

**NYCIDA PROJECT COST/BENEFIT ANALYSIS**  
**September 19, 2019**

**APPLICANT**

**Bedford EMR Holdings, LLC**  
7 Skillman Avenue  
Brooklyn, NY 11205

**PROJECT LOCATION**

744 Bedford Avenue  
Brooklyn, NY 11205

**A. Project Description:**

Bedford EMR Holdings, LLC, a New York limited liability company that is a mixed-use real estate developer or an affiliated company (“Bedford”). Bedford seeks financial assistance in connection with the renovation, furnishing and equipping of an approximately 36,054 square foot retail condominium unit (the “Facility”) to be located within an approximately 140,820 square foot mixed-use facility located on an approximately 21,063 square foot parcel of land at 744 Bedford Avenue, Brooklyn, New York 11205. The Facility is owned by Bedford and will be leased to Evergreen Bedford LLC d/b/a Evergreen Kosher Market, a New York limited liability company or another supermarket operator for use as a full-service kosher supermarket.

Total project costs are estimated to be \$1,338,000 with \$100,000 in construction soft costs, \$1,200,000 for furnishings, fixtures, machinery and equipment and \$38,000 for closing costs.

The Company expects to add 109 full-time equivalent jobs over the next three years as a result of the project.

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

|   |                    |
|---|--------------------|
| Mortgage Recording Tax Benefit:         | \$21,125           |
| Land Tax Abatement (NPV, 25 years):     | 736,847            |
| Building Tax Exemption (NPV, 25 years): | 4,175,464          |
| Sales Tax Exemption:                    | 55,800             |
| <b>Total Cost to NYC</b>                | <b>\$4,989,236</b> |

**C. Benefit to City from Operations and**

**Renovation** (Estimated NYC direct and indirect taxes to be generated by Company) (estimated NPV 25 years @ 6.25%): **\$6,027,328**

**D. Benefit to City from Jobs to be Created**

(Estimated NYC direct and indirect taxes to be generated by Company) (estimated NPV 25 years @ 6.25%): **\$13,457,901**



Food Retail Expansion to Support Health

# FRESH 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"): Bedford EMR Holdings LLC  | Name of operating company (if different from Applicant):   |
| Operating company Address: 7 Skillman Street, Brooklyn, NY 11205  | Website address: N/A   |
| EIN #: [REDACTED]   | NAICS Code:  |
| State and date of incorporation or formation: NY, 12/15/2015  | 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 type="checkbox"/> Limited Partnership   |
| <input checked="" type="checkbox"/> Limited Liability Company   | <input type="checkbox"/> Natural Person  |
|   | <input type="checkbox"/> Business Corporation  |
|   | <input type="checkbox"/> S Corporation   |
| Is the Applicant publicly traded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |  |
| Is the 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 <sup>1</sup>                |
|--------------------------|-------------------|--|---|------------|------------|-------------------------------------|
| Applicant Contact Person | Mendel Roth       | Bedford EMR Holdings, LLC                          | 7 Skillman Street, Brooklyn, NY 11205                                     | [REDACTED] | [REDACTED] | <input type="checkbox"/>            |
| Attorney                 | Brett Gottlieb    | Tuchman, Korngold, Weiss, Liebman & Lindemann, LLP | 6 East 45 <sup>th</sup> Street, 7 <sup>th</sup> Floor, New York, NY 10017 | [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> |
| Accountant               | Joshua Silberberg | Zell and Ettinger                                  | 3001 Avenue M Brooklyn, NY 11210  | [REDACTED] | [REDACTED] | <input type="checkbox"/>            |
| Consultant/Other         |                   |  |   |            |            | <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       | \$  |
| Sales Tax Waiver               | \$  |
| Mortgage Recording Tax Benefit | \$  |

## D. APPLICANT BACKGROUND

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

<sup>1</sup> Please select the individual to whom questions should be directed and who may speak on behalf of the Applicant.

## E. PROPOSED PROJECT ACTIVITIES

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

Bedford EMR Holdings, LLC is supermarket developer. Applicant is seeking financial assistance in connection with the construction, furnishing and equipping of a 36,054 square foot retail condominium (the "Project") to be located within a 140,820 square foot mixed-use facility on a 21,063 square foot parcel of land at 744 Bedford Avenue (the "Facility"). The Facility will be owned by Bedford EMR Holdings LLC and operated by a partner as a Kosher supermarket. The total development cost for the supermarket portion of the building, which is subject to the Fresh Benefit Application, is approximately \$1.3 million. The anticipated closing date is November 1, 2019. The Project is anticipated to be completed by December 31, 2019.

**Example:** [Applicant Name] ("Applicant") is a [supermarket operator and/or supermarket developer]. Applicant is seeking financial assistance in connection with the [list Project activities, such as acquisition, construction, furnishing, equipping, etc.] of a [ ] square foot [building or retail condominium] (the "Project") [to be located within a [ ] square foot mixed-use facility] on a [ ] square foot parcel of land at [address] (the "Facility"). The Facility will be owned by [Applicant or Holding Company] and operated by [Company Name] as a [Banner] supermarket. The total development 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: 744 Bedford Avenue, Brooklyn, NY 11205   |  | Location # 1 of 1                |
| Borough/Block/Lot: BK/1886/44   | Community Board #: 3                     | Neighborhood: Bedford-Stuyvesant |
| Square footage of land: 21,063  | Square footage of existing building: N/A | Number of Floors: 7              |
| How is the anticipated Project Location currently used and what percentage is currently occupied? Development Site Vacant Land  |  |                                  |
| In the case of relocation, what will happen with the Applicant's current facility? N/A  |  |                                  |
| 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 type="checkbox"/> Yes <input checked="" 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. |  |                                  |
| 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): 11/1/2019  |  |                                  |
| Facility Operations Start Date (as defined in the Policies and Instructions): 11/1/2019   |  |                                  |
| Does the Project involve the construction of a new building or an expansion/renovation of an existing building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |                                  |
| If yes, please 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |                                  |
| Anticipated square footage of Facility after construction and/or renovation: 136,000  |  |                                  |
| Anticipated square footage of <i>non-building improvements</i> after construction and/or renovation (e.g. parking lot construction):  |  |                                  |
| Please describe any <i>non-building improvements</i> on a separate page.  |  |                                  |
| Square feet of grocery space created: 36,050  |  |                                  |
| Percentage of retail space for perishable goods: 32.1%  |  |                                  |
| Square feet of retail space for fresh produce: 5.82%  |  |                                  |
| Are energy efficiency improvements or the installation of a renewable energy system anticipated as part of the Project? <sup>2</sup> Yes  |  |                                  |
| Which of the below statements best reflects your current stage in the contractor procurement process?   |  |                                  |
| <input checked="" type="checkbox"/> A contractor has been selected and the procurement process is complete.   |  |                                  |
| <input type="checkbox"/> The procurement process has begun but a contractor has not been selected. Selection is anticipated by:   |  |                                  |

<sup>2</sup> More information on free energy efficiency advisory services can be found [here](#).

- The procurement process has not begun. Procurement is anticipated to begin by:
- Other:
- Not applicable

**Zoning Information**

Current zoning of Project Location: M1-2/R6a, MX-4

Is a zoning variance or special permit required for the Project to proceed at this 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 subject to a tax lot or condominium apportionment?  Yes  No

If yes, attach a separate page and describe the approvals required, and the anticipated schedule for approval.

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):  Non-Supermarket Retail %  Office %  Restaurant %  Other

26.3 % Residential % For residential use, please describe number of units, % affordable and affordable housing financing 88 Units 0% Affordable

## 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: 12/29/2015 |
| <input checked="" type="checkbox"/> Applicant or an Affiliate leases/expects to lease the Project Location.   |  |
| <input type="checkbox"/> Lease is for an entire building and property.  | (Projected) Lease signing date: 11/19    |
| <input checked="" type="checkbox"/> Lease is for a portion of the building and/or property.   | (Projected) Possession date: 11/19       |
| <input type="checkbox"/> Neither of the above categories fully describes Applicant's interest or intended interest in the Project Location.<br>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: Evergreen Bedford LLC                      | Address of Affiliate:                        |
| Affiliate is (check one of the following, as applicable):     |  |
| <input type="checkbox"/> General Partnership                  | <input type="checkbox"/> Limited Partnership |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Natural Person      |
| <input type="checkbox"/> Business Corporation                 | <input type="checkbox"/> Other:              |
| <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 |
|---|-----------------------------|----------------------------|
| Equity  | \$                          | %                          |
| Commercial Loan (Bank Name: Sterling National Bank) | \$1,300,000 (\$1.3 Million) | 100%                       |
| New York City Public Funds                          | \$                          | %                          |
| Source:   | \$                          | %                          |
| Source:   | \$                          | %                          |
| New York State Public Funds                         | \$                          | %                          |
| Other:  | \$                          | %                          |
| <b>Total</b>  | <b>\$</b>                   | <b>100%</b>                |

2. Mortgage amount on which tax is levied (exclude SBA 504 financing<sup>3</sup>): 36,400
3. Anticipated closing date between the Issuer and the Project Company: 11/1/2019
4. **Uses of Financing.** Provide amounts as aggregates for all Project Locations

| Uses  | Total Amount | Percent of Total Financing |
|---|--------------|----------------------------|
| <b>Land and Building Acquisition</b>  | \$           | %                          |
| <b>Construction Hard Costs</b><br>(i.e. site excavation, building materials, labor, landscaping, construction materials, etc.)  | \$           | %                          |
| <b>Construction Soft Costs</b><br>(i.e. pre-planning, legal, financing, design, etc.)   | \$100,000    | 7.47%                      |
| <b>Furnishings, Fixtures, &amp; Equipment (FF&amp;E) and Machinery &amp; Equipment (M&amp;E)</b><br>(i.e. generators, desks, chairs, electronic equipment, specialized manufacturing equipment, assembly equipment, etc.) | \$1,200,000  | 89.68%                     |
| FF&E purchased in NYC   | \$250,000    |                            |
| M&E purchased in NYC  | \$950,000    |                            |
| <b>Closing Fees</b> (costs associated the execution of deal, i.e. debt service reserve fund, financing fees, loan origination fees, attorney fees, pre-payment penalties, etc.)   | \$38,000     | 2.84%                      |
| <b>Other (please describe):</b>   | \$           | %                          |
| <b>Total</b>  | \$1,338,000  | 100%                       |

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

4b. Indicate anticipated budgeting of Soft Costs:      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 the 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

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.

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.

| A<br>Job Category         | B<br># of NYC jobs retained by Project | C<br># of jobs to be added in each year at Project Location in first 3 years of operation to be employed by Applicant |                 |                 | D<br>Total # of Jobs at Project Location in first 3 years of operation (Sum of all Columns B and C) | E<br>Average hourly wage for Year 1 | F<br>Lowest hourly wage for Year 1 | G<br>Average Fringe Benefit for retained jobs | H<br>Average Fringe Benefit for created jobs |
|---------------------------|--|---|-----------------|-----------------|---|-------------------------------------|------------------------------------|---|--|
|                           |  | Year 1:<br>2020   | Year 2:<br>2020 | Year 3:<br>2020 |   |                                     |                                    |   |  |
| FT Executive level        | 0                                      | 0   | 0               | 0               | 0   | \$0                                 |                                    | \$0   | \$0  |
| FT Manager level          | 0                                      | 13  | 2               | 2               | 17  | \$42.89                             | \$15.00                            | \$0   | \$0  |
| FT Staff level            | 0                                      | 77  | 7               | 8               | 92  | \$18.83                             |                                    | \$0   | \$0  |
| <b>Total FT Employees</b> | <b>0</b>                               | <b>90</b>   | <b>9</b>        | <b>10</b>       | <b>109</b>  | <b>\$22.31</b>                      | <b>\$15.00</b>                     | <b>\$0</b>                                    | <b>\$0</b>                                   |

<sup>3</sup> 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.

|                    |   |   |   |   |   |    |    |     |     |
|--------------------|---|---|---|---|---|----|----|-----|-----|
| Total PT Employees | 0 | 0 | 0 | 0 | 0 | \$ | \$ | \$0 | \$0 |
|--------------------|---|---|---|---|---|----|----|-----|-----|

2. Of the Total Jobs at Project Location in Column D, how many employees are/will be NYC residents?
3. Does the Project currently have, or anticipate having, contract or vendor employees<sup>4</sup> at the Project Location?  Yes  No
4. 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.), including amounts for different employee titles.
5. Will the 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](#)".
6. Is the 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.<sup>5</sup>
7. Will the Project use an apprenticeship program approved by the New York State Department of Labor?  Yes  No

## J. LABOR

The Applicant and its Affiliates hereinafter will be referred to collectively as the "Companies" or individually as a "Company." If none of the following questions apply 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. Have 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. Have 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. Have 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

<sup>4</sup> 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.

<sup>5</sup>Information on the Paid Sick Leave Law can be found: [here](#)

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

- Has the Applicant, Affiliate(s), Principal(s), or any close relative of the 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- In the table below, provide contact information for the 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 Inventory |
|-----------------|----------------|--------------------------------------|--------------------------|-------|-----|-------|----------------|
| Major Suppliers |                |                                      |                          |       |     |       | %              |
|                 |                |                                      |                          |       |     |       | %              |
| Unions          |                |                                      |                          |       |     |       |                |
| Banks           | Apple Bank     | 414 Flushing Ave, Brooklyn, NY 11205 | Katarzyna Schwartz       |       |     |       |                |
|                 | Signature Bank | 97 Broadway, Brooklyn, NY 11249      | Elzbieta (Liz) Karwowska |       |     |       |                |

## L. ANTI-RAIDING

- 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):
- 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 the 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 in a separate document.

## 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. SUPERMARKET DEVELOPMENT & OPERATIONS

1. Will the Project Location participate in the Supplemental Nutrition Assistance Program ("SNAP")?  Yes  No  
 If "No," please describe why:
2. Will the Project Location participate in the Special Supplemental Nutrition Program for Women, Infants and Children ("WIC")?  Yes  No  
 If "No," please describe why:
3. Please describe the Applicant pricing strategy for Project Location and Affiliate track record of success operating supermarkets in other New York City neighborhoods

4. Will the Project Location participate in any other community-focused programs or partnerships (e.g. senior discounts, cooking demonstrations, volunteer days, etc.)?  Yes  No

If "Yes," please describe each activity and its frequency (e.g. daily senior discounts, weekly healthy cooking demonstrations, etc.):

5. Do Applicant and/or its Affiliates own and/or operate other supermarkets or supermarket-related businesses in New York City?  
 Yes  No

If "Yes," please complete the following table and add rows as needed:

| Store & Company Name | Address | Size (sf) | Years in Operation | Owned or Leased |
|----------------------|---------|-----------|--------------------|-----------------|
|                      |         |           |                    |                 |
|                      |         |           |                    |                 |
|                      |         |           |                    |                 |

6. Do the Applicant and/or its Affiliates own and/or operate any other businesses in New York City?  Yes  No

If "Yes", please describe the nature of business and years in operation:

7. Has the Project Location been approved for/is currently seeking FRESH Zoning benefits?  Yes  No

If "Yes", please describe the applicable FRESH Zoning benefits (i.e. additional development rights, reduction in required parking, larger as-of-right in M1), primary applicant company, and anticipated schedule for approval:

## O. ADDITIONAL QUESTIONS

1. How does the Applicant intend to utilize the tax savings provided through the NYCIDA?



2. What are the primary sources of revenue supporting Applicant's operations?
3. If the Applicant's income statement categorizes any revenues as "Other operating revenues," describe what revenues are captured in that category:  
 N/A
4. 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, the 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 the 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 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 the 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 14 day of July, 2014

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name of Applicant: REMUEL NOUTH

Name of Preparer: \_\_\_\_\_

Signatory: [Signature]

Signatory: \_\_\_\_\_

Title of Signatory: \_\_\_\_\_

Title of Signatory: \_\_\_\_\_

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.

| <b>Part 1 - Project and Sponsor Information</b>  |  |                       |                                 |
|--|--|-----------------------|---------------------------------|
| Name of Action or Project:<br>Bedford EMR Holdings, LLC  |  |                       |                                 |
| Project Location (describe, and attach a location map):<br>744 Bedford Avenue, Brooklyn, NY 11205  |  |                       |                                 |
| Brief Description of Proposed Action:<br>Development of a supermarket retail condominium   |  |                       |                                 |
| Name of Applicant or Sponsor:<br>Bedford EMR Holdings, LLC   |  | Telephone: [REDACTED] |                                 |
|  |  | E-Mail: [REDACTED]    |                                 |
| Address:<br>7 Skillman Avenue  |  |                       |                                 |
| City/PO:<br>Brooklyn   |  | State:<br>NY          | Zip Code:<br>11205              |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?<br>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<br><input type="checkbox"/>  |
|  |  |                       | YES<br><input type="checkbox"/> |
| 2. Does the proposed action require a permit, approval or funding from any other governmental Agency?<br>If Yes, list agency(s) name and permit or approval:   |  |                       | NO<br><input type="checkbox"/>  |
|  |  |                       | YES<br><input type="checkbox"/> |
| 3.a. Total acreage of the site of the proposed action?   |  | 0.48 acres            |                                 |
| b. Total acreage to be physically disturbed?   |  | 0.48 acres            |                                 |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?   |  | 0.48 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 checked="" 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,<br>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?<br>If Yes, identify: <u>Brownfield (remediated)</u>  | NO                                  | YES                                 |                          |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels?  | NO                                  | YES                                 |                          |
|   | <input type="checkbox"/>            | <input checked="" 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?<br>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?<br><br>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?<br><br>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?<br>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:<br><input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional<br><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?<br>If Yes,<br>a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES  | NO                                  | YES                                 |                          |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?<br>If Yes, briefly describe: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES<br><u>detention tank in the cellar</u>   |                                     |                                     |                          |

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| 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)?<br>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?<br>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?<br>If Yes, describe: <u>Brownfields (remediated)</u>                   | NO                                  | YES                                 |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  |                                     |                                     |
| Applicant/sponsor name: <u>Bedford EMR Holdings LLC</u>   | Date: <u>9/5/18</u>                 |                                     |
| Signature: <u>[Signature]</u>   |                                     |                                     |

**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 checked="" type="checkbox"/> | <input type="checkbox"/>           |
| 2. Will the proposed action result in a change in the use or intensity of use of land?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>           |
| 3. Will the proposed action impair the character or quality of the existing community?   | <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>           |
| 7. Will the proposed action impact existing:   |                                     |                                    |
| a. public / private water supplies?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>           |
| b. public / private wastewater treatment utilities?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>           |
| 8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?                                   | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>           |
| 11. Will the proposed action create a hazard to environmental resources or human health?                        | <input checked="" 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 checked="" 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.   |
| NYC IDA   | 8/6/19   |
| _____<br>Name of Lead Agency                                      | _____<br>Date  |
| SHARON TEPPER   | AVP  |
| _____<br>Print or Type Name of Responsible Officer in Lead Agency | _____<br>Title of Responsible Officer  |
| <i>Sharon Tepper</i>  |  |
| _____<br>Signature of Responsible Officer in Lead Agency          | _____<br>Signature of Preparer (if different from Responsible Officer)   |

**PRINT**