

NYCIDA PROJECT COST/BENEFIT ANALYSIS

June 6, 2019

APPLICANT

Deerfield Management Company, L.P.

780 Third Avenue, 37th Floor

New York, New York 10017

PROJECT LOCATION

345 Park Avenue South

New York, New York 10154

A. Project Description:

Deerfield Management Company, L.P., a Delaware limited partnership specializing in investment, incubation, management and operation of healthcare and life sciences companies or an affiliated entity (the “Company”), is seeking financial assistance in connection with the acquisition of a 244,157 gross square foot building located on a 20,737 square foot parcel of land located at 345 Park Avenue South, New York, New York 10154 (the “Building”) for the purpose of renovating, furnishing and equipping a majority of the usable area of the Building for use as laboratories, laboratory support facilities, office space and other uses applicable to life sciences industries (the “Facility”). The Company proposes to lease, license and/or convey portions of the Facility to users engaged in such life science industry uses.

It is anticipated that the project will create 974 additional full-time equivalent jobs within three years of project completion.

B. Costs to City (New York City taxes to be exempted):

Land Tax Abatement (NPV, 25 years):	\$37,612,692
Building Tax Abatement (NPV, 25 years):	\$51,459,651
Mortgage Recording Tax Abatement:	\$4,244,879
Sales Tax Exemption:	\$4,034,316
Total Cost to NYC	\$97,351,537

C. Benefit to City (Estimated NYC direct and indirect taxes to be generated by Company) (estimated NPV 25 years @ 6.25%):

\$162,340,702

NYCIDA CORE APPLICATION

Submit your electronically completed Core Application via email to your assigned Project Manager as a Word Document file or a Word Document saved as a PDF.

A. APPLICANT OVERVIEW

Applicant Name (the "Applicant"): Deerfield Management Company, L.P.		Name of operating company (if different from Applicant):	
Operating company address: 780 Third Avenue 37 th Floor New York, NY 10017		Website address: www.deerfield.com	
EIN #: [REDACTED]	NAICS Code: 523920		
State and date of incorporation or formation: Delaware 1/1/2005		Qualified to conduct business in NY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant is (check one of the following, as applicable):			
<input type="checkbox"/> General Partnership		<input checked="" type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Sole Proprietorship	
		<input type="checkbox"/> Business Corporation	
		<input type="checkbox"/> S Corporation	
Is Applicant publicly traded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is Applicant affiliated with a publicly traded company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, name the affiliated company:	

B. APPLICANT CONTACT INFORMATION

	Name/Title	Company	Address	Email	Phone	Primary ¹
Applicant Contact Person	James Flynn	Deerfield Management Company	780 Third Avenue New York, NY 10017	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>
Attorney	Tal Golomb	Fried Frank	One New York Plaza, New York, NY 10004	[REDACTED]	[REDACTED]	<input type="checkbox"/>
Accountant	Julie Canty	Ernst & Young	5 Times Square New York, NY	[REDACTED]	[REDACTED]	<input type="checkbox"/>
Consultant/Other	Karen Backus	U3 Advisors	215 Park Avenue South New York, NY 10003	[REDACTED]	[REDACTED]	<input type="checkbox"/>

C. APPLICABLE FINANCIAL ASSISTANCE

Provide the estimated value of each of the following types of Project Financial Assistance being requested. Discuss the estimation of the Requested Financial Assistance with your assigned Project Manager, if needed.

Requested Financial Assistance	Estimated Value of Requested Financial Assistance
Real Estate Tax Benefits	\$ full abatement of real estate taxes
Sales Tax Waiver	\$ full abatement of sales tax applicable to construction, buildout and equipment
Mortgage Recording Tax Benefit	\$ full abatement of mortgage recording tax (~\$9 million)

D. APPLICANT BACKGROUND

Provide a brief description of Applicant's history and the nature of its business. Feel free to include information from Applicant's website or other official documentation describing Applicant. Include information such as when Applicant was founded, who founded the Applicant, a brief history of the Applicant, the Applicant's primary services and market, and the number of Applicant's employees in NYC and elsewhere. **Limit the description to 250 words.**

¹ Select the individual to whom questions should be directed and who may speak on behalf of Applicant.

