



## Economic Development Incentive Program

City of Oregon City

City of Oregon City  
Economic  
Development  
Department  
625 Center Street  
P.O. Box 3040  
Oregon City, Oregon 97045  
Phone 503.657.0891  
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www.orcity.org

### APPLICANT INFORMATION

<b>APPLICANT NAME:</b> Keith Wasilenski	<b>APPLICANT E-MAIL:</b> keith.wasilenski@orchid-ortho.com
<b>APPLICANT ADDRESS:</b> 1489 Cedar St, Holt, MI 48842	<b>APPLICANT PHONE:</b> 517-694-2300x80175
<b>NAME OF PROPERTY OWNER (if different):</b> Orchid Orthopedic Solutions Oregon, Inc.	
<b>PROPERTY OWNER'S MAILING ADDRESS:</b> 1489 Cedar St	<b>PROPERTY OWNER'S PHONE:</b> 517-694-2300x80175
<b>PROPERTY OWNER'S CITY, STATE, ZIP:</b> Holt, MI 48842	<b>PROPERTY OWNER'S FAX:</b> 517-694-2340

### SITE INFORMATION

<b>SITE ADDRESS:</b> 13963 Fir St	<b>TAX LOT &amp; MAP NUMBER (if applicable):</b> 32E09B00900
<b>CITY, STATE, ZIP:</b> Oregon City, OR 97045	<b>OWNED OR LEASED?</b> Owned
<b>ACREAGE/SQUARE FEET OF PROPERTY</b> 80,000 sq' of facility	<b>OWNER/LEASEE NAME(S):</b> Orchid Orthopedic Solutions Oregon, Inc.
<b>CURRENT LAND USE ZONING :</b> General Industrial (GI)	

### GRANT REQUEST INFORMATION AND SCHEDULE

<b>GRANT REQUEST AMOUNT:</b> \$75,000
<b>ESTIMATED PROJECT COST:</b> \$185,000
<b>PRIVATE TO PUBLIC MATCH AS RATIO:</b> <u>\$2.5</u> / <u>\$1</u>
<b>AMOUNT AND SOURCE OF PRIVATE MATCHING FUNDS (i.e., savings account, line of credit, etc.):</b> \$110,000 of funding through related US companies, equity partners, and internal cash generation.

**AMOUNT & SOURCE OF ADDITIONAL GRANTS OR FUNDING** (should not include private match):

Property tax abatements from Clakamas County (through Oregon Enterprise Zone-Application in Process) after the equipment has been purchased and installed (2017 to 2020 – estimated at \$155,582 for total \$3.6M investments)

**TOTAL SOURCES OF FUNDING** (excluding grant request):**\$ 110,000**AUTHORIZATION FOR CREDIT CHECK ☒ YES ☐ NO

SIGNATURE:



ANTICIPATED START DATE OF PROJECT:

05/01/2016

ANTICIPATED PROJECT COMPLETION DATE:

8/31/2016

**CONTRACTOR INFORMATION**

NAME:

N/A

E-MAIL:

MAILING ADDRESS:

PHONE:

CITY, STATE, ZIP:

FAX:

CONTRACTOR CERTIFICATION NUMBER:

CONTRACTOR BUSINESS LIC. NUMBER:

**PROJECT SUMMARY**

**IN THE SPACE BELOW PROVIDE A BRIEF DESCRIPTION OF PROPOSED PROJECT AND WHY THE GRANT FUNDING IS NEEDED (up to 400 words; use the following blank page if additional space is needed).**

An increase in demand of our products, we project future equipment purchases totaling over \$3.6M and an increase in headcount by 20+ employees by the end of 2017(an increase in employment of over 10%). In order for us to meet this demand we have several pieces of equipment that are being transferred into Oregon or recently purchased, but now we need the additional floor space to place that equipment. We plan to invest \$100k to reclaim 1,000 sq' of production space in the current facility to. This will be achieved through restructuring current equipment placement & operations. An increase in production creates a bottleneck in our ability to laser etch product for tracking and quality. We are looking to purchase a new machine for \$85k that can increase output while offering more features. The growth of Oregon and our affiliated Orchid sites have put a strain on capital spending. Limitations on this spending set forth by our banking institution will delay the ability for Oregon to expand at the pace we would like. Additional expenses will be realized in order for the company to train existing employees and new hires on the new production equipment and manufacturing processes. Project funding provided through the City of Oregon City, will remove some of these external pressures on our spending and reinforce the community commitment to Orchids success to our ownership. We stated in Oregon City with a 6k sq' facility back in 1972 as PED Manufacturing, and expect this growth to continue to strengthen our presence in Oregon City while providing quality employment opportunities to the community. We also take pride in the community we work in through various donations and volunteer events. Our company mission is "To Provide an Opportunity for People to Live a Better Life". We not only apply this value to our employees, but our employees apply this value to the products we make, in that the product we produce will improve the lives of implant recipient.

