



COMMONWEALTH OF MASSACHUSETTS
ECONOMIC ASSISTANCE COORDINATING COUNCIL
MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT

Economic Development Incentive Program (EDIP)
LOCAL INCENTIVE-ONLY APPLICATION

A complete application with all required attachments must be submitted in electronic form to your MOBD Regional Director by 5:00 P.M. on the [application deadline date](#). A hardcopy with original signatures and attachments must be postmarked no later than 1 day after the submission deadline and mailed to: EDIP Manager, MOBD, 10 Park Plaza, Suite 3730, Boston, MA 02116. **Applications that are incomplete or submitted after the deadline will not be considered at the scheduled EACC meeting, without exception.**

For assistance with this application please work with your MOBD Regional Director, local municipal officials and refer to the [EDIP Guidelines](#) and [402 CMR 2.00](#).

PART I. COMPANY OVERVIEW						
1. COMPANY INFORMATION						
Company Name:	Ware Senior Living, LLC					
Project Location Address:	Street Address:	162 College Highway, PO Box 363				
	City:	Southampton	MA	Zip Code:	01073	
FEIN # (Federal Employer Identification Number):	#82-3271706					
DUA # (Dept. of Unemployment Assistance Number):	#					
2. COMPANY CONTACT						
Executive Officer/ Company Designee:	Full Name:	Frederick J. Mielke	Title:	Managing Member		
	Contact (if different from above)	Full Name:	Christian Boysen	Title:	Acquisition and Development	
Contact Address:	Street Address:	Same				
	City:	Same	State:	Same	Zip Code:	Same
Telephone Number:	413-923-1079					
Email Address:	cboysen@optimusseniorliving.com					
3. COMPANY DESCRIPTION & HISTORY						
Please provide a brief description and history of the company.						
Optimus Senior Living, LLC was formed in 2009 with the purpose of developing Assisted Living Facilities to serve the needs of the ever increasing population in their later years. We establish a new and project specific LLC for each project- in this case, Ware Senior Living, LLC.						

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PART II. ECONOMIC DEVELOPMENT PROJECT

1. NATURE & PURPOSE OF PROPOSED PROJECT

Please provide a description of the proposed expansion project. Additionally, please explain why the local incentives are necessary for this project to move forward.

The proposed project is an Assisted Living Facility in conformance with the housing options contained in the Ware 2016 Town Master Plan. The development will offer Independent Living, Assisted Living, and Memory Care accommodations, all in a single 3 story building. Local incentives will help mitigate the initial ramp up period as the facility comes on line and becomes known and established.

2. PROJECT TIMELINE

(a) Please indicate the date a Letter of Intent was sent to the municipality and cc: MOBD Regional Director:	(b) Date the applicant expects to begin the project:	(c) Date the applicant expects to complete the project:	(d) Date the applicant expects to open the facility:
<i>10/27/17 and 11/06/17</i>	<i>03/15/18</i>	05/15/19	06/01/19

Additional Information (if necessary) on Project Timeline: NA

3. PRIVATE INVESTMENT

Total Projected Private Investment:	\$15,000,000
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Additional Information (if necessary) on Investment: NA

4. MASSACHUSETTS EMPLOYMENT

(a) Is the applicant new to Massachusetts?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(i) If no, where are the existing Massachusetts facilities?	N/A <input checked="" type="checkbox"/>
(b) Will the proposed economic development project require and/or trigger the closing or consolidation of any Massachusetts facilities or the elimination of any other jobs currently in Massachusetts? If yes, please give location of facility and explain.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain:

5. EMPLOYMENT & JOB CREATION

(a) WARE SENIOR LIVING, LLC EXISTING EMPLOYMENT AT PROJECT LOCATION

Please indicate the number of Permanent Full-Time Jobs to be created in total and by year. If job creation timeline exceeds five years, please complete the “Extended Job Creation Schedule” and attach as an addendum.