Deerfield Management Company is one of the largest dedicated investment company's focused exclusively on healthcare. The company has been operating in New York City for 25 years with over 110 employees and has an outstanding record of identifying, incubating, managing and operating companies focused on the life sciences, digital health, healthcare infrastructure and other areas of high need for innovation. The firm has created strong affiliations with academic organizations outside of NY in order to source intellectual property around which new companies can be founded. Partners receiving funding commitments in excess of \$50 million include the Broad Institute of MIT and Harvard, Johns Hopkins University, Northwestern University, University of California at San Diego, University of North Carolina and Vanderbilt University. Deerfield also has financial relationships with Memorial Sloan Kettering Cancer Center, Rockefeller University and MD Anderson Cancer Center. The Deerfield Foundation has granted more than \$40 million to fund gaps in the provision of healthcare to children. The Foundation has helped build family treatment facilities in the Bronx, mobile medical units for homeless children, among many other areas of focus. Deerfield has been a strong supporter of the New York City LifeScience initiative, offering more internships under the program than any other single corporate entity. The firm's Fellow's program has affiliated exclusively with CUNY to identify and train the next generation of Deerfield employees. This program has dedicated teaching staff and facilities in order to maximize the potential for success of these students in the investment and life science industries.

E. PROPOSED PROJECT ACTIVITIES

Describe the proposed Project, including its purpose and Project Location, in the text box below. Refer to the example below.

Deerfield Management Company ("Applicant") is a healthcare investment company. Applicant is seeking financial assistance in connection with the furnishing and equipping of an approximately 320,000 square foot building on a 20,737 square foot parcel of land located at 345 Park Avenue South (the "Facility"). The Facility will be owned by Applicant (and potential not for profit partners) and used as a life sciences innovation center to conduct research and development that will house and incubate new enterprises delivering products and platforms to advance medicine and the delivery of health care services, including laboratory and incubation space. The total cost is estimated to approximate \$570,000,000 with an anticipated closing date of July 2019. The project is anticipated to be fully completed and operational by the end of 2020.

Example: [Applicant Name] ("Applicant") is a [describe general business activity, such as food processor, real estate developer, plastics manufacturer, etc.]. Applicant is seeking financial assistance in connection with the [list Project activities, such as construction, furnishing, equipping, etc.] of a [] square foot building on a [] square foot parcel of land located at [address] (the "Facility"). The Facility will be owned by [Applicant or holding company] and used as a [describe specific business activities associated with the Project such as warehouse, commercial office space, manufacturing facility, etc.]. The total cost is approximately [Project cost]. The anticipated closing date is []. The project is anticipated to be completed in [] [months or years].

F. PROJECT LOCATION DETAIL

Complete this table for *each* Project Location with a distinct Block/Lot. For Projects with more than one Block/Lot, copy the Project Location table below and paste it directly underneath to complete it.

Project Location Information			
Project Address: 345 Park Avenue South		Location # 1 of 1	
Borough/Block/Lot: Manhattan, 881/ 1	Community Board #: 5	Neighborhood: NoMad	
Square footage of land: 20,737 sf	Square footage of existing building: 320,000	Number of Floors: 12	
How is the anticipated Project Location currently used and what percentage is currently occupied? Ground floor is retail, the rest is vacant			
In the case of relocation, what will happen with Applicant's current facility? <input type="checkbox"/> N/A Applicant's current lease ends end of 2020 and will notify it's landlord of intent to not renew			
Does the Project Location have access to rail and/or maritime infrastructure? No			
Is there any space at the Project Location that is currently being/will be occupied and/or used by any entity other than the Applicant or operating company, whether Affiliates or otherwise?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, attach a separate page and provide details about tenants such as (1) name of tenant business(es) (whether Affiliates or otherwise), (2) square footage of tenant operations, (3) tenant occupancy commencement and termination dates, and (4) copies of leases, licenses, or other documents evidencing a right to possession or occupancy. Affiliated companies of the Applicant include life science focused and other portfolio companies of investment funds managed by the Applicant. Additionally, a not for profit private foundation focused on supporting initiatives that benefit underserved communities in need of healthcare services or which suffering from untreatable disease affiliated with the Applicant (The Deerfield Foundation) is expected to occupy certain space at the project location			
For the purposes of this question, any license or other right of possession or occupancy granted by the Applicant or operating company with respect to the Project Location shall be deemed a tenancy.			

