

SECTION A: FORMS TO COMPLETE

APPLICATION COVER PAGE
New York City Industrial Development Agency
Not-for-Profit [501(c)(3)]

IAC Capital Finance Pool Program

Agency's Name: The Center for Family Support, Inc.

Address: 333 Seventh Avenue, 9th Floor

New York, NY 10001-5004

Contact for this financing: Mary Ellen Dean

Phone #: (212) 629-7939 Fax #: (212) 239-2211

Executive Director: Steven Vernikoff

Chief Financial Officer: Mary Ellen Dean

Applicant's Attorney: Cooper, Erving, Savage, Nolan & Heller, LLP

Phone: (518) 432-3117 Fax: (518) 432-3100

Address: 39 North Pearl Street, Albany, NY 12207

Applicant's Accountant: Loeb & Troper

Phone: (212) 867-4000 Fax: (212) 867-9810

Address: 655 Third Avenue, 12th Floor, NY, NY 10017

IRS Employer ID #: [REDACTED] SIC Code: 07343

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

Applicant's State of Incorporation or Registration: New York

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.)

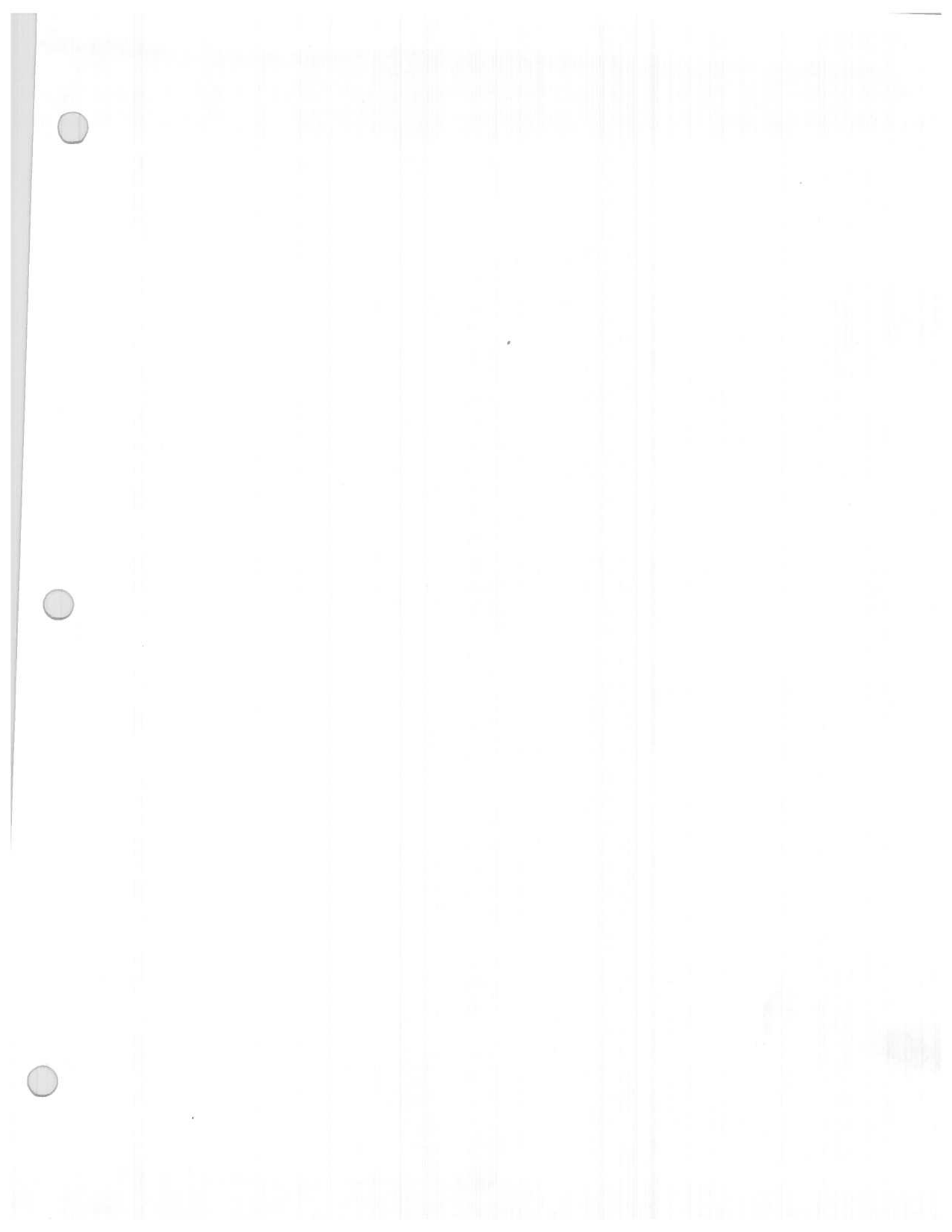
Residential Services and Family Support Services including In-Home

