



New York
Congregational
Community Services

DELIVERED BY MESSENGER: 2/17/06

February 16, 2006

Celia C. Zuckerman
President
Chief Executive Officer

Kei Hayashi, Deputy Director
New York City Industrial Development Agency
110 William Street, 5th Floor
New York, NY 10038

Kendall Christiansen
Chairman, Board of Directors

**Re: New York Congregational Nursing Center
Application Request**



Community Services

New York Congregational Nursing Center submits the enclosed Application for Bond Financing through the Agency for consideration at the April Board meeting. The proposed Bond Financing is requested to refund Series D 1995 Bonds originally issued through MCFFA and now managed by DASNY with FHA insurance.

Nursing Center

New York Congregational Nursing Center is a 200 bed nonprofit Skilled Nursing Center which seeks to refinance the current mortgage in order to reduce debt service and lower operating costs. No extension of the remaining term of the current mortgage is required or requested. But for the availability of bond financing through the Agency the restructuring would not proceed at a savings for the Nursing Center and to New York State and New York City who fund the costs of care for our primarily low-income customer base through the Medicaid Program.

Center For Community Life

Home For The Aged
Foundation

Community Properties



New York Congregational Nursing Center continues to be the largest employer in our district. In 2005, NYCNC received approval from New York State Department of Health for a Long Term Home Health Care Program which will expand our service to 100 low income persons in the community. This additional service will add employment opportunities and allow 100 persons in need of nursing and personal care to remain in their homes while receiving quality care formerly only available in the Nursing Center.

135 Linden Boulevard
Brooklyn, New York 11226

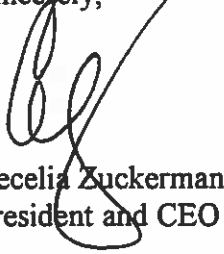
Phone: 718 • 693 • 6060
Fax: 718 • 693 • 4151

In support of our Application Request please find the following:

- Check payable to New York City Industrial Development Agency in amount \$2,500.00
- Application and all requested documents.

Thank you for consideration of our request. Should you require any additional information, or to schedule a meeting please feel free to contact me at my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cecelia Zuckerman', written over a thin horizontal line.

Cecelia Zuckerman
President and CEO

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: <u>New York Congregational Nursing Center</u>
Address: <u>135 Linden Boulevard, Brooklyn, New York 11226</u>
Phone Number(s): <u>(718) 693-6060</u>
Fax Numbers(s): <u>(718) 284-0349</u>
E-mail Address: <u>adm@nycnc.org, mmessa@nycnc.org, czuckerman@nycnc.org</u>
Website Address:
Applicant EIN Number: XXXXXXXXXX
S.I.C. Code:
NAICS Code:

Date of Application: 02/16/2006

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: <u>Maureen Messa, CFO</u>	Firm: <u>New York Congregational Nursing Center</u>
Phone # <u>(718) 284-0039 x140</u>	Fax#: <u>(718) 284-0349</u>
E-mail Address: <u>mmessa@nycnc.org</u>	Address: <u>135 Linden Blvd, Brooklyn, NY 11226</u>

3. Attorney of Applicant:

Name: <u>Alan Epstein</u>	Firm: <u>Hirschen, Singer & Epstein</u>
Phone # <u>(212) 819-1130</u>	Fax#: <u>(212) 302-8536</u>
E-mail Address: <u>aepstein@hirschensinger.com</u>	Address: <u>902 Broadway, NY, NY 10010</u>

4. Accountant of Applicant:

Name: <u>Harvey Liebman, CPA</u>	Firm: <u>Loeb & Troper CPA</u>
Phone # <u>(212) 867-4000</u>	Fax#: <u>(212) 867-9810</u>
E-mail Address: <u>hliebman@loebandtroper.com</u>	Address: <u>655 Third Avenue, 12th Floor, NY, NY 10017</u>

