road, Gahanna, OH 43230 Phone: (614) 342-4015

Date Received:	CRA #:			
Applicant Information:				
Science One, LLC	David Poe			
Company Name	Contact Name			
8400 Industrial Parkway, Plain City, OH 43064	Member			
Address	Contact Title			
614.975.5629	dpoe@mccabecompanies.com			
Phone	Email			
Project Information:				
SE & SW corners of Tech Center & Science Blvd	027-000113, 027-000110, 025-013636			
Project Address	Parcel Number (Required)			
Office, light manufacturing, warehouse				
Type of Business (Manufacturing, warehouse, retail sales, etc.)	Primary Standard Industrial Code # (May also list other relevant SIC numbers)			
N/A. The new building will accommodate the expan	sion of an existing Gahanna business			
If a consolidation, what are the components? (Itemize the location transferred.)	ns, assets and employment positions to be			
Ohio limited liability company				
Form of business or enterprise (Corporation, partnership, proprietorship or franchise.)				
Where is your business currently located? In State	Out of State 🔽 Central Ohio 🔲 Gahanna			
The building will accommodate the expansion	or arr existing Garianna business			
Why are you locating your business in Gahanna?				
Robert J. Biondi				
Name of principal owner(s) or officers of the business				
0				
Current employment level at the proposed project site				

	the project involve the relocation of employme	ent positions or assets from one Ohio location	on to another?		
n/	Yes No				
-	If yes, state the locations from which employment positions and assets will be relocated from/to.				
2	04 FTE				
	npany's current employment level in Ohio (item ployees)	ize by full-time, part-time, permanent and t	emporary		
n/	a				
List current employment level for each facility to be affected by the relocation of employment positions or assets					
Th	is project will facilitate the expansion of th	ne business and retention/expansion o	of their workforce.		
Pro	jected impact of the relocation, detailing the nu	mber and type of employees and/or assets	to be relocated		
Doe	es the Applicant owe any of the following: Delinquent taxes to the State of Ohio or a polit	ical subdivision of the state?	☐Yes ✓ No		
•	Any monies to the State or a state agency for the of any environmental laws of the state?		Yes No		
•	Any other monies to the State, a state agency of are past due, whether the amounts owed are b		Yes No		
N	/A				
	es to any of the above, please provide complete e numbers.	details of each instance including the locati	on, amounts and/or		
De	velopment and expansion of a new 178,	886 sf R&D, manufacturing, and war	ehousing facility.		
Pro	ect description				
F	all 2021	Fall / Winter 2	2022		
Date project will begin		Date project will be con	pleted		
2	5				
(Se	mated number of NEW employees the Applican parate job creation projection by the name of the porary employees.)		5 5		
3	years (36 months)				
Tim	e frame for projected hiring (number of years)	· C			
0	(2022); 20 (2023); 5 (2024)	- all jobs are expected to	be FTE		
Proposed schedule for hiring (itemize by full-time, part-time, permanent and temporary employees.)					
_9	52,937,500 (all FTE)				
Estimate the amount of annual payroll NEW employees will add. (New annual payroll must be itemized by full-time, part-time, permanent and temporary employees.)					

\$22,500,000 (204 FTEs)

Indicate separately the amount of existing annual payroll relating to any job retention claim resulting from the project.

Estimate the amount to be invested by the Applicant to establish, expand, renovate or occupy a facility:

Acquisition of buildings	\$
Additions/new construction	\$ 20,000,000
Improvements to existing buildings	\$
Machinery & equipment	\$
Furniture & fixtures	\$ 2,500,000
Inventory	\$
Other	\$ 1,500,000
Total New Project Investment:	\$ 24,000,000

15 Applicant requests the following tax exemption incentive: vears

But for this incentive, ADB Safegate's planned expansion is not economical within the City of Gahanna.

Reasons for requesting tax incentive (Be as specific as possible and attach any supporting documentation.) I certify that a tax incentive is necessary for location and/or expansion of my business in Gahanna.

□ Yes □ No

Submission of this application expressly authorized the City of Gahanna to contact the Ohio Environmental Protection Agency to confirm statements contained within this application and to review applicable confidential records. As part of this application, the Applicant may also be required to directly request from the Ohio Department of Taxation, or complete a waiver form allowing the Department of Taxation to release specific tax records to the City of Gahanna. The Applicant agrees to supply additional information upon request.

The Applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of Ohio Revised Code Section 9.66(C)(1) and 2921.13(D)(1) penalties for falsification which could result in the forfeiture of all current and future economic development assistant benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

David E. Poe, Member, Science One LLC	10/05/21
Applicant Name & Title	Date
David E. Poe Digitally signed by David E. Poe Date: 2021.10.05 11:41:08 -04'00'	
Clanatura	

Signature

The City of Gahanna will assume responsibility for notification to the affected Board of Education.

This application will be attached to the Community Reinvestment Area Agreement as Exhibit A.

CITY OF GAHANNA, OHIO Nathan A. Strum, Director Name & Title Signature