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


5. Principal Officers
   Name: Stephen Friedman  Title: Chief Executive Officer
   Name: Janine Klein     Title: Chief Financial Officer

6. Principal Stockholders
   Name: N/A
   Title: N/A

7. Owner's Legal Counsel
   Name: Seth P. Stein
   Firm Name: Morit 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
   Name: Sean M. Umhafer, Vice President

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.

11. 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
II. PROJECT DATA

A. Location

1. Street Address: See attached spreadsheet annexed hereto
2. Tax Map

<table>
<thead>
<tr>
<th>District #</th>
<th>Section #</th>
<th>Block #</th>
<th>Lot #</th>
</tr>
</thead>
</table>
3. Acreage: ____________________
4. Municipal Jurisdictions
   Town: ____________________
   Village: ____________________
   School District: ____________________

B. Description (Check all that apply)

- New Construction: ____________________ Square Feet
- Addition to Existing Facility: ____________________ Square Feet
- Acquisition of Existing Facility: ____________________ Square Feet
- Acquisition & Renovation of Existing Facility: ____________________ Square Feet
- Purchase of New Machinery & Equipment
- Other (specify) Refinance of SCIDA 2006A & B Bonds

C. Related Facilities

1. Are other facilities or related companies located within the state? □ Yes □ No
   Address: ____________________
2. If yes to above (C-1), will any of these facilities close or be subject to reduced activity? □ Yes □ No
3. If yes to above (C-2), please describe:

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 or 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

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>First year upon completion</th>
<th>Second year upon completion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Employees</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>29</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Part time</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Seasonal</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td>41</td>
<td>41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B. Payroll</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First year upon completion</td>
<td>$1,943,654</td>
<td>$1,943,654</td>
<td>$1,943,654</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,943,654</td>
<td>$1,943,654</td>
<td>$1,943,654</td>
</tr>
</tbody>
</table>

| **C. Average Annual Wages** |         |                           |                            |
| Current        |         |                           |                            |
|                | 54,146  | $54,146                   | $54,146                    |
| **Total**      | 54,146  | $54,146                   | $54,146                    |

| **D. Sales**  |         |                           |                            |
| Current        |         |                           |                            |
|                | N/A     | N/A                       | N/A                        |
| **Total**      | N/A     | N/A                       | N/A                        |

IV. PROJECT CONSTRUCTION SCHEDULE

<table>
<thead>
<tr>
<th><strong>A. Key Dates (proposed)</strong></th>
<th>Month &amp; Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Construction commencement</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Construction completion</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Building Occupancy</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

- [ ] Change of Zone
- [ ] Interior Alterations
- [ ] Special Use
- [ ] Building
- [ ] Variance
- [ ] 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Land</td>
<td>$______________________________</td>
</tr>
<tr>
<td>2. Site Work</td>
<td>______________________________</td>
</tr>
<tr>
<td>3. Building (new construction)</td>
<td>______________________________</td>
</tr>
<tr>
<td>4. Building (rehabilitation)</td>
<td>______________________________</td>
</tr>
<tr>
<td>5. Engineering &amp; Architectural Fees</td>
<td>______________________________</td>
</tr>
<tr>
<td>6. Machinery &amp; Equipment</td>
<td>______________________________</td>
</tr>
<tr>
<td>7. Other (specify)</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

TOTAL PROJECT COST

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tax Exempt IDB*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Taxable IDB*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Conventional Mortgage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(with EDC sale/leaseback)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Owner/User Self-Financing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(with EDC sale/leaseback)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. JDA/SBA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Other loans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Company/Owner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity contribution</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) deposes and says that s/he (choose and complete one of the following two options) (a) is a/the Chief Financial Officer (title) of United Cardinal Sales 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.

[Signature]

Print Name: Janine Klein
Title: Chief Financial Officer

NOTARY
Sworn to before me this 31st day of May, 2013

[Signature]

NANCY M. SITONE
Notary Public, State of New York
No. 4759567
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: [Signature]
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
**617.20 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:**  
   - [x] New  
   - [ ] Expansion  
   - [ ] 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?**  
   - [x] Yes  
   - [ ] No  
   If No, describe briefly

9. **WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?**  
   - [ ] Residential  
   - [ ] Industrial  
   - [x] Commercial  
   - [ ] Agriculture  
   - [ ] Park/Forest/Open Space  
   - [ ] Other

   Describe:

10. **DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?**  
    - [ ] Yes  
    - [x] No  
    If Yes, list agency(s) name and permit/approvals:

11. **DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?**  
    - [ ] Yes  
    - [x] No  
    If Yes, list agency(s) name and permit/approvals:

12. **AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?**  
    - [ ] Yes  
    - [x] No

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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: __________________________

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