



TOWN OF ISLIP

ECONOMIC DEVELOPMENT CORPORATION

Application

for

Financial

Assistance

Town of Islip EDC
40 Nassau Avenue
Islip, New York 11751
Phone 631.224.5512
Fax 631.224.5532

APPLICANT INSTRUCTIONS

- ♦ In order for a Town of Islip EDC Application to be reviewed in a timely manner, it must be complete. All questions must be answered and all required attachments must be included.
- ♦ Use "None" or "Not Applicable" where necessary.
- ♦ Part VI—Bond Information, need only be completed by applicants for Taxable or Tax Exempt Industrial Development Bonds.
- ♦ All applicants must submit an original and two (2) copies of all documents to the Agency.
- ♦ All applications must be accompanied by a \$500 non-refundable fee to the Town of Islip Economic Development Corporation, and a \$500 non-refundable fee to the Town of Islip for the EAF Review required by the State Environmental Quality Review Act (SEQRA). (If the project has already undergone a SEQRA review during the preview process, then applicant can submit the completed EAF for the one attached to the application).

APPLICANT CHECKLIST

- ☐ I have completed all sections of the attached application.
- ☐ I have signed and notarized the Certification Section (Part VII-A).
- ☐ I have signed Part VII-B regarding the Fee Structure for all EDC transactions.
- ☐ I have attached all company financial information required by Part VIII-A.
- ☐ I have completed and signed the Environmental Assessment Form required by SEQRA. (If the project has already undergone a SEQRA review during a previous process, substitute the completed EAF for the one that was attached to this application).
- ☐ I have completed and signed Form RP485-b as required by Real Property Tax Law.
- ☐ I have submitted the original and two (2) copies of all application materials to the Agency for review.
- ☐ I have submitted an application fee check for \$500 payable to the Town of Islip EDC.
- ☐ I have submitted a \$500 check payable to the Town of Islip for the SEQRA review. (If the project has already undergone a SEQRA review during a previous process, and the applicant substitutes the completed EAF for the one attached to the application, the \$500 SEQRA fee is waived).

PART I Company (Owner/User) Data

PART II Project Data

PART III Employment/Sales Data

PART IV Construction Schedule

PART V Project Costs/Financing

PART VI Certifications

PART VII Required Attachments
1. Financial Information
2. EAF
3. RP 485-b

I. OWNER & USER DATA

A. Owner Data

1. Company Name United Cerebral Palsy Association of Greater Suffolk, Inc. (UCP-Suffolk)
Current Address 250 Marcus Boulevard, Hauppauge, NY 11788
 2. Company Officer certifying this application
Name Janine Klein
Mailing Address 250 Marcus Boulevard, Hauppauge, NY 11788
Telephone [REDACTED] Fax [REDACTED]
Email [REDACTED]
 3. Business Type
☐ Sole Proprietorship ☐ General Partnership
☐ Limited Partnership ☐ Limited Liability Company
☒ Not-for-profit Corporation ☐ Privately Held Corporation
☐ Education Corporation ☐ Other
☐ Public Corporation—Listed on _____ Exchange
 4. State of Incorporation New York
 5. Principal Officers

Name	Title
<u>Stephen Friedman</u>	<u>Chief Executive Officer</u>
<u>Janine Klein</u>	<u>Chief Financial Officer</u>
 6. Principal Stockholders

Name	Title
<u>N/A</u>	
 7. Owner's Legal Counsel
Name Seth P. Stein
Firm Name Moritt Hock & Hamroff LLP
Address 400 Garden City Plaza, Garden City, NY 11530
Telephone [REDACTED] Fax [REDACTED]
Email [REDACTED]
 8. Bank References
M&T Bank-Long Island Commercial Banking, 401 Broadhollow Road, Melville, NY 11747
Sean M. Umhafer, Vice President [REDACTED]
 9. Major Trade References
N/A
 10. Nature of Business
(i.e. "manufacturer of ___ for ___ industry" or "warehouse distributor of ___" or "real estate holding company")
Provide programs and services for individuals with developmental disabilities.
- II. NAICS Code 621420
For help determining your NAICS code, please visit <http://www.naics.com>