(i) Permanent Full-Time Employment at Project Location at Date of Application:	(ii) Permanent Full-Time Employees to be Transferred from other Massachusetts Site to Project Location:	(iii) Total Permanent Full-Time Existing Jobs to be Retained at Project Location (sum of questions 5 (a) i. & ii.):
0	0	0

Notes (if necessary) on Current Project Location Employment: Project to open June 2019

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(b) WARE SENIOR LIVING, LLC JOB CREATION SCHEDULE AT PROJECT LOCATION					
Permanent Full-Time Jobs to be Created (net new to facility and Massachusetts):	<i>Select Year 1</i>	<i>Select Year 2</i>	<i>Select Year 3</i>	<i>Select Year 4</i>	<i>Select Year 5</i>
50	35	10	5	0	0

Notes (if necessary) on Job Creation: Approximate

6. FACILITY

(a) Will the applicant own or lease/rent the facility where the business expansion/relocation will occur?	Lease <input type="checkbox"/> Own <input checked="" type="checkbox"/>
(i) If leasing/renting, identify the developer/landlord and state who will be the taxpayer of record for purpose of paying local real estate taxes?	N/A <input checked="" type="checkbox"/>
(b) Is the site of the facility a 43D Preferred Development Site?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, name site: N/A <input type="checkbox"/>
(c) Does the applicant intend to utilize the Commonwealth's Abandoned Building Deduction? Please note: To be eligible for the deduction the building the applicant plans to inhabit must have been at least 75% vacant or unused for 24 months or more.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, name vacancy percentage and duration: N/A <input type="checkbox"/> % Vacant for months

PART III. LOCAL INCENTIVE AGREEMENT INFORMATION

Please work with the local municipality and your MOBD Regional Director in completing the below section.

1. MUNICIPAL CONTACT

Municipal Contact:	Full Name:	Stuart Beckley	Title:	Town Manager
Contact Address:	Street Address:	Suite J Town Hall 126 Main St.		
	City:	Ware	MA	Zip Code: 01082
Telephone Number:	413-967-9648 x 100			
Email Address:	sbeckley@townofware.com			

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2. LOCAL INCENTIVE AGREEMENT	
(a) Name of Economic Target Area (ETA) Project is Located in:	NA
(b) Economic Opportunity Area (EOA):	Name of EOA: NA
	Is this a newly designated EOA? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(i) If yes, what is the duration of the designation? Years N/A <input type="checkbox"/>
	(ii) If no, how many years are remaining on the designation? Years N/A <input type="checkbox"/>
(c) Type of Local Incentive:	<input type="checkbox"/> Tax Increment Financing (TIF) Agreement <input checked="" type="checkbox"/> Special Tax Assessment (STA)
i) Duration of Local Incentive:	5 Year Local Incentive
ii) Exemption Schedule of Local Incentive:	100-80-60-40-20%
iii) Start & Expiration Date of Local Incentive: If Agreement commences upon certificate of occupancy please check box:	Start Date: 6/1/2020 Expiration Date: <i>06/01/25- Estimated</i> <input type="checkbox"/> Local Incentive Agreement commences upon certificate of occupancy and the dates represent best projections of the start & expiration of the local incentive based on the project timeline.
iv) Date Municipality Approved Local Tax Incentive or Date of Scheduled Vote:	<i>11/13/2017</i>
(d) Attachment A: Economic Opportunity Area (EOA) Designation Application (for newly designated EOA's only) Please attached a signed copy of the EOA Designation Application.	Attached <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
(e) Attachment B: Local Incentive Agreement Please attach a signed copy of the TIF or STA Agreement.	Attached <input type="checkbox"/>
(f) Attachment D: Municipal Vote by Authoritative Body Approving Incentive Please attach a copy of the vote approving the local incentive.	Attached <input type="checkbox"/>
(g) Attachment E: Municipal Vote by Authoritative Body Approving submission of application of the Economic Assistance Coordinating Council (EACC)	Attached <input type="checkbox"/>
(h) Exhibit 1: Local Incentive Valuation Please complete the attached exhibit detailing the estimated property tax exemption over the life of the agreement.	Complete <input checked="" type="checkbox"/>

PART IV. LABOR AFFIRMATION & DISCLOSURES

1. CERTIFICATION OF STATE & FEDERAL EMPLOYMENT LAWS

As an applicant requesting Certified Project approval, Ware Senior Living, LLC, affirms (**check box**) that this business will not unlawfully misclassify workers as self-employed or as independent contractors, and certifies compliance with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended.

As an applicant requesting Certified Project approval, Ware Senior Living, LLC, affirms (**check box**) that this business will not knowingly employ developers, subcontractors, or other third parties that unlawfully misclassify workers as self-employed or as independent contractors, or that fail to comply with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended.

