



City of Hudson  
Job Creation Grant Application

The following is an application to the City of Hudson located in the County of

Summit by CompMed Analysis, hereinafter referred to as  
(enterprise name)  
the enterprise, for Job Creation Grant Incentives.

I. General Information

Applicant Enterprise Name CompMed Analysis

Home or Main Office Street Address 1742 Georgetown Rd, Ste 6

City Hudson State OH Zip code 44236

Local Project Site Street Address Same

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact Person Name Sherrie Bearden, RN

Telephone 330-714-5530 (c) Fax 330-650-0848

Email Sbearden@compmedanalysis.com

Nature of business (manufacturing, distribution, wholesale, retail, residential or other)

Medical Claims Resolution for hospitals

Standard Industrial Codes that apply to the products produced by the enterprise.

SIC Code # 6411 9906 SIC Code # \_\_\_\_\_

SIC Code # \_\_\_\_\_ SIC Code # \_\_\_\_\_

Form of business of enterprise (corporation, partnership, proprietorship, or other).

Single Member LLC

Name of principal owner(s) or officers of the enterprise (attach list if necessary).

Sherric J. Bearden

Does the enterprise owe:

A. Any delinquent taxes to the State of Ohio or any County, City or Township within the State of Ohio?

Yes \_\_\_\_\_ No ☒ (please check)

B. Any moneys to the State or a state agency for the administration or enforcement of any environmental laws of the State?

Yes \_\_\_\_\_ No ☒ (please check)

C. Any other moneys to the State, a state agency or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not?

Yes \_\_\_\_\_ No ☒ (please check)

D. If yes to any of the above, please provide details of each instance including but not limited to the location, amounts and/or case identification numbers (attach additional sheets if needed).

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**E. Is the Hudson site subject to an Enterprise Zone Agreement?**

Yes ☐ No ☒ (please check)

**F. Is the Hudson site subject to a Community Reinvestment Area Agreement?**

Yes ☐ No ☒ (please check)

**II. Financial Information**

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

	Total Amount
A. Land:	\$ _____
B. Acquisition of Buildings:	\$ _____
C. Additions/New Construction:	\$ <u>50,000.00</u>
D. Improvements to Existing Buildings:	\$ _____
E. Machinery & Equipment:	\$ _____
F. Furniture & Equipment:	\$ <u>15,000.00</u>
G. Inventory:	\$ _____
<b>Total New Project Investment:</b>	<b>\$ <u>65,000.00</u></b>

**III. Employment & Payroll Information**

**A. State the enterprise's current employment level at the proposed project site:**

Current Full-time Permanent Employment at **proposed project site:** 11

Current Full-time Temporary Employment at **proposed project site:** —

Current Part-time Permanent Employment at **proposed project site:** 14

Current Part-time Temporary Employment at **proposed project site:** —

**B. State the enterprise's current employment level in Ohio:**

Current total **Ohio** Full-time Permanent Employment: 11

Current total **Ohio** Full-time Temporary Employment: —

Current total **Ohio** Part-time Permanent Employment: 14

Current total **Ohio** Part-time Temporary Employment: —

**C. List proposed schedule for new hiring:**

	Year 1	Year 2	Year 3	Other	Total
New Full-time Perm.	<u>5</u>	<u>3</u>	<u>2</u>	<u>—</u>	<u>10</u>
New Full-time Temp.	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
New Part-time Perm.	<u>3</u>	<u>4</u>	<u>4</u>	<u>—</u>	<u>11</u>
New Part-time Temp.	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

**D. Estimate the amount of annual payroll such new employees will add.**

	Year 1	Year 2	Year 3	Other	Total
New Full-time Perm.	\$ <u>180K</u>	<u>90K</u>	<u>60K</u>	<u>—</u>	<u>320K</u>
New Full-time Temp.	\$ <u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
New Part-time Perm.	\$ <u>48K</u>	<u>68K</u>	<u>64K</u>	<u>—</u>	<u>180K</u>
New Part-time Temp.	\$ <u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

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

Full-time: \$ 605 Part-time \$ 280

#### IV. Certifications

Submission of this application expressly authorizes the City of Hudson to contact any agency to confirm the statements contained herein. The Applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 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 assistance benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

Completed Analysis

Name of Enterprise

7/24/15

Date

Sherrie A. Bearden

Signature

Sherrie A. Bearden, President

Typed Name and Title

A copy of this application will be attached to the Final Job Creation Grant Agreement as Exhibit A.

Compmed Analysis  
Operating Account  
7358 Walters Rd  
Hudson, OH 44236-4631

09-06

8/13/2015

PAY TO THE  
ORDER OF City of Hudson

\$ \*\*500.00

Five Hundred and 00/100

DOLLARS

City of Hudson

MEMO

Grant application fee--C. Weide



*Shirley A. Bearden*

AUTHORIZED SIGNATURE

MP

⑈006588⑈ ⑆041000124⑆ 4220824157⑈

Details on Back.



Security Features Included

## Compmed Analysis

## Operating Account

6588

Date	Type	Reference	Original Amt.	Balance Due	8/13/2015 Discount	Payment
8/13/2015	Bill		500.00	500.00		500.00
					Check Amount	500.00

PNC - Operating Acco Grant application fee--C. Weide

500.00