

**SECTION A: FORMS TO COMPLETE**

**APPLICATION COVER PAGE**

**New York City Industrial Development Agency  
Not-for-Profit [501(c)(3)]  
Special Needs Facilities Pooled Program**

*Application date: March 27, 2003*

**Agency's Name: Creative LifeStyles, Inc.**

**Address: 67 Bruckner BLvd. Bronx, New York, NY 10454**

**Contact for this financing: Ann Hill, Executive Director**

**Phone #: [REDACTED] Fax #: [REDACTED]**

**Executive Director: Ann Hill**

*(Type Name)*

*Ann Hill*  
**(Signature)**

**Chief Financial Officer: none**

**Applicant's Attorney: Robert Wakeman Phone: [REDACTED]**

**Address: 39 No. Pearl Street, Albany, NY Fax: [REDACTED]**

**Applicant's Accountant: Joseph Fuller, CPA Phone: [REDACTED]**

**Accountant Address: 328 Flatbush Avenue- Suite 315  
Brooklyn, New York 11238 Fax: [REDACTED]**

**In-House Attorney: Robert Washington, Esq. Phone: [REDACTED]**

**In-House Insurance Broker: Maurice Berger Phone: [REDACTED]**

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**IRS Employer ID #: [REDACTED] SIC Code:**

**NYS Dept. of Labor Number (if applicable): [REDACTED]**

**Applicant's State of Incorporation or Registration: NYS**

**Type of Organization (e.g., private school, human services, etc.)**

**Human Services**

**Brief description of services (e.g., special education, residential, foster care, vocational, etc.)  
We provide services to the developmentally disabled population in Bronx County. The agency provides  
Residential, Case management, In-home services, and Day Habilitation Services.**

(Application Cover, Page 2)

**NOTE: PLEASE FAX THIS PAGE TO IAC IMMEDIATELY UPON COMPLETION:**

<b>Project Address</b>	<b>block &amp; Lot #</b>	<b>square footage</b>	<b>project property cost</b>
Project #: 1 3127 Kingsbridge Terrace Bronx, New York 10462	Block 03257 Lot 0089	Building:1,930 Land: 2262.	\$133,885
Project #: 2 287 East 148 <sup>th</sup> . Street Bronx, New York 10451	Block 02330 Lot 0073	Building:2,500 Land: NA.	\$112,900
Project #: 3 67 Bruckner Blvd. Bronx, New York 10454	Block 2296 Lot 0043	Building:5,120 Land: 2,000.	\$306,253
Project #: 4	Block Lot	Building: Land:	\$
Project #: 5	Block Lot	Building: Land:	\$
Project #: 6	Block Lot	Building: Land:	\$
Project #: 7	Block Lot	Building: Land:	\$
Project #: 8	Block Lot	Building: Land:	\$
Project #: 9	Block Lot	Building: Land:	\$
		<b>TOTAL</b>	<b>\$</b>

<b>PROJECT INFORMATION SUMMARY: Complete a separate set for each project</b>
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**PROJECT #:** 67 Bruckner Blvd.  
 Bronx, New York 10454  
 Project Address:

Cross Streets: **Between Willis & Alexander Avenues**

Title Company Used for Initial Purchase: **Philip O'Hara Assoc** tele#: [REDACTED]

Architect: **none** Tele#: **na**

Number of floors including basement: **5** Zoning category: **Residential/Commercial**

Services Provided in Facility: **Administrative Space & programs**

Gov't Funding Source(s)(select one, enter additional sources in "other":  
 OMRDD Other:

**If owned**, initial closing date: **Jan.16, 2003**

is this a mortgage? **yes**

outstanding principal due (est.): **\$306.235**

maturity date:

any pre-payment penalties?