2. COMPANY DISCLOSURE

Within the past five years, has the applicant or any of its officers, directors, employees, agents, or subcontractors of which the applicant has knowledge, been the subject of (if yes, please provide details):

<p>(a) an indictment, judgment, conviction, or grant of immunity, including pending actions, for any business-related conduct constituting a crime under state or federal law;</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Details:</p>
<p>(b) a government suspension or debarment, rejection of any bid or disapproval of any proposed contract subcontract, including pending actions, for lack of responsibility, denial or revocation of prequalification or a voluntary exclusion agreement; or</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Details:</p>
<p>(c) any governmental determination of a violation of any public works law or regulation, or labor law or regulation or any OSHA violation deemed "serious or willful?"</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Details:</p>

V. AUTHORIZATION & CERTIFICATIONS

1. CERTIFICATE OF GOOD STANDING

Provide proof of good tax standing in the Commonwealth of Massachusetts via a Massachusetts Department of Revenue Certificate of Good Standing for each of the businesses intending to take advantage of the state tax incentives.

**Applications will not be reviewed by the Economic Assistance Coordinating Council until a Certificate of Good Standing has been received.*

To obtain a Certificate of Good Standing visit:

<https://wfb.dor.state.ma.us/webfile/Certificate/Public/WebForms/Welcome.aspx>

Attached

Date of DOR Application for Certificate of Good Standing: *Select mm/dd/yyyy*

Notes:

2. APPLICATION AUTHORIZATION, CERTIFICATION & ACKNOWLEDGEMENT

I/We, Frederick J. Mielke and Michael F. McCarthy (names and titles) of the applicant business applying for “Certified Local Incentive Only Project” status from the Commonwealth of Massachusetts, Economic Assistance Coordinating Council hereby certify that I/we have been authorized to file this application and to provide the information within and accompanying this application and that the information provided herein is true and complete and that it reflects the applicant’s intentions for investment, job creation and sales to the best of my/our knowledge after having conducted reasonable inquiry. I/We understand that the information provided with this application will be relied upon by the Commonwealth in deciding whether to approve “Certified Local Incentive Only Project” status and that the Commonwealth reserves the right to take action against the applicant or any other beneficiary of the Certified Local Incentive Only Project if the Commonwealth discovers that the applicant intentionally provided misleading, inaccurate, or false information I/We make this certification under the pains and penalties of perjury. I/we agree to submit a Calendar Year Annual Report to the Massachusetts Office of Business Development to give updates on the progress of the project.

The signatories also hereby acknowledge that, under the Public Records law of the Commonwealth of Massachusetts, this application and all documents submitted in support thereof are public records under the provisions of Massachusetts G. L., Ch. 4, sec. 7 (26).

Signed:

	Frederick Mielke- Managing Member	Select Date
<hr/>		
of Approval		

Name	Title	Date
	Michael McCarthy- Managing Member	Select

	Michael McCarthy- Managing Member	Select
<hr/>		
Date of Approval		

Name	Title	Date

3. DEPARTMENT OF UNEMPLOYMENT ASSISTANCE CONSENT FOR DISCLOSURE OF WAGE REPORTING INFORMATION

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**Consent for the Disclosure of Wage Reporting Information for Federal Employment
Identification Number (FEIN): # 82-3271706**

Division of Unemployment Assistance (DUA) Number: #

*I/We, Frederick J. Mielke and Michael F. McCarthy, a duly authorized representative of Ware Senior Living, LLC and of all the other businesses listed in this Local Incentive Only Application (hereinafter "Employer"), hereby releases and gives authority to the Massachusetts Department of Unemployment Assistance, pursuant to G.L. c. 151A, §46(1), to provide the Economic Assistance Coordinating Council, upon its request, with the Employer's information, including but not limited to, wage reporting information, that is (a) necessary to verify the amount and tax year in which the Employer claims any of the Tax Incentives awarded in the Economic Development Incentive Program or Employer's fulfillment of job creation and job retention commitments as indicated in the supplemental application and job chart, or (b) otherwise necessary to ensure the proper operation or enforcement of this Agreement or the Program.
This authorization is effective upon date of signature and will be valid until superseded by a subsequent application or revoked in writing.*

Signed:

<i>mm/dd/yyyy</i>	Frederick Mielke- Managing Member	<i>Select</i>
Name	Title	Date
<i>Select mm/dd/yyyy</i>	Michael McCarthy- Managing Member	
Name	Title	Date