Construction Information

Construction Start Date (as defined in the Policies and Instructions): Spring 2019
 Facility Operations Start Date (as defined in the Policies and Instructions): End of 2020

Does the Project involve the construction of a new building or an expansion/renovation of an existing building? Yes No

If yes, complete the following questions and attach a separate page and provide drawings, plans, or a description of the proposed work.

Does the Project involve subsurface disturbance or excavation? Yes No

Anticipated square footage of Facility after construction and/or renovation: 320,000 sf

Anticipated square footage of *non-building improvements* after construction and/or renovation (e.g. parking lot construction): 0 sf

Please describe any non-building improvements on a separate page.

Square feet of wet lab space created: 105,000 Square feet of wet lab space preserved: N/A

Percentage of total building size dedicated to wet lab space: 32%

Are energy efficiency improvements or the installation of a renewable energy system anticipated as part of the Project?² TBD

Which of the below statements best reflects your current stage in the contractor procurement process?

A contractor has been selected and the procurement process is complete. Note: Base building construction is underway with a contractor. Lab specific design/ construction procurement is underway

The procurement process has begun but a contractor has not been selected. Selection is anticipated by:

The procurement process has not begun. Procurement is anticipated to begin by: Spring 2019

Other:

Not applicable

Percentage of tenancy expected at Facility Operations Start Date: 52%

Percentage of tenancy expected six months after Facility Operations Start Date: 63%

Percentage of tenancy expected 12 months after Facility Operations Start Date: 73%

Percentage of tenancy expected 18 months after Facility Operations Start Date: 84%

Zoning Information

Current zoning of Project Location: C6-4A

Is a zoning variance or special permit required for the Project to proceed at this Project Location? Yes No

If yes, attach a separate page and describe the zoning variance or special permit required, which agencies are involved, and the anticipated schedule for zoning approval.

Is the Project subject to any other city, state or federal approvals? Yes No

If yes, attach a separate page and describe the approval required, and if applicable, list any other environmental review that may be required.

Is the Project Location a designated historic landmark or located in a designated historic district? Yes No

Is the Project Location within the NYC Coastal Zone Boundary? Yes No

Intended use(s) of site (check all that apply): Retail 9% Manufacturing/Industrial % Office/ Lab/ Incubation/ Collaboration 90%

G. ANTICIPATED OWNERSHIP

1. Check the accurate description of the Project Location's anticipated ownership.

<input checked="" type="checkbox"/> Applicant or an Affiliate is/expects to be the Project Location's fee simple owner.	(Projected) Acquisition date: July 2019
<input type="checkbox"/> Applicant or an Affiliate leases/expects to lease the Project Location. <input type="checkbox"/> Lease is for an entire building and property. <input type="checkbox"/> Lease is for a portion of the building and/or property.	(Projected) Lease signing date:
<input type="checkbox"/> Neither of the above categories fully describes Applicant's interest or intended interest in the Project Location. Describe the anticipated ownership of the Project Location premises:	

2. Does/will an Affiliate own/control the Project Location? Yes No

If yes, complete the table below:

Name of Affiliate:	Address of Affiliate:		
Affiliate is a (check one of the following, as applicable):			
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Other:
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> S Corporation	

H. PROJECT FINANCING

1. **Sources of Financing.** Provide amounts as aggregates for all Project Locations. Add table rows, if needed.

Sources	Total Amount	Percent of Total Financing
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² More information on free energy efficiency advisory services can be found [here](#).

Equity	\$105,000,000	17 %
Commercial Loan (Bank Name: TBD)	\$500,000,000	83 %
New York City Public Funds	\$	%
Source:		%
Source:		%
Seller Financing		7%
Other:	\$	%
Total	\$605,000,000	100%

2. Mortgage amount on which tax is levied (exclude SBA 504 financing¹): \$500M

3. Anticipated closing date between the [lender(s)]/[financing party(s)]/[financial institution(s) and/or funder(s)] and Applicant: July 2019

4. **Uses of Financing.** Provide amounts as aggregates for all Project Locations.

Uses	Total Amount	Percent of Total Financing
Land and Building Acquisition	\$345,000,000	57 %
Construction Hard Costs (i.e. site excavation, building materials, labor, landscaping, construction materials, etc.)	\$150,000,000	25 %
Construction Soft Costs (i.e. pre-planning, legal, financing, design, etc.)	\$62,000,000	10 %
Furnishings, Fixtures, & Equipment (FF&E) and Machinery & Equipment (M&E) (i.e. generators, desks, chairs, electronic equipment, specialized manufacturing equipment, assembly equipment, etc.)	\$37,500,000	6 %
FF&E purchased in NYC	\$TBD	
M&E purchased in NYC	\$TBD	
Closing Fees (costs associated the execution of deal, i.e. debt service reserve fund, financing fees, loan origination fees, attorney fees, pre-payment penalties, etc.)	\$10,000,000	2 %
Other (describe):	\$	%
Total	\$ 605,000,000	100 %

4a. Indicate anticipated budgeting of Hard Costs: TBD Electrical: % Carpentry: % Painting: % Plumbing: %
Excavation or Demolition: % Other: %

4b. Indicate anticipated budgeting of Soft Costs: TBD Architecture: % Engineering: % Design: % Other: %

I. EMPLOYMENT INFORMATION

The following information will be used as part of the Agency's calculation of the Project's benefit to the City, and as a basis for comparison with the employment information that Applicant will be required to report on an annual basis for the term of the Project Agreement (as defined in the Policies and Instructions).

1. **Job Creation Schedule for the Applicant (Note: Below "retained" and added in this category represents Deerfield Management Company only. Affiliates such as portfolio companies or Deerfield expected Drug Discovery experts included in the section #2 below (non affiliates)**

For all responses in the table below, part-time ("PT") employees are defined as those working between 17.5 and 35 hours per week on average, and full-time ("FT") employees are defined as those working 35 hours or more per week. Hourly wages in Columns E & F should represent the pay rate and are exclusive of overtime. For salaried employees, divide the annual salary by 1,820 working hours per year to calculate an hourly wage.

A	B	C	D	E	F	G	H
Job Category	# of NYC jobs retained by Project	# of jobs to be added in each year at Project Location in first 3 years of operation to be employed by Applicant	Total # of Jobs at Project Location in first 3 years of	Average hourly wage for Year 1	Lowest hourly wage for	Average Fringe Benefit for retained jobs	Average Fringe Benefit for created jobs

¹ The SBA 504 Loan Program, administered by the Small Business Administration, is designed to provide small businesses with long-term financing to acquire and improve major fixed assets, such as owner-occupied commercial real estate and heavy machinery.

	jobs retained by Project	operation to be employed by Applicant			Location in first 3 years of operation (Sum of all Columns B and C)	Average hourly wage for Year 1	Lowest hourly wage for Year 1	Benefit for retained jobs	Benefit for created jobs
		Year 1: 20	Year 2: 20	Year 3: 20					
FT Executive level	25	2	2	1	30	\$ 407		\$ 15,000	\$ 15,000
FT Manager level	71	10	5	5	91	\$ 179		\$ 15,000	\$ 15,000
FT Staff level	25	5	3	2	35	\$ 96		\$ 15,000	\$ 15,000
Total FT Employees	121					\$ 209	\$	\$	\$
Total PT Employees	0					\$	\$	\$	\$

Information included in Column C below will be used to determine eligibility for participation in the HireNYC Program. For program information, see Additional Obligations document. If eligible for the HireNYC Program participation, NYCEDC will provide additional details.

2. **Job Creation Schedule for tenants at the Facility not affiliated with the Applicant** (see note above – estimates below represent jobs creation in building only applicable to drug discovery experts employed by Deerfield subsidiary and life science related companies occupying space in the building)

Further note is that the intent and expectation is that as companies are formed and incubated at the Project Location they will grow and move out to other locations in the NYC area. As we project out the capital dollars Deerfield has segregated for investment in early stage company formation, we envision over 10,000 jobs created out of the Project Location over a 10 year period.