I. OWNER & USER DATA N/A

B. User Data

For co-applicants, where a tenant/landlord relationship will exist between the owner and the user, the user must occupy at least 50% of the square footage of the facility

1. Company Name _____
Current Address _____
 2. Company Officer certifying this application
Name _____
Mailing Address _____
Telephone _____ Fax _____
Email _____
 3. Business Type
☐ Sole Proprietorship ☐ General Partnership
☐ Limited Partnership ☐ Limited Liability Company
☐ Not-for-profit Corporation ☐ Privately Held Corporation
☐ Education Corporation ☐ Other
☐ Public Corporation—Listed on _____ Exchange
 4. State of Incorporation _____
 5. Principal Officers Name Title

 6. Principal Stockholders Name Title

 7. User's Legal Counsel
Name _____
Firm Name _____
Address _____
Telephone _____ Fax _____
Email _____
 8. Bank References

 9. Major Trade References

 10. Nature of Business
(i.e. "manufacturer of ___ for ___ industry" or "warehouse distributor of ___" or "real estate holding company")

11. NAICS Code _____

For help determining your NAICS code, please visit <http://www.naics.com>

A. Location

- B. Description** (Check all that apply)

- ### C. Related Facilities

- #### D. Real Estate Search

1. Has the company actively sought sites in another state or outside the New York metropolitan region? ☐ Yes ☐ No
2. If yes to above (D-1), please list the states/regions considered:

E. Present Owner

1. Who is the current legal owner of the site? UCP-Suffolk
2. Is there a purchase option or other legal or common control in the project? ☐ Yes ☒ No
3. Is there an existing or proposed lease for the project? ☐ Yes ☒ No
4. If yes to either above (E-2 or E-3), please explain (i.e. purchase price, term of lease):
N/A

II. PROJECT DATA

F. Project Narrative

1. Describe the project in detail, emphasizing the following:
 - A. Specific operations of the company to be conducted at the project premises
(product manufactured/warehoused, services rendered)
 - B. Proposed product lines and market demands
 - C. Need for the new facility
 - D. Square footage of the old facility
 - E. Square footage of the new facility
 - F. Type of building to be constructed
 - G. Major equipment to be purchased

Refinance of SCIDA 2006 A&B Bonds

2. For pollution controls, also describe:
 - A. Type of pollution to be abated
 - B. Method of abatement
 - C. Existing orders of environmental agencies

N/A

III. EMPLOYMENT/SALES DATA

A. Employees		First year upon completion	Second year upon completion
	Current		
Full time	29	29	29
Part time	12	12	12
Seasonal	N/A	N/A	N/A
Total	41	41	41
B. Payroll		First year upon completion	Second year upon completion
	Current		
Total \$	1,943,654	\$1,943,654	\$1,943,654
C. Average Annual Wages		First year upon completion	Second year upon completion
	Current		
Total \$	54,146	\$54,146	\$54,146
D. Sales		First year upon completion	Second year upon completion
	Current		
Total \$	N/A		

IV. PROJECT CONSTRUCTION SCHEDULE

A. Key Dates (proposed)

	Month & Year
1. Construction commencement	N/A
2. Construction completion	N/A
3. Building Occupancy	N/A

B. Please check if any of the following applications/permits have been filed for the project: (Check all that apply) N/A

- | | |
|---|---|
| <input type="checkbox"/> Change of Zone | <input type="checkbox"/> Interior Alterations |
| <input type="checkbox"/> Special Use | <input type="checkbox"/> Building |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Site plan |

V. PROJECT COSTS/FINANCING

See spreadsheet annexed hereto

A. Estimate the costs necessary for the construction, acquisition, rehabilitation, improvement and/or equipping of the project.

Item	Amount
1. Land	\$ _____
2. Site Work	_____
3. Building (new construction)	_____
4. Building (rehabilitation)	_____
5. Engineering & Architectural Fees	_____
6. Machinery & Equipment	_____
7. Other (specify)	_____

TOTAL PROJECT COST _____

B. How does the company propose to finance the project? See spreadsheet annexed hereto

	Amount	Term
1. Tax Exempt IDB*	_____	_____
2. Taxable IDB*	_____	_____
3. Conventional Mortgage (with EDC sale/leaseback)	_____	_____
4. Owner/User Self-Financing (with EDC sale/leaseback)	_____	_____
5. JDA/SBA	_____	_____
6. Other loans	_____	_____
7. Company/Owner Equity contribution	_____	_____

TOTAL AMOUNT FINANCED \$ _____

C. Please estimate when the above amounts will be required

August 1, 2013

Month & Year

* The Corporation Fee of one-half of a basis point (.005) will be applied against the total project cost or, where applicable, against the amount of the IDB issuance.

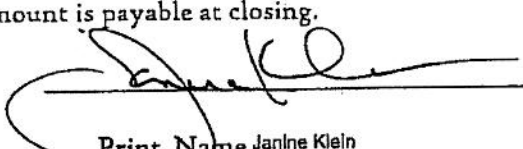
VI. CERTIFICATIONS

A. Applicant Responsibilities

Janine Klein (name of representative of entity submitting application or name of individual submitting application) deposed and says that s/he (choose and complete one of the following two options) (a) is a/the Chief Financial Officer (title) of United Cerebral Palsy Association of Greater Suffolk, Inc. (company name), the entity named in the attached application, or (b) is the individual named in the attached application; that s/he has read the foregoing application and knows the contents thereof; and that the same is true of his/her knowledge.

Deponent further says that s/he is duly authorized to make this certification on behalf of her/himself or on behalf of the entity named in the attached application. The grounds of deponent's belief relative to all matters in said application which are not stated upon his/her own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as, if deponent is not an individual applicant, information acquired by deponent in the course of his/her duties in connection with said entity and from the books and papers of said entity.

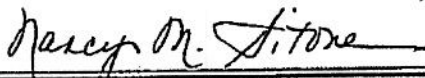
As (a) the representative of said entity, or (b) the individual applicant (such entity or individual applicant hereinafter referred to as the "Applicant"), deponent acknowledges and agrees that the Applicant shall be and is responsible for all costs incurred by the Town of Islip Economic Development Corporation (hereinafter referred to as the "Agency"), acting on behalf of the Applicant in connection with this application and all matters relating to the provision of financial assistance to which this application and all matters relating to the provision of financial assistance to which this application relates. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper or requested action or withdraws, abandons, cancels or neglects the application, then upon presentation of an invoice, the Applicant shall pay to the Corporation, its agents or assigns, all actual costs incurred with respect to the application up to that date and time, including fees to transaction counsel for the Corporation and fees of general counsel for the Corporation. Upon the successful conclusion of the transaction contemplated herein, the Applicant shall pay to the Corporation an administrative fee set by the Corporation, in accordance with its fee schedule in effect on the date of the foregoing application, which amount is payable at closing.


Print Name Janine Klein

Title Chief Financial Officer

NOTARY

Sworn to before me this 29th day of MAY, 2013


NOTARY PUBLIC

NANCY M. SITONE
Notary Public, State of New York
No. 4759967
Qualified in Suffolk County
Commission Expires June 30, 2014

VI. CERTIFICATIONS

B. Fee Structure

1. Application Fee—\$500.00

An application for IDA assistance must be accompanied by a non-refundable fee of \$500 plus a \$500 fee for the Town of Islip review of Environmental Assessment Form as required by the State Environmental Quality Review Act (SEQRA). (The \$500 fee will be waived if the applicant's project has already undergone a SEQRA review during a previous process, i.e. site plan, building permit, change of zone, etc.)

2. Corporation Fee—.005

Upon closing of any EDC project, the Corporation will assess an administrative fee of one-half of a basis point (.005) against the size of the project. For IDB projects, the .005 will be measured against the final bond amount. For straight-lease transactions, the .005 will be measured against the projected total costs.

3. Corporation Counsel—\$150 per hour

The Town of Islip Town Attorney's Office acts as counsel to the Town of Islip EDC and must be reimbursed for time spent on EDC-related transactions. The Corporation counsel bills all time spent on EDC matters at \$150 per hour. For EDC closings up to \$5 million, the Corporation counsel bills a minimum of \$2,500. For projects greater than \$5 million, the Corporation counsel bills a minimum of \$3,500. For all other activities, i.e. terminations, simple consents and waivers, transfer of assets, etc., the Corporation counsel will bill at the aforementioned \$150 per hour.

4. Processing Fee—\$250

During the course of EDC ownership/involvement, the Corporation may occasionally be required, by the company, to consent to a variety of items, i.e. pre-payment of bonds, second mortgages, additional secured financing, etc. The Corporation will charge a \$250 processing fee for each of these requests.

5. Assignments & Assumptions—\$1,500

Occasionally, the EDC is asked to transfer benefits that were assigned to the original company, i.e. PILOT or mortgage recording tax benefits, to a different company, typically upon a sale of the EDC property. The new company often wishes to continue EDC involvement with the property in order to retain the EDC incentives. The Agency will charge a \$1,500 fee for each of these transactions.

6. Bond/Transaction Counsel—fee negotiated separately

While the Town of Islip EDC is represented locally by the Town of Islip Town Attorney's Office, a separate Bond/Transaction Counsel is also necessary on any EDC project. Bond/Transaction counsels render "third party" opinions that the bond or straight lease transaction is authorized under all federal, state and local statutes. Bond/Transaction counsels also prepare all documents related to EDC transactions and coordinates all activities leading up to closing. The Town of Islip EDC has designed the firm of Nixon Peabody, LLP as its Bond/Transaction counsel and all fees are separately negotiated with them.

I have read and understand the aforementioned explanation of the fees associated with all Town of Islip Economic Development Corporation transactions.

Name 

VII. REQUIRED ATTACHMENTS

A. Financial Information

(Attach the following financial information of the owner and user)

1. Financial statements for the last two fiscal years (unless included in the Owner's or User's Annual Report)
2. Owner's or User's Annual Reports (or Form 10-k's) for the two most recent fiscal years
3. Quarterly reports (Form 10-Q's) and current reports (Form 8-k's) since the most recent annual report, if any
4. In addition, if applicable, please attach the financial information described above in items A, B and C, of any expected guarantor of the proposed bond issue other than the Owner or the User
5. Upon request of the Applicant, the Agency will review the information submitted pursuant to this Section VIII and return all copies to the Applicant within two weeks after the inducement date. Please indicate whether you require the information to be returned.
☐ Yes ☐ No

B. Environmental Assessment Form

Please complete the attached EAF as required by the State Environmental Quality Review Act (SEQRA).

C. Form RP 485-b

Please complete the attached Form RP 485-b as required by Section 485-b of the Real Property Tax Law

****FOR TOWN OF ISLIP EDC OFFICE USE ONLY****

Project Summary

A. General

Name of Project _____

Location of Project _____

Contact Person & Phone Number _____

B. Key Dates

Application Submitted _____

Projected Inducement _____

Agenda Closing _____

C. Project Type

☐ Industrial

☐ Not-for-profit

☐ Commercial

☐ Office

☐ Housing

☐ Other _____

D. Project Size

Acreage _____ New construction _____ Rehabed _____

Total Project Cost _____

E. Type of Assistance

☐ Sale Leaseback

☐ Tax Exempt Bonds

☐ Taxable Bonds

F. PILOT

☐ 485-b

☐ Double 485-b

☐ Affordable Housing

☐ Empire Zone

☐ Not-for-profit

☐ Other _____

G. Jobs/Payroll

Retained Jobs _____ New Jobs _____

Current Payroll _____ New Payroll _____

Average Annual Wage _____

New Average Annual Wage _____

H. Projected Agency Fee _____

I. Additional Notes

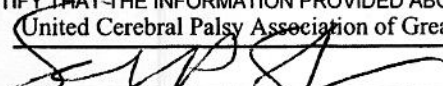
Appendix C

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR United Cerebral Palsy Association of Greater Suffolk, Inc.	2. PROJECT NAME Diagnostic & Treatment Center, Clinical Program
3. PROJECT LOCATION: Municipality Town of Islip County Suffolk	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) 159 Carleton Avenue, Central Islip, NY Section: 164 Block: 4 Lot: 8.4	
5. PROPOSED ACTION IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: Refinance of previous SCIDA 2006A & B bonds	
7. AMOUNT OF LAND AFFECTED: Initially 9.8 acres Ultimately 9.8 acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: United Cerebral Palsy Association of Greater Suffolk, Inc. Date: May 31, 2013 Signature: 	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment