

Core Application – Applicant General Information

The Core Application captures specific and general information about the applicant and the Project. This section begins with a survey of "General Information," followed by a section that describes the Applicant's interest or relationship to the project site. This helps establish eligibility and which benefits will be applied to the project.

Name: Comprehensive Care Management Corporation
Address: 612 Alterton Avenue, Bronx, NY 10467
Phone Number(s) [REDACTED]
Fax Numbers(s) [REDACTED]
E-mail Address: saldrich@bethabe.org
Website Address: www.comprehensivecaremanagement.com
Applicant EIN Number: [REDACTED]
S.I.C. Code:
NAICS Code:

Date of Application: August 11, 2003

1. Applicable Program (please check one):

- Not-for-Profit 501(c)(3) Civic Facility Bond Program
 Pooled Bond Programs

2. Officer of Applicant serving as contact person:

Name: Michael M. Bialek, Second Asst. Treasurer Firm: Comprehensive Care Management Corporation
Phone # [REDACTED] Fax#: [REDACTED]
E-mail Address: [REDACTED] Address: 2540 Barker Avenue, Bronx, NY 10467

3. Attorney of Applicant:

Name: Melinda Poon Firm: Carter, Ledyard & Milburn
Phone # [REDACTED] Fax#: [REDACTED]
E-mail Address: [REDACTED] Address: 2 Wall Street, New York, NY 10005

4. Accountant of Applicant:

Name: Jesse Frommer Firm: Loeb & Troper
Phone # [REDACTED] Fax#: [REDACTED]
E-mail Address: [REDACTED] Address: 655 Third Avenue, New York, NY 10017

5. Other Advisor/Consultant to Applicant (if applicable):

Name: _____ Firm: _____
Phone # _____ Fax#: _____
E-mail Address: _____ Address: _____

6. Applicant is (check one of the following, as applicable):

501(c)(3) Organization Limited Liability Company

Other (specify): _____

7. Applicant's state of incorporation or formation: New York

8. Applicant's date of incorporation or formation: October 23, 1990

9. States in which Applicant is qualified to do business: New York

10. Please provide a brief description of Applicant and nature of its operations:

Comprehensive Care Management Corporation (CCMC or CCM) was initiated by Beth Abraham Health Services (BAHS) in 1985 in an effort to bring to the New York City (NYC) area the model of care (Program of All-Inclusive Care for the Elderly – PACE) originally developed by On Lok Health Services for San Francisco.

CCMC is the PACE entity. It is not a direct provider of health services, instead, it contracts with various entities to provide health care services for its participants. Primary and subspecialty medical services are provided through CCM's Diagnostic and Treatment Centers and through contracted community physicians. Participants attend our day health or PACE Centers on average about two days per week, where they join in social, recreational and educational programs, and receive numerous services. CCM contracts for day center and home care services with Beth Abraham's Long Term Home Health Care Program. Hospitalization is provided through contract arrangements with selected facilities, and ambulette transportation is contracted to provide transport for participants to PACE centers and health-related services.

Core Application – Applicant Interest in Project Realty

Please note: An "Affiliate" means any individual, corporation, partnership, joint venture, sole proprietorship, limited liability company, trust or other entity that controls, is controlled by, or is under common control with the Applicant or the "SPE" (defined herein below).

1. Please check all that apply:

- Applicant or an Affiliate is the fee simple owner of the Project realty.
- Applicant or an Affiliate is not currently, but expects to be the fee simple owner of the Project realty.
- Applicant or an Affiliate is not the owner of the Project realty, but is the occupant of a material portion thereof for the conduct of its business pursuant to a lease or other occupancy agreement.
- Applicant or an Affiliate is not the owner of the Project realty, but expects, immediately following the closing, to be the occupant of a material portion thereof for the conduct of its business pursuant to a lease or other occupancy agreement.
- None of the above categories fully describe Applicant and its relation to the Project realty, which may be more accurately described as follows (please provide copies of supporting documentation, as applicable):

THE FOLLOWING LOCATION IS OWNED BY THE APPLICANT:

11-40 SENECA AVENUE, RIDGEWOOD, QUEENS, NY (SEE ATTACHED DEED)

THE FOLLOWING LOCATIONS ARE UNDER LONG TERM LEASES:

*216 EAST 99TH ST, NY., NY,

*1920 AMSTERDAM AVE., NY., NY,

*183 CHRYSTIE ST., NY, NY,

*2301-2331 STILLWELL AVE., BKLYN, NY

*COPIES OF FIRST PAGES AND SIGNATURE PAGES OF LEASES ARE ATTACHED. COMPLETE COPIES OF ALL OF THE ABOVE LEASES WERE SUBMITTED AS PART OF THE TAX QUESTIONNAIRE DATED OCTOBER 27, 2005 THAT WAS SUBMITTED TO NIXON PEABODY.

Please note: Please pay particular attention to items 5, 6, and 14 in the Required Documents List (attached), which request additional information specific to the Project realty.

2. If a special-purpose entity ("SPE") that is owned and controlled by the Applicant will own or otherwise control the Project realty, the SPE will be a (check one of the following as applicable):

501(c)(3) Organization Limited Liability Company

Other (specify): N/A

Name of SPE:
Address:
Phone Number(s):
Contact Person:
Title of Contact Person:
Affiliation of SPE to Applicant:
Owners of SPE and each respective ownership share:
SPE EIN Number:

Please note: If information required above for the SPE is unknown at time of Application submission, then please submit any missing information to the NYCIDA as soon as it becomes available.

Employment Questionnaire Addendum

In order to comply with recent revisions to Local Law employment reporting requirements, the Applicant is required to complete and sign this Employment Questionnaire Addendum (the "Addendum"). The Applicant shall also submit an updated Employment Questionnaire and Addendum to NYCIDA at the time of the execution and delivery of the Project Agreement (as defined below) if the employment information submitted with the Application is no longer accurate.

Instructions:

The Applicant shall submit with its Application one Employment Questionnaire and Addendum that covers (i) the Applicant and its Affiliates and (ii) Tenants and subtenants of Tenants. Each Tenant must complete a copy of the Employment Questionnaire and Addendum with respect to itself and any of its subtenants and return it to the Applicant (and the Applicant shall retain such reports for a period of not less than six (6) years). Certain capitalized terms used herein and in the Employment Questionnaire are defined below (and the definitions of certain terms defined below shall supersede the definitions of such terms set forth in the Employment Questionnaire).

- Please provide the total number of employees in each category that will be employed at the Project Location(s) by the Applicant and its Affiliates and any Tenants and subtenants of Tenants on or about the date of the Project Agreement:

Permanent Full-time Employees:	<u>80%</u>	Non-Permanent Full-time Employees:	-
Permanent Part-time Employees:	<u>20%</u>	Non-Permanent Part-time Employees:	-
Full-time Equivalent Employees:	<u>29</u>	Contract Employees:	<u>2</u>

- With respect to item 8 of the Employment Questionnaire, please include projected employment of the Applicant and its Affiliates.
- Please estimate the total number of Full-time Equivalent Employees and Contract Employees that will be employed (both retained and created jobs) at the Project Location(s) by the Applicant and its Affiliates and any Tenants and subtenants of Tenants on June 30th of the next seven (7) years following the date hereof:

	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th year
Full-time Equivalent Employees	SEE	ATTACHED					
Contract Employees	SEE	ATTACHED					

Definitions:

"Affiliate" is (i) a business entity in which more than fifty percent is owned by, or is subject to a power or right of control of, or is managed by, an entity which is a party to a Project Agreement, or (ii) a business entity that owns more than fifty percent of an entity which is a party to a Project Agreement or that exercises a power or right of control of such entity.

"Applicant" includes any entity that will be a party to a Project Agreement.

"Contract Employee" is a person who is an independent contractor (i.e., a person who is not an "employee"), or is employed by an independent contractor (an entity other than the Applicant or its Affiliate, a Tenant or a subtenant of a Tenant), who will provide services at a Project Location.

"Financial Assistance" is any of the following forms of financial assistance received from or at the direction of NYCIDA and/or NYCEDC: a loan, grant, tax benefit and/or energy benefit pursuant to the Business Incentive Rate (BIR) program or New York City Public Utility Service (NYCPUS) program.

"Full-time Employee" is an employee who will work at least 35 hours per week at a Project Location.