A Job Category	B # of NYC jobs retained by Project	C # of jobs to be added in each year at Project Location in first 3 years of operation			D Total # of Jobs at Project Location in first 3 years of operation (Sum of all Columns B and C)	E Average hourly wage for Year 1	F Lowest Hourly Wage for Year 1	G Average Fringe Benefit for retained jobs	H Average Fringe Benefit for created jobs
		Year 1: 20	Year 2: 20	Year 3: 20					
FT Employees	0	567	71	70	708	\$113	\$	\$	\$ TBD
PT Employees						\$	\$	\$	\$

3. Of the Total Jobs at Project Location in Column D in Table 1, how many employees are/will be NYC residents? TBD
4. How many employees at the Project Location will be paid below living wage² at Project Start Date (as defined in the Policies and Instructions)? 0
5. Does the Project currently have, or anticipate having, contract or vendor employees³ at the Project Location? Yes No
6. Generally describe all other forms of compensation and benefits that permanent employees will receive (i.e. healthcare, employer contributions for retirement plans, on-the-job training, reimbursement for educational expenses, etc.). Salary, discretionary bonus, employer paid healthcare, training, educational reimbursement.
7. Will Applicant or any of its Affiliates be required to provide health coverage to its employees pursuant to the federal Patient Protection and Affordable Care Act (the "Act")? Yes No
If yes, provide an overview of the applicable requirements under the Act and an explanation of how Applicant plans to comply with such requirements. If no, explain why and provide a FT employee count using the Act "[FTE Employee Calculator](#)".
8. Is Applicant currently providing paid sick time to employees in accordance with the Earned Sick Time Act (Chapter 8 of Title 20 of the NYC Administrative Code) and otherwise in compliance with such law? Yes No
If yes, provide an explanation of your company's paid and unpaid sick time policy. If No, explain why and provide a table which outlines the number of anticipated employees and hours worked per calendar year.⁴

The Company recognizes that occasionally, employees are unable to report to work due to illness or injury. The Company shall provide three (3) paid sick days to all employees at the beginning of each calendar year. Employees in the first calendar year of their employment with the Company will accrue paid sick leave at the commencement of employment at the rate of one (1) hour for every thirty (30) hours worked up to three (3) days at their regularly scheduled hours. Exempt employees will be deemed to have worked 40 hours

² For information regarding living wage, see Additional Obligations document.

³ Contract or vendor employees are independent contractors (i.e. persons who are not "employees") or are employed by an independent contractor, who provide services at a Project Location.

⁴Information on the Paid Sick Leave Law can be found [here](#).

each week for purposes of sick day accrual. Employees may begin to use their accrued sick leave after one-hundred twenty (120) days of employment. To the extent employees need more than three (3) paid sick days, they may utilize their two (2) paid personal days for the same purposes and under the same conditions. Employees are entitled to use sick time for absences from work due to: (i) the employee's mental or physical illness, injury or health condition, need for medical diagnosis, care or treatment, or need for preventive medical care; (ii) care of a family member needing such medical diagnosis, care, treatment or preventive medical treatment; (iii) closure of the place of business due to a public health emergency (as declared by the commissioner of health and mental hygiene or the mayor) or to care for a child whose school or child care provider is closed due to a public health emergency. Family members include an employee's child (biological, adopted, foster, step- or to whom the employee stands in loco parentis), spouse, domestic partner, parent (or who stands in loco parentis to the employee or did when the employee was a minor child), the child or parent of an employee's spouse or domestic partner, sibling (including adopted, foster, half- or step-sibling), grandparent, or grandchild. All sick leave periods run on a calendar year basis from January through December. Unused sick days will not carry over to the following calendar year and will not be paid out at any time. Sick days can be taken in either full- or half-day increments. If the leave exceeds three (3) consecutive days, an employee may be required to provide a statement from his or her physician confirming any illness, the physician's diagnosis and an estimated "back to work" date. Nevertheless, excessive absenteeism or abuse of the sick leave policy, such as a pattern of absences before or after a holiday or weekend, will not be tolerated. Disciplinary action, up to and including termination of employment, will be taken if the sick leave policy is abused.