Lending facility name & address: **Silverman Foundation**

**150 East 58<sup>th</sup>. Street. New York, NY 10155**

**If leased**: lease term (state and end dates and available options):

Landlord Name & Address:

Date Program became (or is projected to become) operational: **Purchased 1/16/03**

**Estimates for all COSTS involved in project:**

Land & building acquisition	<b>\$300,000</b>
New Construction	\$
Renovations/Building Improvements	\$
Machinery/Equipment	\$
Fees/Other Soft Costs	<b>\$6,235</b>
Other (Explain)	\$
<b>Total Project Costs</b>	<b>\$</b>

**Proposed SOURCES to finance the COSTS**

Bonds (i.e., this financing)	\$
Loans from other sources	\$
Fund Balance	\$
Capital Campaigns	\$
Other Sources	\$
<b>Total Project Sources</b>	<b>\$</b>

**LOAN AMOUNT REQUESTED: \$306,235**

*Project Information Summary, Page 2*

*Provide brief responses to the following questions on a separate page and attach to the corresponding Project Information Summary, Page 1*

1. Describe in detail the nature of the proposed project. Describe the site and any improvements on it. Describe proposed construction/renovation, if any.  
This project is the site of the agency's headquarters. There is no construction or renovation involved.
2. What is the purpose of this project? What services are/will be provided?  
The purpose of this project is the administrative space of Creative LifeStyles.
3. Indicate, if applicable, the estimated dates for construction/renovation start and completion and financing drawdowns.  
NA
4. When is payment due date for improvements /construction costs ? (i.e. contractors) NA  
What source of funds is the Applicant intending to use to pay for these improvements if the proceeds of a tax exempt bond issue are not available right away ? NA  
If the project costs have already been paid, please identify what source of funds was applied to these costs in the first instance, when the cost was initially paid.NA
5. Will any entity/person other than the Applicant use the project facility? No  
Does the applicant intend to lease any portion of the project facility. No List all present tenants including Name, contact person and telephone, square feet and floor(s) occupied, and lease expiration/renewal dates. In addition, indicate if additional space will be leased out and to what extent.NO
6. Will the project facility be operated by the Applicant or by someone else ? Applicant  
If the operator is expected to be an entity other than the Applicant, who will operate the facility ? NA  
If applicable, please provide a copy of the contract pursuant to which the operator will be present. NA
7. If any of the present or proposed tenants in this project are related to, or affiliated with the Applicant, please identify and indicate the percentage of occupancy.NA
8. If any of the present or proposed tenants in this project are related to, or affiliated with the seller of the property, please identify and indicate the percentage of occupancy. No
9. Is there a relationship, legally, by virtue of common control, or through related personnel, directly or indirectly, between the Applicant and the present owner of the project site"? No  
if so, please provide details.
10. Has the Applicant, any existing or proposed tenant of the proposed project facility, or any person related to any of the foregoing, received or benefited from with the past six months, or is contemplating to receive or benefit from within the next six months, tax-exempt financing anywhere within the United States? No If yes, please provide details.

<b>PROJECT INFORMATION SUMMARY: <i>Complete a separate set for each project</i></b>
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**PROJECT #:** 287 East 148<sup>th</sup>. Street Bronx, New York 10451  
**Project Address:**

**Cross Streets:** Morris and Courtlandt Avenues

**Title Company Used for Initial Purchase:** NA tele#: NA

**Architect:** none Tele#: na

**Number of floors including basement:** 2      **Zoning category:** Commercial

**Services Provided in Facility:** Day Habilitation Services

**Gov't Funding Source(s)(select one, enter additional sources in "other":**  
 OMRDD Other: None

**If owned, initial closing date:** Not Owned

is this a mortgage?

outstanding principal due (est.): \$112,900

maturity date:

any pre-payment penalties?

Lending facility name & address: Silverman Foundation

150 East 58<sup>th</sup>. Street. New York, NY 10155

**If leased:** lease term (state and end dates and available options): Five year lease ending in 2005 with an option to renew for 5 years.

**Landlord Name & Address:** Neal Calise, Ital Foods Corp. 290 East 149<sup>th</sup>. Street Bronx, NY 10451

**Date Program became (or is projected to become) operational:** February 1, 2001

**Estimates for all COSTS involved in project:**

Land & building acquisition	\$
New Construction	\$
Renovations/Building Improvements	\$
Machinery/Equipment	\$
Fees/Other Soft Costs	\$
Other (Explain)	\$
<b>Total Project Costs</b>	<b>\$</b>

**Proposed SOURCES to finance the COSTS**

Bonds (i.e., this financing)	\$
Loans from other sources	\$
Fund Balance	\$
Capital Campaigns	\$
Other Sources	\$
<b>Total Project Sources</b>	<b>\$</b>

**LOAN AMOUNT REQUESTED: \$112,900**

*Project Information Summary, Page 2*

*Provide brief responses to the following questions on a separate page and attach to the corresponding Project Information Summary, Page 1*

1. Describe in detail the nature of the proposed project. Describe the site and any improvements on it. Describe proposed construction/renovation, if any.  
The nature of this program is a Day Habilitation Program. This former factory had been renovated as office space prior to the agency securing it for the Day Program.
2. What is the purpose of this project? What services are/will be provided?  
This site is a Day Habilitation program where the consumers go for 6 hours a day for an enriching day time experience. Consumers learn volunteerism and work skills by working in various sites throughout Bronx County. There is also an in-house program that works on a rotating basis with the outside work assignments. Consumers are taught educational skills as well as every day living skills such as cooking and use of an ATM.
3. Indicate, if applicable, the estimated dates for construction/renovation start and completion and financing drawdowns.  
NA
4. When is payment due date for improvements /construction costs ? (i.e. contractors) Was already paid.  
What source of funds is the Applicant intending to use to pay for these improvements if the proceeds of a tax exempt bond issue are not available right away ? NA  
If the project costs have already been paid, please identify what source of funds was applied to these costs in the first instance, when the cost was initially paid. NA
5. Will any entity/person other than the Applicant use the project facility? No  
Does the applicant intend to lease any portion of the project facility. No List all present tenants including Name, contact person and telephone, square feet and floor(s) occupied, and lease expiration/renewal dates. In addition, indicate if additional space will be leased out and to what extent. NA
6. Will the project facility be operated by the Applicant or by someone else ? Applicant  
If the operator is expected to be an entity other than the Applicant, who will operate the facility ? NA  
If applicable, please provide a copy of the contract pursuant to which the operator will be present. NA
7. If any of the present or proposed tenants in this project are related to, or affiliated with the Applicant, please identify and indicate the percentage of occupancy. NA
8. If any of the present or proposed tenants in this project are related to, or affiliated with the seller of the property, please identify and indicate the percentage of occupancy. NA
9. Is there a relationship, legally, by virtue of common control, or through related personnel, directly or indirectly, between the Applicant and the present owner of the project site"? No  
if so, please provide details. NA
10. Has the Applicant, any existing or proposed tenant of the proposed project facility, or any person related to any of the foregoing, received or benefited from with the past six months, or is

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Project Name: OMRDD Project		Agency: Creative Industries, Inc.		Project: Day 2001/2002 Project	
Costs You Wish to Finance	Actual Costs enter first/projects costs	Amount	PPA Letter Amounts	Enter the amounts exactly as they appear in the PPA letter	Option Paid by OMRDD
Costs					
Building			Building	Land	
options paid by agency (minus OMR paid options)					
Subtotal available for financing	\$0				
Rehab	67,745	67,745	Rehab	Contingency Design	Asst. Tech
Design	11,875	11,875		6,774.50	11,875
minus Assistive Tech paid by OMR					
Subtotal (available for financing)	79,620.00	79,620.00			
Staffing					
closing costs on initial purchase					
short term interest paid on interim financing					
environmental					
appraisals					
other legal and accounting costs					
Subtotal (available for financing)	\$	\$	all other soft costs	legal/accounting	Interest on land
Furniture					
equipment	15,213	15,213			
pre-op staffing	5,672	5,672			
staff training	960	960			
perishables	2,345	2,345			
miscellaneous	7,300	7,300			
Subtotal (available for financing)	31,490.00	31,490.00			
Grand Total	111,110	111,110			

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<b>PROJECT INFORMATION SUMMARY: <i>Complete a separate set for each project</i></b>
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**PROJECT #: 3127 Kingsbridge Terrace**  
**Bronx, New York 10463**  
 Project Address:

Cross Streets: **Van Courlandt**

Title Company Used for Initial Purchase: **NA** tele#: **NA**

Architect: **none** Tele#: **na**

Number of floors including basement: **4** Zoning category: **residential**

Services Provided in Facility: **Residential Living for 5 females**

Gov't Funding Source(s)(select one, enter additional sources in "other":  
 OMRDD Other: **None**

**If owned**, initial closing date: **Not Owned**

is this a mortgage?

outstanding principal due (est.): **\$133,885**

maturity date:

any pre-payment penalties?

Lending facility name & address: **Silverman Foundation**

**150 East 58<sup>th</sup> Street, New York, NY 10155**

**If leased**: lease term (state and end dates and available options): **Five year lease ending in 2005 with an option to renew for 5 years.**

Landlord Name & Address: **Harry Baran, 3135 Kingsbridge Terrace Bronx, New York 10463**

Date Program became (or is projected to become) operational: **May 1, 1998**

**Estimates for all COSTS involved in project:**

Land & building acquisition	\$
New Construction	\$
Renovations/Building Improvements	\$
Machinery/Equipment	\$
Fees/Other Soft Costs	\$
Other (Explain)	\$
<b>Total Project Costs</b>	<b>\$</b>

**Proposed SOURCES to finance the COSTS**

Bonds (i.e., this financing)	\$
Loans from other sources	\$
Fund Balance	\$
Capital Campaigns	\$
Other Sources	\$
<b>Total Project Sources</b>	<b>\$</b>

**LOAN AMOUNT REQUESTED: \$133,885**



*Project Information Summary, Page 2*

*Provide brief responses to the following questions on a separate page and attach to the corresponding Project Information Summary, Page 1*

1. Describe in detail the nature of the proposed project. Describe the site and any improvements on it. Describe proposed construction/renovation, if any.  
The nature of this program is a residential facility. This house was renovated to conform to regulations for living in type of facility. The renovations consisted of painting of the entire house, installing a new kitchen, landscaping the back yard, building a medication closet and varnishing all floors.
2. What is the purpose of this project? What services are/will be provided?  
The purpose of this project is to provide a residential living environment to individuals in need of a 24 hour protective environment where all their needs can be met. The individuals that live in this house are provided with health, medical, mental and recreational services. They are included in community activities with the every day non disabled members of society.
3. Indicate, if applicable, the estimated dates for construction/renovation start and completion and financing drawdowns.  
NA
4. When is payment due date for improvements /construction costs ? (i.e. contractors) Was already paid.  
What source of funds is the Applicant intending to use to pay for these improvements if the proceeds of a tax exempt bond issue are not available right away ? NA  
If the project costs have already been paid, please identify what source of funds was applied to these costs in the first instance, when the cost was initially paid. NA
5. Will any entity/person other than the Applicant use the project facility? No  
Does the applicant intend to lease any portion of the project facility. No List all present tenants including Name, contact person and telephone, square feet and floor(s) occupied, and lease expiration/renewal dates. In addition, indicate if additional space will be leased out and to what extent. NA
6. Will the project facility be operated by the Applicant or by someone else ? Applicant  
If the operator is expected to be an entity other than the Applicant, who will operate the facility ? NA  
If applicable, please provide a copy of the contract pursuant to which the operator will be present. NA
7. If any of the present or proposed tenants in this project are related to, or affiliated with the Applicant, please identify and indicate the percentage of occupancy. NA
8. If any of the present or proposed tenants in this project are related to, or affiliated with the seller of the property, please identify and indicate the percentage of occupancy. NA
9. Is there a relationship, legally, by virtue of common control, or through related personnel, directly or indirectly, between the Applicant and the present owner of the project site"? No  
if so, please provide details. NA
10. Has the Applicant, any existing or proposed tenant of the proposed project facility, or any person related to any of the foregoing, received or benefited from with the past six months, or is

contemplating to receive or benefit from within the next six months, tax-exempt financing anywhere within the United States? No If yes, please provide details.

NA



**Creative Lifestyles, Inc. Site: Main Office 67 Bruckner Blvd.**

<b>Furniture &amp; Equipment</b>	<b>Number of each item</b>
<b>Bedrooms</b>	
Headboards	0
Mattresses & Box Springs & Frame	0
Night Stands	0
Mirrors	0
Dressers	0
<b>Dining room</b>	
Table	3
Chairs	0
Hutch	0
<b>Living room/recreation</b>	
Sofa	0
Sleeper Sofa	0
Bookcase	0
Entertainment Unit	0
End Tables	0
<b>Office</b>	
Chairs	42
Desk	17
Bookcase	0
Storage cabinets	0
File Cabinets	23
<b>Appliances</b>	
Washer	0
Dryers	0
Refrigerator	4
Freezer	0
Range/Oven	3
Small refrigerator	0
Air Conditioners	9
Microwave	3
<b>Other</b>	
Picnic Table	0
Outdoor Chairs	0
Shed	0
Grill	0
Stereo/CD	6
VCR	0
Television	0
Computers	15

**Creative Lifestyles, Inc. Site: Day Habilitation 287 E 148<sup>th</sup> Street**

<b>Furniture &amp; Equipment</b>	<b>Number of each item</b>
<b>Bedrooms</b>	
Headboards	0
Mattresses & Box Springs & Frame	0
Night Stands	0
Mirrors	0
Dressers	0
<b>Dining room</b>	
Table	0
Chairs	0
Hutch	0
<b>Living room/recreation</b>	
Sofa	0
Sleeper Sofa	0
Bookcase	0
Entertainment Unit	0
End Tables	0
<b>Office</b>	
Chairs	20
Desk	5
Bookcase	0
Storage cabinets	0
File Cabinets	2
<b>Appliances</b>	
Washer	
Dryers	
Refrigerator	1
Freezer	0
Range/Oven	1
Small refrigerator	1
Air Conditioners	0
Microwave	1
<b>Other</b>	
Picnic Table	0
Outdoor Chairs	0
Shed	0
Grill	0
Stereo/CD	1
VCR	1
Television	1
Computers	11

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Creative Lifestyles, Inc. Site: Kingsbridge

Furniture & Equipment	Number of each item
<b>Bedrooms</b>	
Headboards	5
Mattresses & Box Springs & Frame	5
Night Stands	5
Mirrors	5
Dressers	0
<b>Dining room</b>	
Table	1
Chairs	8
Hutch	0
<b>Living room/recreation</b>	
Sofa	2
Sleeper Sofa	0
Bookcase	0
Entertainment Unit	0
End Tables	1
<b>Office</b>	
Chairs	4
Desk	1
Bookcase	0
Storage cabinets	0
File Cabinets	2
<b>Appliances</b>	
Washer	1
Dryers	1
Refrigerator	1
Freezer	1
Range/Oven	1
Small refrigerator	1
Air Conditioners	7
Microwave	1
<b>Other</b>	
Picnic Table	1
Outdoor Chairs	6
Shed	0
Grill	1
Stereo/CD	1
VCR	1
Television	1
Computers	1

## CONFIDENTIALITY

All information contained in this Application will be treated confidentially to the extent permitted by law (see "Certification" section V of this Application). Since under the "New York State Freedom of Information Law" information must be disclosed unless such information contains trade secrets (which, if disclosed, would cause irreparable harm), Applicant must, in the space provided below, indicate which information provided in this Application it believes falls into such category and an explanation as to why.

## CERTIFICATION

I, the undersigned, request on behalf of Creative LifeStyles, Inc. ("Applicant") that this Application be submitted for review by the Board of Directors of the New York City Industrial Development Agency (IDA). I hereby certify that the information contained herein and in the attachments hereto, are, to the best of my knowledge and belief, accurate, true and correct. I understand that any intentional misstatements or misleading information contained herein, or the omission of relevant information, could be cause for rescision of IDA approval and IDA benefits. I acknowledge receipt from the IDA of a memorandum explaining legal, insurance and various real estate related requirements, all of which will be necessary for the contemplated project financing.

On behalf of Applicant, I hereby acknowledge and agree that Applicant shall be, and is responsible for, and shall promptly pay all costs incurred by IDA, in connection with document negotiations, closing and, where applicable, bond issuance and sale, whether or not closing occurs and whether or not bond issuance and sale occur in applicable instances. The aforesaid costs, and Applicant's obligation hereunder to pay for same, shall include, but not be limited to, attorney's fees. Applicant's obligations hereunder are absolute and shall in no event be contingent upon closing.

On behalf of myself, the Board President, Executive Director/CEO, and Fiscal Director/CFO (collectively, the "Executive Management") and Applicant, I hereby authorize New York City Industrial Development Agency and the New York City Department of Investigation (DOI) to initiate their background clearance procedure with respect to myself, Executive Management, and Applicant. I, Executive Management, and Applicant agree to give DOI permission to secure all necessary personal data from all relevant sources, public and private, and I, Executive Management, and Applicant further agree to cooperate in all phases of the DOI background and clearance procedure. I, Executive Management, and the Applicant agree to hold IDA and the City of New York harmless with respect to any claims for injury, damage, loss or expense which may arise should the above mentioned background clearance procedure not be completed satisfactorily.

On behalf of Applicant and its existing and future affiliates, I authorize any private or governmental entity, including but not limited to The New York State Department of Labor ("DOL"), to release to IDA and/or to the New York City Economic Development Corporation ("EDC") and/or to the successors and assigns of either (collectively, the "Information Recipients"), any and all employment information under its control and pertinent to Applicant and its existing and future affiliates and the employees of same. In addition, upon IDA's request, Applicant shall provide to IDA any employment information in Applicant's possession or in the possession of any of Applicant's existing and future affiliates, which is pertinent to Applicant and Applicant's existing and future affiliates and the employees of same. Information released or provided to Information Recipients by DOL, or by any other governmental entity, or by any private entity, or by Applicant itself (collectively, "Employment Information"), may be disclosed by the Information Recipients in connection with the administration of the programs of the IDA,

and/or DEC, and/or the successors and assigns of either, and/or The City of New York, and/or as may be necessary to comply with law, and, without limiting the foregoing, the Employment Information may be included in (x) reports prepared by the Information Recipients pursuant to New York City Local Law 69 of 1993, (y) other reports required of IDA, and (z) any other reports required by law. If IDA approves this Application and the IDA Board of Directors approves the financing project which is the subject of this Application, this authorization shall remain in effect through the term of the financing lease which the Applicant and IDA will enter into at closing. If IDA does not approve this Application, and/or the IDA Board of Directors does not approve the financing project which is the subject of this Application, this authorization shall remain in effect through the earlier to occur of the aforesaid decisions not to approve.

I, Executive Management, and Applicant, understand that IDA may be requested to disclose the information contained in this Application and the attachments hereto, under applicable disclosure laws, or at the request of investigative law enforcement or other governmental bodies. On behalf of myself, Executive Management, and Applicant, I authorize IDA to disclose any such information, under such law or where so requested, and I, Executive Management and the Applicant release IDA from any liability to the Applicant, Executive Management and/or myself for such disclosure. I also authorize IDA at its discretion to transmit this Application or any financial data submitted herewith to prospective lenders, such as banks or insurance companies, and to IDA's financial advisors.

On behalf of Applicant, I acknowledge and agree that IDA reserves the right to require Applicant to submit at Applicant's sole expense, such other documentation as IDA may require in addition to the documentation required hereunder, and that all such documentation, whether requested hereunder or hereafter, shall be provided at Applicant's sole cost and expenses, and shall be in form and substance satisfactory to IDA.

#### CERTIFICATION

Approval of this Application may only be granted by IDA's Board of Directors through the Board's adoption of an inducement or authorizing resolution for the project described in this application. Additionally, it is understood and agreed that the Application fee accompanying this Application is non-refundable, regardless of whether or not this Application is so approved. Applicant acknowledges and accepts that: the Application fee will accrue towards payment of the IDA Closing Fee should closing occur; and if and when the IDA's Board of Directors approves this Application, the Agency may additionally require Applicant to pay at such time an amount equal to 10 basis points of the bond/project amount (as applicable), which payment shall also accrue toward payment of the IDA Closing Fee should closing occur.

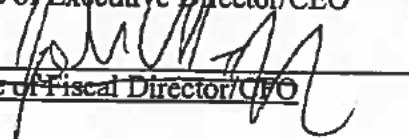
Date: 3/27/03

Certification By:

  
Signature of Executive Director/CEO

**Ann Hill**  
Printed Name

Attested By:

  
Signature of Fiscal Director/CFO

**John DeJesus**  
Printed Name