"Full-time Equivalent Employee" is two or more Part-time Employees who collectively will work at least 35 hours per week at a Project Location.

"Part-time Employee" is an employee who will work less than 35 hours per week at a Project Location.

"Project Agreement" is any agreement or instrument pursuant to which an entity will receive Financial Assistance from or at the direction of NYCIDA or NYCEDC.

"Project Location" is any location (a) with regard to which Financial Assistance will be provided to the Applicant and/or its Affiliates, or (b) that is or will be occupied by the Applicant and/or its Affiliates at which such entities have employees who will be eligible to be reported per the terms of the Project Agreement with the Applicant and/or its Affiliates.

"Tenant" is a tenant or subtenant (excluding the Applicant and its Affiliates) that will lease or sublease facilities from the Applicant or its Affiliate at any Project Location.

REPLY TO QUESTION 3 (Page 1)

	1	2	3	4	5	6	7
Stillwell:							
Full-time Equivalent Employees	17	35	55	55	55	55	55
Contract Employees	1	2	5	5	5	5	5
Franklin:							
Full-time Equivalent Employees	12	25	30	30	30	30	30
Contract Employees	1	2	3	3	3	3	3
East 99th:							
Full-time Equivalent Employees	17	35	55	55	55	55	55
Contract Employees	1	2	5	5	5	5	5
Amsterdam:							
Full-time Equivalent Employees	19	50	65	65	65	65	65
Contract Employees	1	2	5	5	5	5	5
Seneca:							
Full-time Equivalent Employees	10	30	55	55	55	55	55
Contract Employees	0	1	5	5	5	5	5
Chrystie:							
Full-time Equivalent Employees	15	35	55	55	55	55	55
Contract Employees	1	2	5	5	5	5	5

Certification:

I, the undersigned, an authorized officer or principal owner of the Applicant/Affiliate/Tenant, hereby certify to the best of my knowledge and belief, that all information contained in this report is true and complete. This form and information provided pursuant hereto may be disclosed to the New York City Economic Development Corporation ("NYCEDC") and New York City Industrial Development Agency ("NYCIDA") and may be disclosed by NYCEDC and NYCIDA in connection with the administration of the programs of NYCEDC and/or NYCIDA and/or the City of New York; and, without limiting the foregoing, such information may be included in (x) reports prepared by NYCEDC pursuant to New York City Charter Section 1301 et. seq., (y) other reports required of NYCIDA or NYCEDC, and (z) any other reports or disclosure required by law.

Name of Entity: Comprehensive Care Management Corporation

By: **Printed Name of Signer:** Michael M. Bialek

Title of Signer: Second Assistant Treasurer

Signature: 

Date: 11.3.05

Core Application – Project Description and Financial Information

Please complete this section of the Application for each of the Project sites, defined as a facility (perhaps encompassing more than one address and/or block and lot) with either a distinct employment base (as evidenced through D.O.L. reporting) or with a separate and distinguishable source of funding for the acquisition, renovation, or construction of the facility. If more than one site exists for this Project, please make the requisite number of copies of this section and fill it out for each site.

Site# 2301-2331 Stillwell Avenue, Brooklyn, NY
Borough: Brooklyn
Neighborhood: Gravesend
Block(s): 7160
Lot(s): 1
Street address and zip code: 2301-2331 Stillwell Ave., Brooklyn, NY 11223
Zoning: Commercial
Square footage of land: 11,000
Square footage of existing building(s): 9,000
Number of floors: 2
Intended use(s) (e.g., office, retail, etc.): Social Day Health Center

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project:

This Project is a managed care program, established under Federal Legislation. It will provide participants with health care and rehabilitative services as well as social, recreational, and educational programs for a frail elderly, medicaid eligible population.

b. When does Applicant want Closing to occur (i.e., when does Applicant want the proceeds from the Bonds or other benefits sought to be available for the Project costs)? December 15, 2005

c. Indicate the estimated date for commencement of the Project: August 15, 2003

d. Indicate the estimated date for completion of the Project: October 8, 2004

e. Is the Project site located in a New York State Empire Zone?

Yes No

If Yes, which zone?

f. Is the project site located in the Federal Empowerment Zone?