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

Name: <u>Jeffrey Cohen, Senior Vice President</u>	Firm: <u>First Albany Capital</u>
Phone # <u>(518) 447-8043</u>	Fax#: <u>(518) 447-8074</u>
E-mail Address: <u>Jeff.Cohen@fac.com</u>	Address: <u>677 Broadway, Albany, NY 12207</u>

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: January 25, 1994

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: New York Congregational Nursing Center (NYCNC) is a 200 bed skilled nursing facility located on Linden Boulevard in the East Flatbush section of Brooklyn, NY. NYCNC provides 72,600 days of inpatient nursing, and rehabilitative care to residents of New York City each year. Over 90% of the persons cared for are low income and receive assistance through the Medicaid program. In addition, NYCNC has received approval from the State Health Department to serve 100 low income persons in the community through a Long Term Home Health Care Program which will begin operations in 2006.

This modern structure, begun in 1996 and completed in July, 1997, is situated behind the historic Home for the Aged on the Congregational campus. The original Home for the Aged cared for 68 frail elderly residents and began a tradition of community service well over 90 years ago. Since the Center's completion, it has filled rapidly and maintains a consistently high occupancy rate, attracting long-term residents from the community along with those short-term patients who will return to the community upon completion of their therapeutic rehabilitation.

The Center's professional staff are able to care for and provide a variety of rehab services with strong carryover to rehab nursing. Wound care, pain management, complex medical care, respite care and dementia care are all managed with compassion and competence. We are in full compliance with New York State and Federal requirements for Medicare and Medicaid participation.

The Center's Quality of Life programs have attained National recognition and attention. The Culinary Arts Program alone has received the Order of Excellence in Foodservice by Contemporary Long Term Care Magazine, the Excellence in Practice Award by the American Association of Homes and Services for the Aging, funding through the United Hospital Fund, and well-deserved publicity in Nursing Homes Long Term Care Management Magazine. The Sow and Grow Plant Care Program has created portable gardens at wheelchair height tended by residents throughout the facility, enhanced the development of gardens around the facility's grounds, and encouraged volunteers and visitors throughout the spring, summer and fall for the many and diverse outdoor plantings. Intergenerational programs promote partnerships with local schools, day care centers and churches, culminating this year in the third successful grant submission to the United Hospital Fund for the "Nurture Your Nature" program, bringing together students from P.S. 235, staff from Brooklyn Center for the Urban Environment, and our residents to study nature and learn more about the environment together. Pet therapy encompasses visits from the "Zoo to You" program of the Prospect Park Wildlife Center, the care and feeding of the fish housed in fish tanks throughout each unit and first floor, visits by the facility cat, and the aviaries, which bring much pleasure to all.

The Center is focused on the individuality of each resident. We, as a team, are committed to re-creating the pleasure of daily living for our residents regardless of their length of stay. We are determined to maintain self-determination and dignity while building in many opportunities to recreate the activities residents feel they "left behind," but also to add new activities they readily embrace in an environment best described as alive and thriving. NYCNC is a 200 bed not for profit skilled nursing center, providing 72,600 days of inpatient nursing and rehabilitative care to residents of New York City each year. Over 90% of the persons cared for are low income and receive assistance through the Medicaid program. In addition, NYCNC has received approval from the State Health Department to serve 100 low income persons in the community through a Long Term Home Health Care Program which will begin operations in 2006.

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):

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): *N/A*

- 501(c)(3) Organization Limited Liability Company
- Other (specify): _____

Name of SPE: Not applicable
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.

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# 1
Borough: Brooklyn
Neighborhood: East Flatbush
Block(s): 5084
Lot(s): 82
Street address and zip code: 135 Linden Boulevard, 11226
Zoning: R7
Square footage of land: 60,984
Square footage of existing building(s): 100,000
Number of floors: 7 including basement
Intended use(s) (e.g., office, retail, etc.): Skilled Nursing Facility

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project: Retire Series D Bonds issued through Medical Care Facilities Financing Agency (now DASNY) issued in 1995. The purpose for the refinance is to reduce monthly debt service. The remaining term of the original mortgage (20 years remaining) will not be extended.

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)? June 15, 2006

c. Indicate the estimated date for commencement of the Project: 2/16/2006

d. Indicate the estimated date for completion of the Project: 6/15/2006

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:

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:

Uses of Funds		Sources of Funds	
Land acquisition ¹		Bonds	18,450,000
Building acquisition		Loan (1)	
New construction ²		Loan (2)	
Renovations	500,000	Capital campaign	
Fixed tenant improvements		Affiliate/employee loans	
Machinery, equipment and/or furnishings		Company funds	199,877
Refinancing of Existing Debt	19,597,086	Fund balance	
Soft costs (define) costs of issuance	1,073,910	Other equity (explain) debt service reserve 1	564,092
Debt Service Reserve Fund		Other (explain) debt service reserve 2	540,000
Capitalized interest		Other (explain) prior issue DSR funds	1,421,000
Other (explain) rounding	3,973	Other (explain)	
Total Project Uses	21,174,969	Total Project Sources	21,174,969

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:

- New York City Percentage of Total? 100%
- New York State (excluding NYC) Percentage of Total? _____
- United States (excluding NY State) Percentage of Total? _____
- Outside United States Percentage of Total? _____

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

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

8. List major Funding Sources:

Company	Address	Contact	Phone

9. List unions (if applicable):

Union Name	Address	Contact	Phone	Contact Expiration
Local 1199 NY Health and Human Service Union	310 W. 43rd St, NY, NY 10036	Frances Gentle	(212) 261-2201	April 30, 2008

10. List Banks:

Bank Name	Address	Contact	Phone	Type of Account
HSBC	452 Fifth Ave, NY, NY 10018	Steven Broad, V.P.	(212) 525-6637	Letter of Credit
Attached Tab 2				

11. List licensing authorities, if applicable:

Company Name	Address	Contact	Phone	Percent of Revenues
New York State Department of Health	90 Church Street, NY, NY 10007	Richard Healion	(212) 417-6266	100%

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 16th day of February, 2006 .

Name of Applicant: New York Congregational Nursing Center

By: Printed Name of Signer: Cecelia Zuckerman

Title of Signer: President and CEO

Signature: 

VI. CERTIFICATION

NEW YORK CONGREGATIONAL NURSING CENTER

I, the undersigned, request on behalf of _____ ("Applicant") that this Application be submitted for review by the and any tax returns submitted herewith, 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 (as amended from time to time, together with any additional materials submitted to the IDA, the "Submitted Materials"), are, to the best of my knowledge and belief, accurate, true, correct and complete. I understand that any intentional misstatements or misleading information contained in the Submitted Materials, or the omission of relevant information therefrom or the failure to deliver information in supplement thereto as required hereunder, could, at the option of the IDA, be cause for rescission of IDA approval and IDA benefits. Further, I fully understand and accept the fees associated with the IDA program, including but not limited to the IDA Closing Fee; I fully understand and accept the benefit package I am to receive under the IDA program; and 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.

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 the IDA, in connection with due diligence, 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, all other principals of Applicant, and Applicant, I hereby authorize the IDA and the New York City Department of Investigation (DOI) to initiate their background clearance procedure with respect to myself, all other principals of Applicant, and Applicant. I, all other principals of Applicant, and Applicant agree to give the DOI permission to secure all necessary personal data from all relevant sources, public and private, and I, all other principals of Applicant, and Applicant further agree to cooperate in all phases of the DOI background clearance procedure. I, all other principals of Applicant, and the Applicant agree to hold the IDA and the New York City Economic Development Corporation ("EDC"), their respective successors and assigns and the City of New York (collectively, "Information Recipient") 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 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 the IDA's request, Applicant shall provide to the 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 the 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 EDC, 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 the Information Recipient, and (z) any other reports required by law. If the 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 financial assistance documents which the Applicant and the IDA will enter into at closing. If the IDA does not approve this Application, and/or the IDA Board of Directors does not approve the 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, all other principals of Applicant, and Applicant, understand that the IDA may be requested to disclose the information contained in the Submitted Materials and the attachments hereto, under applicable disclosure laws, or at the request of investigative law enforcement or other governmental bodies. On behalf of myself, all other principals of Applicant, and Applicant, I authorize the IDA to disclose any such information, under such law or where so requested, and I, all other principals of Applicant and the Applicant release the IDA from any liability to the Applicant, all other principals, and/or myself for such disclosure. I also authorize the IDA at its discretion to transmit the Submitted Materials, including any financial data or tax returns submitted herewith, to the IDA's financial advisors and attorneys.

On behalf of Applicant, I acknowledge and agree that the IDA reserves the right to require Applicant to submit at Applicant's sole expense, such other documentation as the 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 the IDA. IN ADDITION, ON BEHALF OF APPLICANT, I ACKNOWLEDGE AND AGREE THAT IF, AT ANY TIME FOLLOWING THE DATE HEREOF, I, ANY OTHER PRINCIPAL OF APPLICANT OR APPLICANT BECOMES AWARE THAT THE INFORMATION CONTAINED IN THE SUBMITTED MATERIALS WAS NOT OR IS NOT ACCURATE, TRUE, CORRECT AND COMPLETE IN ANY MATERIAL RESPECT, OR THAT SUCH SUBMITTED MATERIALS CONTAINED OR CONTAIN ANY INTENTIONAL MISSTATEMENT OR MISLEADING INFORMATION, OR OMITTED OR OMIT ANY RELEVANT INFORMATION, THEN SUCH SUBMITTED MATERIALS SHALL, AT APPLICANT'S SOLE COST AND EXPENSE, BE AMENDED BY APPLICANT TO CORRECT SUCH DEFICIENCY IN A TIMELY FASHION (AND, IN ANY EVENT, WITHIN A REASONABLE PERIOD OF TIME PRIOR TO THE NEXT DATE ON WHICH SUCH SUBMITTED MATERIALS ARE SCHEDULED TO BE REVIEWED BY THE BOARD OF DIRECTORS OF THE IDA), AND SUCH AMENDMENT SHALL BE ACCOMPANIED BY A CERTIFICATION FROM ME OR ANOTHER PRINCIPAL OF APPLICANT, ON BEHALF OF APPLICANT, STATING THAT, UPON SUBMISSION OF SUCH AMENDMENT, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE INDIVIDUAL ATTESTING THERETO, THE SUBMITTED MATERIALS SHALL BE ACCURATE, TRUE CORRECT AND COMPLETE, SHALL NOT CONTAIN ANY INTENTIONAL MISSTATEMENT OR MISLEADING INFORMATION, AND SHALL NOT OMIT ANY RELEVANT INFORMATION

Approval of this Application may only be granted by the 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 \$2,500 Application fee accompanying this Application is non-refundable, regardless of whether or not this Application is so approved. Applicant acknowledges and accepts that: the \$2,500 Application fee will accrue toward 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 1/10 of a percent of the bond/project amount (as applicable), which payment shall also be non-refundable and shall so accrue toward payment of the IDA Closing Fee should closing occur.

Date: February 16, 2006

Certification By: 
Signature of Chief Executive Officer

Cecelia Zuckerman, President & CEO
Printed Name

Attested By: 
Chief Financial Officer/Secretary

Maureen Messa, VP Finance & CFO
Printed Name

**NEW YORK CONGREGATIONAL NURSING CENTER APPLICATION TO
NEW YORK CITY DEVELOPMENT AGENCY 2/16/2006**

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