Assistance and Rehabilitation

LOAN REQUEST SUMMARY

| Project Address | Service type | Gov't funding source(s) | Loan Amount Needed |
|---------------------------|--------------|----------------------------|-----------------------|
| 1. [x]owned []leased | Residential | OMRDD | \$383,874 |
| 2. []owned []leased | | | |
| 3. []owned []leased | | | |
| 4. []owned []leased | | | |
| 5. []owned []leased | | | |
| 6. []owned []leased | | | |
| 7. []owned []leased | | | |
| 8. []owned []leased | | | |
| 9. []owned []leased | | | |
| 10. []owned []leased | | | |

TOTAL AMOUNT: \$383,874



PROJECT INFORMATION SUMMARY:
Complete a separate set for each project

PROJECT #: _____

Project Address: 403 Underhill Avenue, Bronx, NY 10473

Block & Lot Number: 3498 Lot 39

Square Footage of Building: 1984 Square Footage of Land: 2500

Number of floors including basement 3 Zoning category: RS- Residential

Services Provided in Facility: _____ Residential

Gov't Funding Source(s): _____ OMRDD

If owned, date opened: Anticipated July 1, 1999
is this a mortgage? No Bridge Financing

outstanding principal due (est.): \$ 350,000

maturity date: April 15, 2001

Lending facility name & address: The Foundation for the Jewish Community

130 E. 59th Street, 14th Fl., NY, NY 10022

If leased: lease expiration date (note available options contained in lease): _____
Landlord Name & Address _____

Estimates for all COSTS involved in project:

| | |
|---------------------------------------|--------------------------|
| Land & building acquisition | \$ <u>158,000</u> |
| New Construction | \$ _____ |
| Renovations/Building Improvements | \$ <u>151,000</u> |
| Machinery/Equipment | \$ _____ |
| Fees/Other Soft Costs | \$ <u>54,704</u> |
| Other (Explain) Furniture & Equipment | \$ <u>20,000</u> |
| Total Project Costs | \$ <u>383,874</u> |

Proposed SOURCES and amounts of funds to finance the above project costs

| | | |
|------------------------------|--------------------------|-----------------|
| Bonds | \$ <u>383,874</u> | Identify: _____ |
| Loans from other sources | \$ _____ | Identify: _____ |
| Fund Balance | \$ _____ | |
| Capital Campaigns | \$ _____ | |
| Other Sources | \$ _____ | Identify: _____ |
| Total Project Sources | \$ <u>383,874</u> | |

LOAN AMOUNT REQUESTED:

Please provide brief responses to the following questions on a separate page and attach to the corresponding Project Information Summary

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 Individual Residential Alternative (IRA) to be located at 403 Underhill Avenue in the Bronx is a two story and cellar frame house located on a 25x100 ft lot. The project, when opened, will provide residential care for five developmentally disabled adults.

Improvements will be necessary to make the house suitable for these individuals. The second floor has been completely redesigned and will have three bedrooms and a full bath. The slab in the basement will be lowered in order to make the space usable as a recreation area. The electric service will be upgraded and new flooring, siding and some windows will be provided. Other renovation will be done to ensure compliance with relevant OMRDD and New York City codes.

2. What is the purpose of this project? What services are/will be provided?
Residential facility for five (5) developmentally disabled individuals.

3. Indicate, if applicable, the estimated dates for construction/renovation start and completion and financing drawdowns.
June 30, 1999 and financing drawdowns will be done.

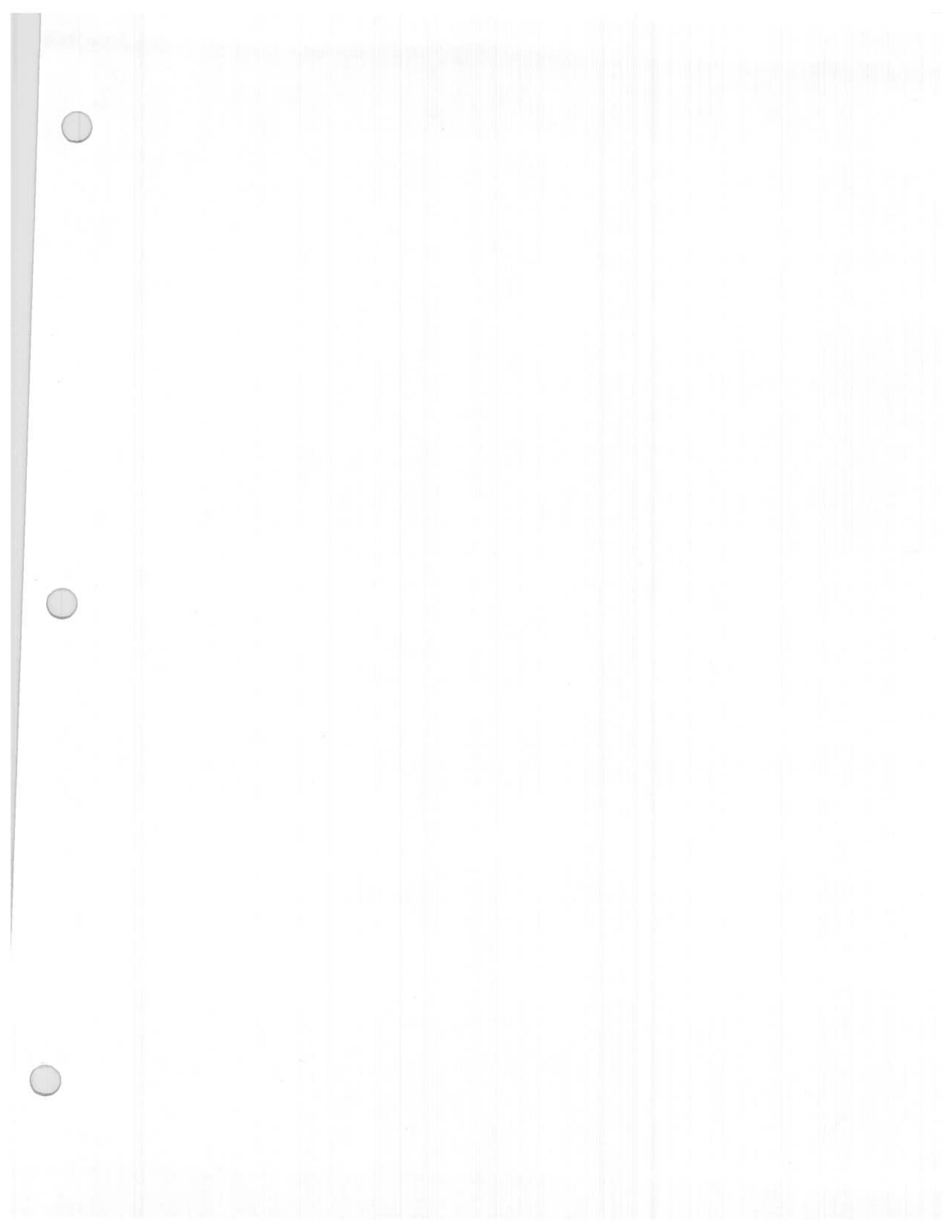
4. What is the payment due date for improvements /construction costs (i.e. contractors)? What source of funds does the Applicant intend to use to pay for these improvements if the proceeds of a tax exempt bond issue are not available right away? If the project costs have already been paid, please identify what source of funds was applied to these costs in the first instance, when the cost was initially paid.
Bridge financing

5. Will any entity/person other than the Applicant use the project facility? Does the applicant intend to lease any portion of the project facility. 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? If the operator is expected to be an entity other than the Applicant, who will operate the facility? If applicable, please provide a copy of the contract pursuant to which the operator will be present. **Operated by The Center for Family Support.**

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. **N/A**

- 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. N/A
- 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"? if so, please provide details. N/A
- 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? If yes, please provide details. No.



IDA DUE DILIGENCE QUESTIONNAIRE

Employment

1. How many employees does your agency employ in New York City at the present time?
 Full time: 153
 Part time: 275
2. How many employees does the agency have outside New York City, but within NY State?
 Full time: 3
 Part time: 4
3. Does your agency intend to employ new additional employees at the proposed project site, or will you transfer current employees from current facilities? What will be the net gain in employees as a result of this project? New employees. 14 new employees.

Disclosure

1. Has the Agency ever been adjudicated bankrupt or placed in receivership, or otherwise been the subject of a bankruptcy or similar proceedings (prior or current)? ()Yes (x)No
 If Yes, provide all details on an attached sheet.
2. Has the Agency's Board President or Executive Director (CEO) ever been convicted of any criminal proceedings? ()Yes (x)No
 If Yes, provide all details on an attached sheet.
3. Is the Agency a plaintiff or defendant in any civil or criminal proceedings? ()Yes (x)No
 If Yes, provide all details on an attached sheet.
4. In what litigation is the Agency involved either as plaintiffs or as named defendants?
 Provide all details on an attached sheet. (If none, please state here) **See Attached, #B9.**
5. Does the Agency have any contingent liabilities? (e.g., pending claims, federal, state, or city tax liabilities; judgments or liens, etc.) ()Yes (x)No If Yes, please provide all details on an attached sheet.
6. Has the Agency filed all required tax returns with appropriate government entities?
 Yes.

Attached Forms: Complete the following forms that are attached:

- A. Executive Management
- B. Funding Sources
- C. Unions
- D. Banks

DUE DILIGENCE SHEET A: EXECUTIVE MANAGEMENT

A3a

Please provide the following information:

Board President

Name: Lloyd Stabiner

Social Security # [REDACTED] 8

Date of Birth 12/20/43

Executive Director/CEO

Name: Steven Vernikoff

Social Security # [REDACTED] 8

Date of Birth 4/18/47

Fiscal Director/CFO

Name: Mary Ellen Dean

Social Security # 1 [REDACTED] 8

Date of Birth 9/20/57

DUE DILIGENCE SHEET B: FUNDING SOURCES

Please provide the following information regarding the agency's funding sources:

1. Source: NYS-OMRDD
Address: 75 Morton Street
New York, NY 10014-5798
Contact person: Pat Sarli
Phone #: (212) 229-3276 Fax #: (212) 229-3284

2. Source: NYC-DMHMR&AS
Address: 93 Worth Street
New York, NY 10013
Contact person: Tere Fighetti
Phone #: (212) 219-5433 Fax #: (212) 219-5555

3. Source: NYC- Department for the Aging
Address: 2 Lafayette Street
New York, NY 10007-1392
Contact person: Helen Jenkins
Phone #: (212) 442-1208 Fax #: (212) 442-1327

4. Source: Nassau County Office of Housing & Inter-Governmental Affairs
Address: 250 Fulton Avenue
Hempstead, NY 11550
Contact person: Donald Campbell
Phone #: (516) 572-0880 Fax #: _____

5. Source: Westchester County Department of Health
Address: 145 Huguenot Street, 8th Floor
New Rochelle, NY 10801
Contact person: Lorraine Chun
Phone #: _____ Fax #: _____

6. Source: New York State Department of Health
Address: Office of Continuing Care
161 Delaware Avenue
Delmar, NY 12054-1319
Contact person: Bruce Rosen
Phone #: (518) 478-1090 Fax #: _____

DUE DILIGENCE SHEET C: UNIONS

A3c

Please provide the following information regarding unions associated with the agency

1. Union Name: N/A
Address: _____

Contact person: _____
Phone #: _____ Fax #: _____

2. Union Name: _____
Address: _____

Contact person: _____
Phone #: _____ Fax #: _____

DUE DILIGENCE SHEET D: BANKS

A3d

Please provide the following information regarding agency bank accounts:

1. Bank Name: The Bank of New York

Contact person: Steve Martin

Phone #: (516) 294-2258

Fax #: (516) 294-2770

Account Number: [REDACTED]

2. Bank Name: _____

Contact person: _____

Phone #: _____

Fax #: _____

Account Number: _____

3. Bank Name: _____

Contact person: _____

Phone #: _____

Fax #: _____

Account Number: _____

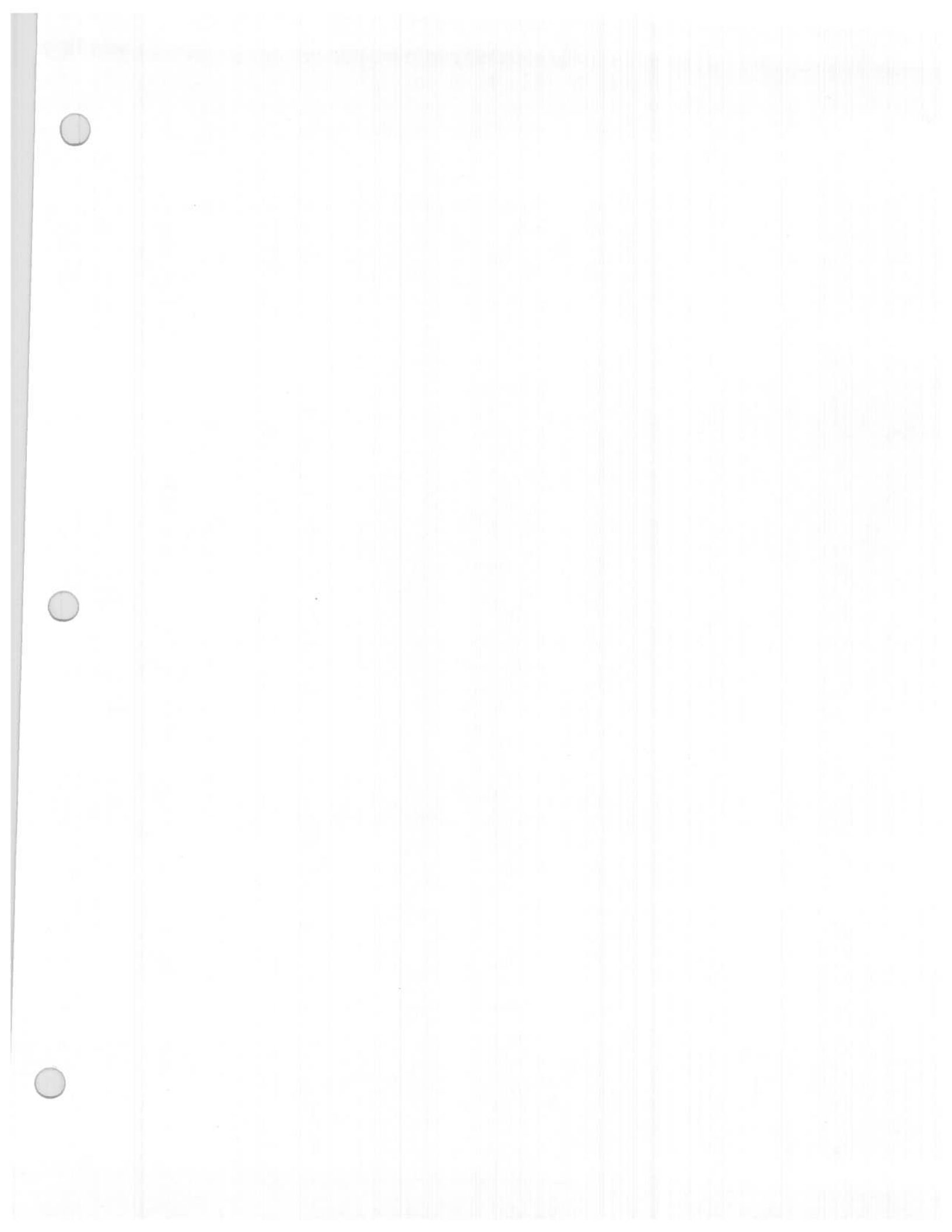
4. Bank Name: _____

Contact person: _____

Phone #: _____

Fax #: _____

Account Number: _____



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 The Center for Family Support ("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 rescission 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 satisfactory.

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 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 DOLL, 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:

4/30/99

Certification By:

Steven Vernikoff

Signature of Executive Director/CEO

Steven Vernikoff

Printed Name

Attested By:

Mary Ellen Dean

Signature of Fiscal Director/CFO

Mary Ellen Dean

Printed Name