Yes No

g. Will the Project require Uniform Land Use Review Procedure ("ULURP") approval?

Yes No

h. Will the Project require any other special permit or approval?

Yes No

If Yes, please explain:

Core Application – Project Description and Financial Information

Please complete this section of the Application for each of the Project sites, defined as a facility (perhaps encompassing more than one address and/or block and lot) with either a distinct employment base (as evidenced through D.O.L. reporting) or with a separate and distinguishable source of funding for the acquisition, renovation, or construction of the facility. If more than one site exists for this Project, please make the requisite number of copies of this section and fill it out for each site.

Site# 1920 Amsterdam Avenue, New York, NY
Borough: Manhattan
Neighborhood: North Harlem
Block(s): 2114
Lot(s): 35
Street address and zip code: 1920 Amsterdam Avenue, New York, NY 10032
Zoning: Residential
Square footage of land: 12,100
Square footage of existing building(s): 10,780
Number of floors: 8
Intended use(s) (e.g., office, retail, etc.): Social Day Health Center

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project:

This Project is a managed care program, established under Federal Legislation. It will provide participants with health care and rehabilitative services as well as social, recreational, and educational programs for a frail elderly, medicaid eligible population.

b. When does Applicant want Closing to occur (i.e., when does Applicant want the proceeds from the Bonds or other benefits sought to be available for the Project costs)? December 15, 2005

c. Indicate the estimated date for commencement of the Project: June 9, 2005

d. Indicate the estimated date for completion of the Project: May 2006

e. Is the Project site located in a New York State Empire Zone?

Yes No

If Yes, which zone?

f. Is the project site located in the Federal Empowerment Zone?

Yes No

g. Will the Project require Uniform Land Use Review Procedure ("ULURP") approval?

Yes No

h. Will the Project require any other special permit or approval?

Yes No

If Yes, please explain:

Core Application – Project Description and Financial Information

Please complete this section of the Application for each of the Project sites, defined as a facility (perhaps encompassing more than one address and/or block and lot) with either a distinct employment base (as evidenced through D.O.L. reporting) or with a separate and distinguishable source of funding for the acquisition, renovation, or construction of the facility. If more than one site exists for this Project, please make the requisite number of copies of this section and fill it out for each site.

Site# 183 Chrystie Street, New York, NY
Borough: Manhattan
Neighborhood: SoHo
Block(s): 426
Lot(s): 35
Street address and zip code: 183 Chrystie Street, New York, NY 10002
Zoning: Commercial
Square footage of land: 10,500
Square footage of existing building(s): 10,000
Number of floors: 2
Intended use(s) (e.g., office, retail, etc.): Social Day Health Center

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project:

This Project is a managed care program, established under Federal Legislation. It will provide participants with health care and rehabilitative services as well as social, recreational, and educational programs for a frail elderly, medicaid eligible population.

b. When does Applicant want Closing to occur (i.e., when does Applicant want the proceeds from the Bonds or other benefits sought to be available for the Project costs)? December 15, 2005

c. Indicate the estimated date for commencement of the Project: June 30, 2005

d. Indicate the estimated date for completion of the Project: April 2006

e. Is the Project site located in a New York State Empire Zone?

Yes No

If Yes, which zone?

f. Is the project site located in the Federal Empowerment Zone?

Yes No

g. Will the Project require Uniform Land Use Review Procedure ("ULURP") approval?

Yes No

h. Will the Project require any other special permit or approval?

Yes No

If Yes, please explain:

Core Application – Project Description and Financial Information

Please complete this section of the Application for each of the Project sites, defined as a facility (perhaps encompassing more than one address and/or block and lot) with either a distinct employment base (as evidenced through D.O.L. reporting) or with a separate and distinguishable source of funding for the acquisition, renovation, or construction of the facility. If more than one site exists for this Project, please make the requisite number of copies of this section and fill it out for each site.

Site# 216 East 99th Street, New York, NY

Borough: Manhattan

Neighborhood: George Washington Houses

Block(s): 1647

Lot(s): 1

Street address and zip code: 216 East 99th Street, New York, NY 10029

Zoning: Residential

Square footage of land: 12,500

Square footage of existing building(s): 10,780

Number of floors: 8

Intended use(s) (e.g., office, retail, etc.): Social Day Health Center

1. Please provide the following Project Information:

a. Please provide a brief description of the proposed Project:

This Project is a managed care program, established under Federal Legislation. It will provide participants with health care and rehabilitative services as well as social, recreational, and educational programs for a frail elderly, medicaid eligible population.

b. When does Applicant want Closing to occur (i.e., when does Applicant want the proceeds from the Bonds or other benefits sought to be available for the Project costs)? December 15, 2005

c. Indicate the estimated date for commencement of the Project: January 10, 2005

d. Indicate the estimated date for completion of the Project: October 2005

e. Is the Project site located in a New York State Empire Zone?

Yes No

If Yes, which zone?

f. Is the project site located in the Federal Empowerment Zone?

Yes No

g. Will the Project require Uniform Land Use Review Procedure ("ULURP") approval?

Yes No

h. Will the Project require any other special permit or approval?

Yes No

If Yes, please explain:

Core Application – Project Description and Financial Information

Please complete this section of the Application for each of the Project sites, defined as a facility (perhaps encompassing more than one address and/or block and lot) with either a distinct employment base (as evidenced through D.O.L. reporting) or with a separate and distinguishable source of funding for the acquisition, renovation, or construction of the facility. If more than one site exists for this Project, please make the requisite number of copies of this section and fill it out for each site.

Site# 11-40 Seneca Avenue
Borough: Queens
Neighborhood: Ridgewood
Block(s): 3568
Lot(s): 60
Street address and zip code: 11-40 Seneca Avenue, Ridgewood, Queens, NY 11358
Zoning: Commercial/Manufacturing
Square footage of land: 12,500
Square footage of existing building(s): 7,500
Number of floors: 1
Intended use(s) (e.g., office, retail, etc.): Social Day Health Center

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project:

This Project is a managed care program, established under Federal Legislation. It will provide participants with health care and rehabilitative services as well as social, recreational, and educational programs for a frail elderly, medicaid eligible population.

b. When does Applicant want Closing to occur (i.e., when does Applicant want the proceeds from the Bonds or other benefits sought to be available for the Project costs)? December 15, 2005

c. Indicate the estimated date for commencement of the Project: February 1, 2006

d. Indicate the estimated date for completion of the Project: November 15, 2006

e. Is the Project site located in a New York State Empire Zone?

Yes No

If Yes, which zone?

f. Is the project site located in the Federal Empowerment Zone?

Yes No

g. Will the Project require Uniform Land Use Review Procedure ("ULURP") approval?

Yes No

h. Will the Project require any other special permit or approval?

Yes No

If Yes, please explain: ULURP and Special Permitted granted September 12, 2005.

i. Is any governmental entity intended or proposed to be an occupant at the Project site?

Yes No

If Yes, please provide details:

j. Will the Project require a tax lot apportionment or subdivision? (Tax lot apportionment will be required for real estate tax benefits to commence.)

Yes No

If Yes, please provide details:

2. Please complete the following summary of Project sources and uses: **SEE ATTACHED**

Uses of Funds		Sources of Funds	
Land acquisition ¹		Bonds	
Building acquisition		Loan (1)	
New construction ²		Loan (2)	
Renovations		Capital campaign	
Fixed tenant improvements		Affiliate/employee loans	
Machinery, equipment and/or furnishings		Company funds	
Refinancing of Existing Debt		Fund balance	
Soft costs (define)		Other equity (explain)	
Debt Service Reserve Fund		Other (explain)	
Capitalized interest		Other (explain)	
Other (explain)		Other (explain)	
Total Project Uses		Total Project Sources	

3. Please list where machinery and equipment will be purchased and what percentage of total machinery and equipment relating to the Project this will represent:

<input checked="" type="checkbox"/> New York City	Percentage of Total?	<u>69.6%</u>
<input checked="" type="checkbox"/> New York State (excluding NYC)	Percentage of Total?	<u>15.4%</u>
<input checked="" type="checkbox"/> United States (excluding NY State)	Percentage of Total?	<u>15%</u>
<input type="checkbox"/> Outside United States	Percentage of Total?	<u> </u>

¹ Please estimate Land and Building acquisition costs separately if possible.

² Please define New Construction on a separate piece of paper.

Page 6 # 2 Summary of Project Sources and Uses

	<u>All Projects</u>	<u>9th St</u>	<u>Stillwell</u>	<u>Amsterdam</u>	<u>Chrystie</u>	<u>Franklin</u>	<u>Seneca</u>
Land & Building(acquis)	1,084,000						1,084,000
Leasehold Improvements	12,091,963	2,102,809	2,275,500	1,920,116	2,863,000	918,100	2,012,438
Architect/engineering	1,200,000	225,000	155,000	235,000	275,000	85,000	225,000
Machinery/Equip	2,595,399	440,000	342,774	440,000	440,000	491,100	441,525
Fees/Other Soft Costs	215,000	35,000	35,000	35,000	35,000	30,000	45,000
DSRF	17,186,362	2,802,809	2,808,274	2,630,116	3,613,000	1,524,200	3,807,963
	<u>1,374,909</u>	<u>224,225</u>	<u>224,662</u>	<u>210,409</u>	<u>289,040</u>	<u>121,936</u>	<u>304,637</u>
	<u>18,561,271</u>	<u>3,027,034</u>	<u>3,032,936</u>	<u>2,840,525</u>	<u>3,902,040</u>	<u>1,646,136</u>	<u>4,112,600</u>
COI	<u>890,941</u>	145,084	145,364	136,225	186,647	79,572	198,049
Miscel	<u>101,365</u>	<u>16,500</u>	<u>16,500</u>	<u>15,600</u>	<u>21,500</u>	<u>9,000</u>	<u>22,265</u>
Total Project Costs	19,553,577	3,188,618	3,194,800	2,992,350	4,110,187	1,734,708	4,332,914
Bonds	18,229,977	3,059,018	2,750,800	2,867,350	3,755,187	1,624,708	4,172,914
Fund Balance	1,323,600	129,600	444,000	125,000	355,000	110,000	160,000
Total Project Sources	19,553,577	3,188,618	3,194,800	2,992,350	4,110,187	1,734,708	4,332,914

Core Application – Background Information on Applicant & Applicant's Affiliates

Please note: "Principal" means the following with respect to the Applicant and/or the SPE: all persons (entities or individuals) that control the Applicant and/or the SPE, and/or own more than 10 percent of either; all executive officers; all directors (except that for not-for-profits, "directors" will be limited to the chair and any director who is also an employee); and all members and general partners for, respectively, limited liability companies and partnerships.

Please answer the following questions and, if necessary, include additional information as an attachment:

1. Has Applicant, or any Affiliate or Principal, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of discretionary benefit from any local, state or federal governmental entity or agency, or any public authority or public benefit corporation, or any local development corporation?

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

Please note: local, state, and federal governmental entities or agencies, public authorities or public benefit corporations, and local development corporations, shall be referred to as "Public Entit(y)(ies)."

2. Has Applicant, or any Affiliate or Principal, or any existing or proposed occupant at the Project site, obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA?

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

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

Yes No If Yes, please 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, please 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.)? Please include mortgage loans and other loans taken in the ordinary course of business only if in default.

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

6. Has the 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, please provide details on an attached sheet.

Please answer the following questions relating to the Applicant (if the space provided below is insufficient, please provide complete information on an attached sheet):

7. List major customers:

Company Name	Address	Contact	Phone	Percent of Revenues
SEE ATTACHED				

REPLY TO QUESTION #1 (Page 7 - Core Application)

ENTITY	DATE	AMOUNT	PURPOSE
New York City Industrial Development Agency	June 20, 1996	\$4,640,000.00	Renovation of: 668 Allerton Avenue Bronx, NY And 375 Grand Street New York, NY
New York City Industrial Development Agency	November 1, 1998	\$1,885,000.00	Purchase of: 668 Allerton Avenue Bronx, NY
New York City Industrial Development Agency	July 1, 1998	\$4,760,000.00	Purchase and Renovation of: 2401 White Plains Rd. Bronx, NY
Primary Care Development Corporation	November 18, 2003	\$1,008,550.00	Renovation of: 1519 Mermaid Ave. Brooklyn, NY
Primary Care Development Corporation	1996	\$ 252,138	Grant for: 1519 Mermaid Avenue
			Grant

REPLY TO QUESTION #7 (Page 7 – Core Application)

LIST OF MAJOR CUSTOMERS:

THE "CUSTOMERS" THAT WILL BE SERVED WITH THE OPENING OF THESE CENTERS ARE LOW-INCOME, MEDICAID ELEGIBLE RECIPIENTS.

8. List major Funding Sources:

Company	Address	Contact	Phone
Centers for Medicare & Medicaid	7500 Security Blvd. Baltimore, Md. 21244-18550	Carolyn Mello	[REDACTED]
N.Y.S. Department of Health Bureau of Manged Care Finance	Corning Tower - Room 1970 Empire State Plaza Albany, NY	Ms. Susan Barth	[REDACTED]

9. List unions (if applicable):

Union Name	Address	Contact	Phone	Contact Expiration
Local 1199		Ian Haynes	[REDACTED]	

10. List Banks:

Bank Name	Address	Contact	Phone	Type of Account
Amalgamated Bank of NY	15 Union Square New York, NY 10003	Robert Levine	[REDACTED]	

11. List licensing authorities, if applicable:

Company Name	Address	Contact	Phone	Percent of Revenues
Department of Health & Human Services Centers for Medicare & Medicaid	7500 Security Blvd. Baltimore, Md. 21244	Carolyn Mello	[REDACTED]	30%
New York State Department of Health	Corning Tower - Rm. 1970 Empire State Plaza Albany, NY	Susan Barth	[REDACTED]	70%

Core Application – Request, Certification, etc.

I, the undersigned officer/member/partner of Applicant, on behalf of Applicant, 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 NYCIDA Board, in order to obtain from the NYCIDA Board an expression of intent to provide the benefits requested herein for the Project. I understand that this expression of intent will take the form of an inducement resolution to be adopted by the Board.

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

I certify to the best of my knowledge and belief that all of the information provided in these Application Materials is accurate, true and correct. 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 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; that the NYCIDA may be required under SEQR to make a determination as to the Project's environmental impact and that in the event the NYCIDA does determine 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; that under the New York State Freedom of Information Law ("FOIL"), the NYCIDA may be required to disclose the Application Materials and the information contained therein (see Disclosure Policy and Procedure); and that, Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials, including (in the case of Bonds) but not limited to payment of the New York State bond issuance fees (if applicable to the Bonds in question) based upon the aggregate principal amount of the Bonds.

I further understand and agree as follows:

That in the event the Application Materials are not submitted to the Board for any reason including negative results obtained through the background check, and/or, with respect to Application Materials that are submitted to the Board, in the event the Board rejects same, then, under either of said circumstances, Applicant shall have no recourse against the NYCIDA or any other public or governmental entity or public benefit corporation (including the NYCEDC), or any directors, officers, employees or agents of the foregoing (collectively, the "Public Participants"), for the Application Fee, or for other expenses incurred by Applicant or other parties on behalf thereof, or for damages or specific performance; and that the Application Fee is under all circumstances (including but not limited to the ones just described and the ones described in the next succeeding paragraph) non-refundable; and

That if the Board adopts an inducement resolution with respect to the request made in the Application Materials, such adoption shall not be deemed a guaranty that the Board will adopt an authorizing resolution, or that the NYCIDA will then provide the induced benefits; and

That Applicant shall indemnify the NYCIDA for fees and disbursements incurred by bond counsel (in the case of a Bond transaction) or by project counsel (in the case of a straight-lease transaction); and that bond counsel or project counsel (as applicable) shall be a third-party beneficiary of this indemnity to the NYCIDA regardless of whether a Closing occurs and if no Closing occurs, regardless of the reason thereafter and regardless of whether a Closing was within or without the control of any of the Public Participants; and

That in the event NYCIDA discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the NYCIDA to make such disclosure and hereby releases the NYCIDA from any claim or action that Applicant may have or might bring against the NYCIDA, its directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the NYCIDA and, if applicable, 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.

I acknowledge and agree that the NYCIDA reserves the 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,

This 7TH day of Nov. , 200 .

Name of Applicant: Comprehensive Care Management Corporation

By: Printed Name of Signer: Michael M. Bialek

Title of Signer: Second Assistant Treasurer

Signature: 