The Company shall provide two (2) paid personal days to all employees at the beginning of each year. Unused personal days do not carry over to the following calendar year and will not be paid out at any time. Employees shall provide as much notice as possible prior to taking personal days. Employees in their first year of employment will begin accruing paid personal days at the commencement of employment at the rate of one (1) hour for every thirty (30) hours worked up to two (2) days at their regularly scheduled hours, and may begin to use their accrued personal days after one-hundred twenty (120) days of employment. Exempt employees will be deemed to work forty hours each week for purposes of personal day accrual.

9. Will the Project use an apprenticeship program approved by the New York State Department of Labor? Yes No

J. LABOR

Applicant and its Affiliates hereinafter will be referred to collectively as the "Companies" or individually as a "Company." If none of the following questions applies to any of these Companies, answer *No*. For any question that does apply, be sure to specify to which of the Companies the answer is relevant.

1. Has any of the Companies during the current calendar year or any of the five preceding calendar years experienced labor unrest situations, including actual or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?
 Yes No If Yes, explain on an attached sheet.
2. Has any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year or any the five calendar years preceding the current calendar year?
 Yes No If Yes, describe and explain current status of complaints on an attached sheet.
3. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings or other labor disputes during the current calendar year or any of the five calendar years preceding the current calendar year?
 Yes No If Yes, explain on an attached sheet.
4. Are any of the Companies' employees *not* permitted to work in the United States?
 Yes No If Yes, provide details on an attached sheet.
5. Is there any period for which the Companies did not complete and retain, or do not anticipate completing and retaining, all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?
 Yes No If "Yes," explain on an attached sheet.
6. Has the United States Department of Labor, the New York State Department of Labor, the New York City Office of the Comptroller or any other local, state or federal department, agency or commission having regulatory or oversight responsibility with respect to workers and/or their working conditions and/or their wages, inspected the premises of any Company or audited the payroll records of any Company during the current or preceding three year calendar years?
 Yes No If "Yes," use an attached sheet to briefly describe the nature and date of the inspection and the inspecting governmental entity. Briefly describe the outcome of the inspection, including any reports that may have been issued and any fines or remedial or other requirements imposed upon any of the Companies as a consequence.
7. Has any of the Companies incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?
 Yes No If "Yes," use an attached sheet to quantify the liability and briefly describe its nature. Refer to any governmental entities that have had regulatory contact with the Company in connection with the liability.
8. Are the practices of any of the Companies now, or have they been at any time during the current or preceding five calendar years, the subject of any complaints, claims, proceedings or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or general treatment of employees?
 Yes No If "Yes," provide details on an attached sheet. Note "discrimination" includes sexual harassment.

K. FINANCIALS

1. Has Applicant, Affiliate(s), Principal(s), or any close relative of any Principal(s), ever received, or is any such person or entity currently receiving, financial assistance or any other kind of non-discretionary benefit from any Public Entities?

Yes No If Yes, provide details on an attached sheet.

2. Has Applicant, or any Affiliate or Principal, or any existing or proposed occupant at the Project Location(s), obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA/Build NYC and/or other Public Entities?

Yes No If Yes, provide details on an attached sheet. Applicant is seeking LifeSci NYC funding from NYC EDC.

3. Has Applicant, or any Affiliate or Principal, ever defaulted on a loan or other obligation to a Public Entity?

Yes No If Yes, provide details on an attached sheet.

4. Has real property in which Applicant, or Affiliate or Principal, holds or has ever held an ownership interest and/or controlling interest of 25 percent or more, now or ever been (i) the subject of foreclosure (including a deed in lieu of foreclosure), or (ii) in arrears with respect to any type of tax, assessment or other imposition?

Yes No If Yes, provide details on an attached sheet.

5. Does Applicant, or any Affiliate or Principal, have any contingent liabilities not already covered above (e.g., judgment liens, lis pendens, other liens, etc.)? Include mortgage loans and other loans taken in the ordinary course of business only if in default.

Yes No If Yes, provide details on an attached sheet.

6. Has Applicant, or any Affiliate or Principal, failed to file any required tax returns as and when required with appropriate governmental authorities?

Yes No If Yes, provide details on an attached sheet.

