

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: The Center for Family Support, Inc.

Address: 333 Seventh Ave. New York N.Y. 10001

Contact for this financing: Martin Katz

Phone #: 212-629-7939 Fax #: 212-239-2211 e-mail: mkatz@cfsny.org

Executive Director: Steven Vernikoff
(Type Name)

(Signature)

Chief Financial Officer: Martin Katz

Applicant's Attorney: Robert Wakeman Phone:

Address: 39 No. Pearl Street, Albany, NY Fax: 518-432-3123

Applicant's Accountant: Loeb & Troper Phone: 212-867-4000

Accountant Address: 655 Third Ave. New York N.Y. Fax: 212-867-9810

In-House Attorney: Schoeman, UpDike & Kaufman LLP Phone: 212 661-5030

In-House Insurance Broker: Marcus Agency Phone: 516-731-2000

IRS Employer ID #: SIC Code: 871

NYS Dept. of Labor Number (if applicable):

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.)
Support and assistance to individuals with developmental disabilities, traumatic brain injuries and the elderly throughout New York City.**

(Application Cover, Page 2)

NOTE: PLEASE FAX THIS PAGE TO IAC IMMEDIATELY UPON COMPLETION:**212-645-6360**

Project Address	block & Lot #	square footage	Project property cost
Project #: 1 1164 Simpson St. Bronx New York	Block 2728 Lot 113	Building: 3000 Land: 2000.	\$315,000 [REDACTED]
Project #: 2	Block Lot	Building: Land:	\$
Project #: 3	Block Lot	Building: Land:	\$
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:	\$
		TOTAL	\$

PROJECT INFORMATION SUMMARY: Complete a separate set for each project**PROJECT #: 1**

Project Address: 1164 Simpson St. Bronx, New York

Cross Streets: **Home Street**Title Company Used for Initial Purchase: **Chicago Title** tele#: 212-880-1200Architect: **Harvey Ingersoll** Tele#: 212-825-1111

Number of floors including basement: 4

Zoning category: **One Family**Services Provided in Facility: **Reshab & Room & Board**

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

OMRDD Other:

If owned, initial closing date: **October 4, 2002**is this a mortgage? **Yes**

outstanding principal due (est.): [REDACTED]

maturity date: **December 30, 2012**any pre-payment penalties? **No**Lending facility name & address: **Fleet Bank 300 Broadhollow Rd. Melville N.Y. 11747****If leased**: lease term (state and end dates and available options):

Landlord Name & Address:

Date Program became (or is projected to become) operational: **June '03****Estimates for all COSTS involved in project:**

Land & building acquisition [REDACTED]
 New Construction [REDACTED]
 Renovations/Building Improvements [REDACTED]
 Machinery/Equipment [REDACTED]
 Fees/Other Soft Costs [REDACTED]
 Other (Explain) [REDACTED]
Total Project Costs [REDACTED]

Proposed SOURCES to finance the COSTS

Bonds (i.e., this financing) [REDACTED]
 Loans from other sources [REDACTED]
 Fund Balance [REDACTED]
 Capital Campaigns [REDACTED]
 Other Sources [REDACTED]

Total Project Sources [REDACTED]

LOAN AMOUNT REQUESTED: [REDACTED]

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 conversion of a two family house to a eight bed I.R.A. The improvements will be necessary to make the house suitable for these individuals. Our renovation will be done to ensure compliance with relevant OMRDD and New York codes..
2. What is the purpose of this project? What services are/will be provided?
To relocate eight clients from our Riverside location--Services provided Reshab/Room & Board
3. Indicate, if applicable, the estimated dates for construction/renovation start and completion and financing drawdowns.
June 2003
4. When is payment due date for improvements /construction costs ? (i.e. contractors) Final June 2003
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 ? **Fleet Bank**
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. \$ 796,796
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. **N/A**
6. Will the project facility be operated by the Applicant or by someone else ? **no**
If the operator is expected to be an entity other than the Applicant, who will operate the facility ?
N/A
If applicable, please provide a copy of the contract pursuant to which the operator will be present.
N/A
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"? **No**
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? **No** If yes, please provide details.
N/A

PROJECT COST WORKSHEET: OMRDD Projects

A2a

The Center for Family Support, Inc.

Project: # 1-1164 Simpson St. Bronx N.Y.

Costs You Wish to Finance		PPA Letter Amounts			
<i>Actual Costs: enter final/projected costs</i>		<i>Enter the amounts exactly as they appear in the PPA letter</i>			
COSTS	Amount	Total PPA -- Purchase	Building	Land	Option Paid by OMRDD
Purchase Price					
options paid by agency					
<i>(minus OMR paid options)</i>					
Subtotal (available for financing)	\$0				
Rehab/Renovation					
Design					
<i>minus Assistive Tech paid by OMR</i>					
Subtotal (available for financing)	\$0				
Soft Costs					
closing costs on initial purchase					
short term interest paid on interim financing					
environmental					
appraisals					
other legal and accounting costs					
Subtotal (available for financing)	\$0				
Start Up					
furniture					
equipment					
pre-op staffing					
staff training					
perishables					
miscellaneous					
subtotal (available for financing)	\$0				
GRAND TOTALS	\$0				

This worksheet is available in Excel format

IDA DUE DILIGENCE QUESTIONNAIRE

Employment

1. How many employees does your agency employ in New York City at the present time?
Full time: 200
Part time: 400
2. How many employees does the agency have outside New York City, but within NY State?
Full time: 10
Part time: none
3. Does your agency intend to employ new additional employees at the proposed project site, No or will you transfer current employees from current facilities? Yes What will be the net gain in employees as a result of this project? none

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)? 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? No
If Yes, provide all details on an attached sheet.
3. Is the Agency a plaintiff or defendant in any civil or criminal proceedings? 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) (none)None
5. Does the Agency have any contingent liabilities? (e.g., pending claims, federal, state, or city tax liabilities; judgments or liens, etc.) 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

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, 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 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 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.

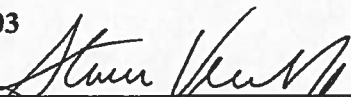
On behalf of Applicant, I acknowledge and agree that IDA reserves the right to require Applicant to submit at Applicant's sole expense, such other documentation as IDA may require in addition to the documentation required hereunder, and that all such documentation, whether requested hereunder or hereafter, 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: **March 27, 2003**

Certification By:



Signature of Executive Director/CEO

Steven Vernikoff
Printed Name

Attested By:



Signature of Fiscal Director/CFO

Martin Katz
Printed Name

EMPLOYMENT INFORMATION

The New York City Industrial Development Agency requires all Applicants to fill out this Employment Questionnaire. As used in this Questionnaire, "Company" means the Applicant; "Project Location" means the project location which Applicant has identified in its Application; and "Tenant" means any person or entity to whom or to which Applicant intends to lease part or all of the Project Location. If Applicant is a real estate holding company, which is an affiliate of an operating company, and Applicant intends to lease the Project Location to such operating company, then the Applicant and the operating company must fill out separate copies of this Questionnaire.

Name and Address of Company:

The Center for Family Support, Inc.
333-Seventh Ave.
New York N.Y. 10001

Tax I.D. Number: 13-191-3807
D.O.L. Registration Number: 0458849
Phone Number: 212-629-7939

Contact Person: Martin Katz

Project Location: 1164 Simpson Street Bronx, N.Y.

Do you expect to conduct business at other locations in New York State: No

Expected Construction Completion Date (where applicable): June 2003

Contact Person(s): Martin Katz

Phone Number: 212-629-7939

D.O.L. Registration Number of your Tenant(s): N/A

Complete the following information for the project location only. Do not include any subcontractors/ subconsultants; include only employees and owners/principals on your payroll and on the payroll of your tenants at the project location.

No. of jobs to be retained by the Company: none, by your Tenant(s)

Projected Employment for the Company on an annual basis:

1st 2nd 3rd 4th 5th 6th 7th years

Projected Employment for your tenant(s) on an annual basis:

1st 2nd 3rd 4th 5th 6th 7th years

Total projected number of new jobs to be created over the next 7 years by the Company and your

Tenant(s):

Company

Tenant

This section asks for more specific information about Applicant's operations. Please complete the following questions:

1. How many employees does Applicant employ in New York City as of the date of this Application?

Full Time 200

Part Time 400

2. How many employees does Applicant employ outside of New York City, but in New York State, as of the date of this Application?

Full Time 10

Part Time none

3. Does Applicant intend to employ new employees at the proposed site, and/or will Applicant transfer current employees from premises presently being used? Please provide details:

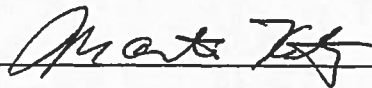
no

I authorize any private or governmental entity, including but not limited to the New York State Department of Labor ("DOL"), to release to the New York City Industrial Development Agency (the Agency) and/or to the New York City Economic Development Corporation ("EDC") and/or to the successors and assigns of either (collectively, the "Information Recipients"), and any and all employment information under DOL's control, which is pertinent to the Company and the Company's employees. In addition, upon the Agency's request, the Company shall provide to the Agency any employment information in the Company's possession which is pertinent to the Company and the Company's employees. Information released or provided to Information Recipients by DOL, or by any other governmental entity, or by any private entity, or by the Company itself, or any information previously released as provided by all or any of the foregoing parties (collectively, "Employment Information"), may be disclosed by the Information Recipients in connection with the administration of the programs of the Agency, and/or the 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 Agency, and (z) any other reports required by law. This authorization shall remain in effect throughout the term of this Lease.

Name of Company: The Center for Family Support, Inc.

Signature of Principal/Owner/Chief Financial Officer _____

Date: March 27, 2003



Attach to this Questionnaire (1) your most recent IA-5 form and (2) completed Employment Questionnaire(s) and IA-5 form(s) from you Tenant(s). Attach additional pages if necessary.