**A COMPREHENSIVE PROJECT PROPOSAL MUST ACCOMPANY THIS APPLICATION AND INCLUDE THE FOLLOWING. THESE DETAILS WILL HELP CITY COMMISSIONERS BETTER UNDERSTAND THE PROPOSED PROJECT. PLEASE USE THIS LIST AS A CHECKLIST OF ALL ITEMS THAT MUST BE PART OF YOUR APPLICATION PACKAGE.**

- ☒ COMPLETED APPLICATION
- ☒ DETAILED WRITTEN DESCRIPTION OF THE SCOPE OF THE PROJECT **DEMONSTRATING THE NEED FOR GRANT FUNDING**
- ☒ PROJECT COSTS/BUDGET (INCLUDING CONSTRUCTION EXPENSES, FEES, PERMITS, DESIGN COSTS)
- ~~N/A~~ PHOTOS OF EXISTING SITE *N/A*
- ~~N/A~~ OFFICIAL ARCHITECTURAL AND ENGINEERING RENDERINGS/DRAWINGS FROM A LICENSED ARCHITECT IN 11" X 17" FORMAT *N/A*
- ~~N/A~~ A MATERIALS SPEC BOARD OR DETAILED DESCRIPTION OF MATERIALS
- ~~N/A~~ DOCUMENTATION OF OWNERSHIP (INCLUDING, BUT NOT LIMITED TO, DEED OF TRUST) OR WRITTEN AUTHORIZATION FROM PROPERTY OWNER
- ~~N/A~~ ORGANIZATIONAL PAPERS, IF NOT A SINGLE OWNER
- ☒ DOCUMENTATION SHOWING PROJECT FUNDING AND ANY GRANTS RECEIVED (INCLUDING, BUT NOT LIMITED TO BANK STATEMENTS OR LETTERS)
- ~~N/A~~ FINANCIAL PRO-FORMA DOCUMENTING THE LOAN-TO-VALUE RATIO AND OTHER ECONOMIC DETERMINANTS, IF A LOAN IS OBTAINED
- ~~N/A~~ COMPETITIVE BIDS FROM THREE LICENSED AND BONDED TRADES/PROFESSIONALS
- ~~N/A~~ CONSTRUCTION SCHEDULE
- ~~N/A~~ LAND USE APPROVAL
- ~~N/A~~ COPIES OF CURRENT OREGON CITY BUSINESS LICENSE
- ☒ SUBMIT FIVE (5) COPIES OF APPLICATION AND SUPPORTING DOCUMENTS
- ☐ CERTIFICATE OF INSURANCE (THIS WILL BE REQUIRED UPON AWARDING OF A GRANT, IDENTIFYING THE CITY OF OREGON CITY AS ADDITIONALLY INSURED)


The applicant understands that the proposed improvements must be reviewed and approved by the City of Oregon City, or designee. Certain changes or modifications may be required by the City Commission prior to final approval.

The applicant understands that a grant information sign listing the City of Oregon City Public Contribution must be posted five (5) days prior to, during, and five (5) days post construction.

### **CERTIFICATION OF APPLICANT**

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a matching grant and is true and complete to the best of the applicant's knowledge and belief.

If the applicant is not the owner of the property to be developed, or if the applicant is an organization rather than an individual, the applicant certifies that he/she has the authority to sign and enter into an agreement to develop the property. Evidence of this authority is attached.

<b>APPLICANT'S SIGNATURE:</b> 	<b>CO-APPLICANT'S SIGNATURE (if applicable)</b>
<b>DATE:</b> <i>5-6-2016</i>	<b>DATE:</b>