7. In the table below, provide contact information for Applicant's references. If the space provided below is insufficient, provide complete information on an attached sheet. List any "Major Customers" (those that compose more than 10% of annual revenues) and any "Major Suppliers" (those that compose more than 10% of goods, services, and materials).

Reference Type	Company Name	Address	Contact Person	Phone	Fax	Email	% of Revenues
Major Customers	US university endowments						█ % %
Major Suppliers							% %
Unions							
Banks	First Republic Bank	320 Park Avenue, New York, NY 10022	█				

L. ANTI-RAIDING

1. Will the completion of the Project result in the relocation of any plant or facility located within New York State, but outside of New York City, to New York City? Yes No

If "Yes," provide the names of the owners and addresses of the to-be-removed plant(s) or facility(ies):

2. Will the completion of the Project result in the abandonment of any plants or facilities located in an area of New York State other than New York City? Yes No

If "Yes," provide the names of the owners/operators and the addresses of the to-be-abandoned plant(s) or facility(ies):

If the answer to question 1 or 2 is "Yes," answer questions 3 and 4.

3. Is the Project reasonably necessary to preserve the competitive position of this Applicant, or of any proposed occupants of the Project, in its industry? Yes No

4. Is the Project reasonably necessary to discourage Applicant, or any proposed occupant of the Project, from removing such plant or facility to a location outside New York State? Yes No

If the answer to question 3 or 4 is "Yes," provide a detailed explanation on a separate sheet of paper.

M. COMPLIANCE WITH LAW

1. The Applicant and any owner or occupant of the proposed project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations. Yes No
2. The proposed project, as of the date of this application, is in compliance with all provisions of Article 18-A of the General Municipal Law, including, but not limited to the provisions of Section 859-a and Section 862(1) thereof. Yes No

N. ADDITIONAL QUESTIONS

1. Is the Applicant considering alternative Project Locations outside of New York City? Yes No
 - a. If "Yes," where? Connecticut, New Jersey, Chicago, Baltimore, Boston
2. What uses are being considered for the Project Location other than those described in the Proposed Project Activities? Without the necessary financial incentives to achieve the vision of lab/ incubation/ healthcare focused convening space, an alternative activity could be traditional office space for companies in any industry.
3. How does the Applicant intend to utilize the tax savings provided through the NYCIDA? To fund building costs, equipment and offer reasonable rent for companies being incubated
4. What are the primary sources of revenue supporting Applicant's operations? Investment management fees and returns on invested capital
5. If the Applicant's income statement categorizes any revenues as "Other operating revenues," describe what revenues are captured in that category:
 N/A
6. If the Applicant's income statement categorizes any revenues as "Other general and administrative," describe what revenues are captured in that category:
 N/A

CERTIFICATION

I, the undersigned officer/member/partner of Applicant, on behalf of Applicant and its Affiliates, hereby request, represent, certify, understand, acknowledge and agree as follows:

I request that this Application, together with all materials and data submitted in support of this Application (collectively, these "Application Materials"), be submitted for review to the Agency's Board of Directors (the "Board"), in order to obtain from the Board an expression of intent to provide the benefits requested herein for the Project.

I certify that I have the authority to sign these Application Materials on behalf of, and to bind, Applicant and its Affiliates.

I certify under penalty of perjury to the best of my knowledge and belief, after due investigation, that the information contained in these Application Materials is accurate, true and complete and does not contain a misstatement of a material fact or omit to state a material fact necessary to make the statements contained herein not misleading. I understand that an intentional misstatement of fact, or, whether intentional or not, a material misstatement of fact, or the providing of materially misleading information, or the omission of a material fact, may cause the Board to reject the request made in the Application Materials. I understand that the Agency will rely on the information contained within these Application Materials in producing and publishing a public notice and convening a public hearing. If any information in these Application Materials is found to be incorrect, Applicant may have to provide new information and a new public notice and public hearing may be required. If a new public notice and public hearing is required, they will be at Applicant's expense.

I acknowledge that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any tax exemptions claimed by reason of Agency involvement in the project.

I understand the following: that Applicant and Principals will be subject to a background check and actual or proposed subtenants may be subject to a background check, and if such background check performed by the Agency with respect to Applicant or any Affiliates reveals negative information, Applicant consents to any actions that the Agency or NYCEDC may take to investigate and verify such information; that the Agency may be required under SEQRA to make a determination as to the Project's environmental impact and that in the event the Agency determines that the Project will have an environmental impact, Applicant will be required to prepare, at its own expense, an environmental impact statement; that the decision of the Board to approve or to reject the request made in the Application Materials is a discretionary decision; that no Bonds may be issued (if Bonds are being requested) unless such Bonds are approved by the Mayor of the City; that under the New York State Freedom of Information Law ("FOIL"), the Agency may be required to disclose the Application Materials and the information contained therein (see the Disclosure Policy section of the Policies and Instructions document provided to Applicant and signed by Applicant on or about the date hereof (the "Policies and Instructions")); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials.

I further understand and agree as follows:

That notwithstanding submission of this Application, the Agency shall be under no obligation to present Applicant's proposed Project to the Board for approval. If the Agency presents Applicant's proposed Project to the Board for approval, the Agency does not guaranty that such approval will be obtained. If upon presenting Applicant's proposed Project to the Board for approval the Agency obtains such approval, such approval shall not constitute a guaranty from the Agency to Applicant that the Project transaction will close.

That preparation of this Application and any other actions taken in connection with the proposed Project shall be entirely at Applicant's sole cost and expense. Under all circumstances, the Application Fee is non-refundable, including but not limited to the circumstance where the Agency decides, in its sole discretion, to not present Applicant's proposed project to the Board for Approval.

That each of Applicant and each of its Affiliates (collectively, the "Indemnitors") hereby releases the Agency and NYCEDC and their respective directors, officers, employees and agents (collectively, the "Indemnitees") from and against any and all claims that any Indemnitor has or could assert and which arise out of, or are related to, any Application Materials, any actions taken in connection therewith or any other actions taken in connection with the proposed Project (collectively, the "Actions"). Each Indemnitor hereby indemnifies and holds harmless each of the Indemnitees from and against any and all claims and damages brought or asserted by third parties, including reasonable attorneys' fees, arising from or in connection with the Actions. As referred to herein, "third parties" shall include, but shall not be limited to, Affiliates.

That in the event the Agency discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Agency to make such disclosure and hereby releases the Agency from any claim or action that Applicant may have or might bring against the Agency, their directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the Agency and the NYCEDC and their respective directors, officers, agents, employees and attorneys harmless (including without limitation for the cost of reasonable attorneys' fees) against claims arising out of such disclosure as such claims may be made by any party including Applicant, Affiliate, Owner or Principal, or by the officers, directors, employees and agents thereof.

That capitalized terms used but not defined in this Application have the respective meanings specified in the Policies and Instructions.

I acknowledge and agree that the Agency reserves its right in its sole and absolute discretion to request additional information, waive any requirements set forth herein, and/or amend the form of this Application, to the full extent permitted by applicable law.

Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,

I certify that, using due care, I know of no misstatement of material fact in the Application Materials, and know of no material fact required to be stated in the Application Materials to make the statements made therein not misleading. **Certified by Preparer,**

This 15th day of April 2019

This 15th day of April , 2019

Name of Applicant: Deerfield Management Company, L.P.

Name of Preparer: Deerfield Management Company, L.P.

Signatory: James E. Flynn

Signatory: Jonathan Isler

Title of Signatory: Managing Partner

Title of Signatory: Chief Financial Officer

Signature: _____

Signature: _____

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: Deerfield Innovation Hub			
Project Location (describe, and attach a location map): 345 Park Avenue South New York, NY			
Brief Description of Proposed Action: Deerfield intends to acquire the existing building at the Project Location and to furnish and equip it in order to house incubated companies in the life sciences and related research industry.			
Name of Applicant or Sponsor: James E. Flynn		Telephone: [REDACTED]	
		E-Mail: [REDACTED]	
Address: 780 Third Avenue 37th Floor			
City/PO: New York		State: NY	Zip Code: 10017
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: Note that the Applicant and affiliates are in discussions with NYC EDC about other LifeSci grants			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		0.47 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0.47 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: James E. Flynn JONATHAN ISLER Date: 2/1/19		
Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT