

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: The Center for Family Support, INC
Address: 333-Seventh Aveune N.Y. 10001
Phone Number(s): 212-629-7939
Fax Numbers(s): 212-239-1122
E-mail Address: Mkatz@cfsny.org
Website Address: CFSNY.ORG
Applicant EIN Number: [REDACTED]
S.I.C. Code: [REDACTED]
NAICS Code: 0458849

Date of Application: August 2007

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: Martin Katz Firm: Center for Family Support, Inc
 Phone # [REDACTED] Fax#: 212-239-2211
 E-mail Address: Mkatz@cfsny.org Address: 333 7th Ave, NY 10001

3. Attorney of Applicant:

Name: Robert Wakeman Firm: Lombardi, WALSH & Nolan and Heller WAKEMAN
 Phone # 5 [REDACTED] x 236 Fax#: 518-432-3131 518-438-2471
 E-mail Address: ~~nwakeman@nolanandheller.com~~ rgw@lrwhlaw.com Address: III Winner's Circle, Albany NY 12205
39 North Pearl St., Albany, NY 12207

4. Accountant of Applicant:

Name: David Rottkamp Firm: Loel and Troper
 Phone # [REDACTED] Fax#: 212-867-9810
 E-mail Address: drottkaum@loebandtroper.com Address: 655 Third Ave N.Y.

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

Name: Richard Bosch Firm: IAC
 Phone # [REDACTED] Fax#: 212-627-8847
 E-mail Address: richard@iacny.org Address: 275 7th Ave., 40th fl, NY, NY 10001
150 W. 30th Street, 15th Fl
New York, NY 70001

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: 1953

9. States in which Applicant is qualified to do business: N.Y., NJ

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

General Operations.

The Center for Family Support, Inc. (the "Center for Family Support") was founded in 1953. Operating out of 15 facilities, the Center for Family Support provides a wide range of in-home and residential services to the developmentally disabled community of New York City. The Center for Family Support's mission is to provide support and assistance to individuals with developmental and related disabilities and their families. In order to achieve this mission, The Center for Family Support provides services whose goals are: To assist individuals to develop to their fullest level of independence; to allow individuals choice in determining what their lives will be like; to help families stay together by providing relief, and training and support of caregivers which enhance the family's quality of life; and to provide excellent services as defined by the consumers of service. The Center for Family Support's primary funding sources are OMRDD, the New York City Department of Mental Health, Mental Retardation and Alcoholism Services ("DMH"), the New York State Department of Health, and the Westchester County Department of Health. The Center for Family Support is a not-for-profit organization, exempt from tax under Section 501 (3) of the Internal Revenue Code and comparable New York State law.

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. (120th Street + Cary Ave)
- 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. MARTIN LUTHER KING BID
- 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):

- 501(c)(3) Organization Limited Liability Company
- Other (specify): N/A

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

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

3. Give the following information with respect to all present and proposed tenants and sub-tenants at the proposed project site.

Provide information on an additional sheet if space is needed.

Company Name	Phone	Affiliation with Applicant	SF & Floors (Percent of Occupancy)	Lease Expiration	Tenant Business
NONE ✓					

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: Brooklyn, <i>New Lots</i> Block(s): 4270
Lot(s): 44
Street address and zip code: 678 Lincoln ave Brooklyn NY 11208
Zoning: Residence
Square footage of land: 2000
Square footage of existing building(s): 1160
Number of floors: 1-Second Floor
Intended use(s) (e.g., office, retail, etc.): Supportive Apt

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project: The conversion of the second floor apt for 5 waiver individuals. The improvements will be necessary to make the apt suitable for the consumers. The approval will be with NYS-OMRDD and the CITY of NEW York. *Individuals are developmentally disabled and will receive habilitation services in their home.*

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)? November 30, 2007

c. Indicate the estimated date for commencement of the Project: 12/21/2004

d. Indicate the estimated date for completion of the Project: 01/06/2006

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: Omrdd, City *Dept. of Buildings*

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

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

New York City Percentage of Total? 100

New York State (excluding NYC) Percentage of Total? N/A

United States (excluding NY State) Percentage of Total? N/A

Outside United States Percentage of Total? N/A

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

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

Employment Questionnaire

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 that 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.

Applicant Name: The Center for Family Support, INC
Address: 333 Seventh Ave. N.Y. 10001
Phone Number(s): 212-629-7939-222
I.R.S. Employer ID Number: 19-191-3807
Department of Labor Registration Number: 0458849
Project Location: 678--Lincoln Ave Brooklyn NY

1. Do you expect to conduct business at other locations in New York State?

Yes No

2. Expected construction completion date (where applicable): 01/06/2006

3. Department of Labor Registration Number of Tenant(s): 1

4.

Do not include any subcontractors or subconsultants; include only employees and owners/principals on your payroll and on the payroll of Tenant(s).

4. How many employees does Applicant employ in New York City at the time of Application submission?

Full-time: 259 Part-time: 520 (on average, Part-time workers work 40 hours per week)

5. How many employees referred to in question 4 reside in New York City at the time of Application submission?

Full-time: 259 Part-time: 520

6. How many employees does Applicant employ outside of New York City but in New York State at the time of Application submission?

Full-time: none Part-time: (on average, Part-time workers work hours per week)

7. How many employees does Applicant employ at the project location (annual average)?

Full-time: 9 Part-time:

8. Projected employment at Project Location for the Company on June 30:

	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year	7 th Year
Full-time	9	9	9	9	9	9	9
Part-time							

9. Projected employment at Project Location for your Tenant(s) on an annual basis:

	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year	7 th Year
Full-time	0						
Part-time							

10. Projected average quarterly wage/salary of employees at project location during first year of operation: \$ 71500.

11. Describe the occupational composition of the workforce at the Project Location. Note differences between this composition and what is typical at other NYC locations.

Direct care workers

12. Does Applicant intend to employ new employees at the Project Location, and/or will Applicant transfer current employees from premises currently being used? Please provide details.

no

Authorization

I authorize any private or governmental entity, including but not limited to the New York State Department of Labor ("DOL"), to release to the NYCIDA and/or to NYCEDC and/or to the successors and assigns of either (collectively, the "Information Recipients"), any and all employment information under DOL's control that 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 that 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 NYCEDC, 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 (1) reports prepared by the Information Recipients pursuant to New York City Local Law 69 of 1993, (2) other reports required of the Agency, and (3) any other reports required by law. This authorization shall remain in effect throughout the term of this Lease.

Name of Applicant: The Center for Family Support Inc

By: Printed Name of Signer: Martin Katz

Title of Signer: CFO

Signature: 

Date: 08/18/2007

Attach to this Questionnaire your most recent four quarters of the NYS-45 "Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return." Attach additional pages if necessary.

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# 2
Borough: Staten Island
Neighborhood: IRA West New Brighton
Block(s): 221
Lot(s): 45
Street address and zip code: 568 Cary Ave Staten Island New York 10310
Zoning: Residence
Square footage of land: 4450
Square footage of existing building(s): 760
Number of floors: 2- Floor
Intended use(s) (e.g., office, retail, etc.): Residence

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project: The conversion of the a Family House for a 6-bed IRA. The improvements will be necessary to make the house suitable for the individuals. Our renovations will be done to ensure compliance with OMRDD and n.y.c. codes

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)? November 30, 2007

c. Indicate the estimated date for commencement of the Project: 11/17/2005

d. Indicate the estimated date for completion of the Project: 02/28/2008

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

Yes No

If Yes, which zone? Residence

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: C/O, Omrdd, City of NYC *D.O.B.*

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

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

- New York City Percentage of Total? 100
- New York State (excluding NYC) Percentage of Total? N/A
- United States (excluding NY State) Percentage of Total? N/A
- Outside United States Percentage of Total? N/A

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

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

Employment Questionnaire

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 that 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.

Applicant Name: The Center for Family Support, INC
Address: 333 Seventh Ave. N.Y. 10001
Phone Number(s): 212-629-7939-222
I.R.S. Employer ID Number: 19-191-3807
Department of Labor Registration Number: 0458849
Project Location: 568-Cary Ave Staten Island Ny 10310

1. Do you expect to conduct business at other locations in New York State?

Yes No

2. Expected construction completion date (where applicable): 02/28/2008

3. Department of Labor Registration Number of Tenant(s): 1

4.

Do not include any subcontractors or subconsultants; include only employees and owners/principals on your payroll and on the payroll of Tenant(s).

4. How many employees does Applicant employ in New York City at the time of Application submission?

Full-time: 259 Part-time: 520 (on average, Part-time workers work 40 hours per week)

5. How many employees referred to in question 4 reside in New York City at the time of Application submission?

Full-time: 259 Part-time: 520

6. How many employees does Applicant employ outside of New York City but in New York State at the time of Application submission?

Full-time: none Part-time: _____ (on average, Part-time workers work _____ hours per week)

7. How many employees does Applicant employ at the project location (annual average)?

Full-time: 9 Part-time: _____

8. Projected employment at Project Location for the Company on June 30:

	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year	7 th Year
Full-time	9	9	9	9	9	9	9
Part-time							

9. Projected employment at Project Location for your Tenant(s) on an annual basis:

	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year	7 th Year
Full-time	0						
Part-time							

10. Projected average quarterly wage/salary of employees at project location during first year of operation: \$ 71500.

11. Describe the occupational composition of the workforce at the Project Location. Note differences between this composition and what is typical at other NYC locations.

Direct care workers

12. Does Applicant intend to employ new employees at the Project Location, and/or will Applicant transfer current employees from premises currently being used? Please provide details.

no

Authorization

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Name of Applicant: The Center for Family Support Inc

By: Printed Name of Signer: Martin Katz

Title of Signer: CFO

Signature: 

Date: 08/18/2007

Attach to this Questionnaire your most recent four quarters of the NYS-45 "Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return." Attach additional pages if necessary.

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# 3

Borough: Bronx
Neighborhood: NA Highbridge
Block(s): 02528
Lot(s): 13
Street address and zip code: 1212 Martin Luther King Blvd. Bronx N.Y. ¹⁰⁴⁵² DR. Martin Luther King Jr., Blvd
Zoning: Residence
Square footage of land: 900
Square footage of existing building(s): 2950
Number of floors: 5-Apts : 2e, 2j, 3e, 4e, 3j
Intended use(s) (e.g., office, retail, etc.): Residence

1. Please provide the following Project information:

a. Please provide a brief description of the proposed Project: For Start-up for 5 supportive apts for 5 waiver consumers. The funds will be used only for start-up (\$11,135 each)

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)? November 30, 2007

c. Indicate the estimated date for commencement of the Project: 04/21/2006

d. Indicate the estimated date for completion of the Project: 07/13/2007

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

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

- New York City Percentage of Total? 100
- New York State (excluding NYC) Percentage of Total? N/A
- United States (excluding NY State) Percentage of Total? N/A
- Outside United States Percentage of Total? N/A

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

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Address: 333 Seventh Ave. N.Y. 10001
Phone Number(s): 212-629-7939-222
I.R.S. Employer ID Number: 19-191-3807
Department of Labor Registration Number: 0458849
Project Location: 12-12 Martin Luther King Blvd. Bronx NY

1. Do you expect to conduct business at other locations in New York State?

Yes No

2. Expected construction completion date (where applicable): 07/13/2007

3. Department of Labor Registration Number of Tenant(s): 1

4.

Do not include any subcontractors or subconsultants; include only employees and owners/principals on your payroll and on the payroll of Tenant(s).

4. How many employees does Applicant employ in New York City at the time of Application submission?

Full-time: 259 Part-time: 520 (on average, Part-time workers work 40 hours per week)

5. How many employees referred to in question 4 reside in New York City at the time of Application submission?

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8. Projected employment at Project Location for the Company on June 30:

	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year	7 th Year
Full-time	9	9	9	9	9	9	9
Part-time							

9. Projected employment at Project Location for your Tenant(s) on an annual basis:

	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year	7 th Year
Full-time	0						
Part-time							

10. Projected average quarterly wage/salary of employees at project location during first year of operation: \$ 71500.

11. Describe the occupational composition of the workforce at the Project Location. Note differences between this composition and what is typical at other NYC locations.

Direct care workers

12. Does Applicant intend to employ new employees at the Project Location, and/or will Applicant transfer current employees from premises currently being used? Please provide details.

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Name of Applicant: The Center for Family Support Inc

By: Printed Name of Signer: Martin Katz

Title of Signer: CFO

Signature: 

Date: 08/18/2007

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Core Application – Project Description and Financial Information

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Site# 4
4
Borough: Queens
Neighborhood: N/A Jamaica
Block(s): 12026
Lot(s): 81
Street address and zip code: 145-17 120 th Ave Jamaica N.Y. 11436
Zoning: Residence
Square footage of land: 4080
Square footage of existing building(s): 880
Number of floors: 2
Intended use(s) (e.g., office, retail, etc.): Residence

1. Please provide the following Project information:

- a. Please provide a brief description of the proposed Project: Conversion of a family house for a 6-Bed IRA.
- b. The improvements will be necessary to make the house suitable for the individuals.
- c. Our renovations will be done to ensure compliance with OMRDD and ~~Westchester Codes~~ NYC Building Codes

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)? November 30, 2007

c. Indicate the estimated date for commencement of the Project: ~~May~~ August 15, 2007

d. Indicate the estimated date for completion of the Project: ~~2007~~

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

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

<input checked="" type="checkbox"/> New York City	Percentage of Total?	100
<input type="checkbox"/> New York State (excluding NYC)	Percentage of Total?	N/A
<input type="checkbox"/> United States (excluding NY State)	Percentage of Total?	N/A
<input type="checkbox"/> Outside United States	Percentage of Total?	N/A

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

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

Employment Questionnaire

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 that 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.

Applicant Name: The Center for Family Support, INC
Address: 333 Seventh Ave.N.Y.10001
Phone Number(s): 212-629-7939-222
I.R.S. Employer ID Number: XXXXXXXXXX
XX
Project Location: 145-17 120 th Ave.Jamaica NY

1. Do you expect to conduct business at other locations in New York State?

Yes No

2. Expected construction completion date (where applicable): Open

3. Department of Labor Registration Number of Tenant(s): 1

4.

Do not include any subcontractors or subconsultants; include only employees and owners/principals on your payroll and on the payroll of Tenant(s).

4. How many employees does Applicant employ in New York City at the time of Application submission?

Full-time: 259 Part-time: 520 (on average, Part-time workers work 40 hours per week)

5. How many employees referred to in question 4 reside in New York City at the time of Application submission?

Full-time: 259 Part-time: 520

6. How many employees does Applicant employ outside of New York City but in New York State at the time of Application submission?

Full-time: none Part-time: (on average, Part-time workers work hours per week)

7. How many employees does Applicant employ at the project location (annual average)?

Full-time: 9 Part-time:

8. Projected employment at Project Location for the Company on June 30:

	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year	7 th Year
Full-time		9	9	9	9	9	9
Part-time							

9. Projected employment at Project Location for your Tenant(s) on an annual basis:

	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year	7 th Year
Full-time		0					
Part-time							

10. Projected average quarterly wage/salary of employees at project location during first year of operation: \$ 71500.

11. Describe the occupational composition of the workforce at the Project Location. Note differences between this composition and what is typical at other NYC locations.

Direct care workers

12. Does Applicant intend to employ new employees at the Project Location, and/or will Applicant transfer current employees from premises currently being used? Please provide details.

no

Authorization

I authorize any private or governmental entity, including but not limited to the New York State Department of Labor ("DOL"), to release to the NYCIDA and/or to NYCEDC and/or to the successors and assigns of either (collectively, the "Information Recipients"), any and all employment information under DOL's control that 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 that 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 NYCEDC, 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 (1) reports prepared by the Information Recipients pursuant to New York City Local Law 69 of 1993, (2) other reports required of the Agency, and (3) any other reports required by law. This authorization shall remain in effect throughout the term of this Lease.

Name of Applicant: The Center for Family Support Inc

By: Printed Name of Signer: Martin Katz

Title of Signer: CFO

Signature: 

Date: 08/18/2007

Attach to this Questionnaire your most recent four quarters of the NYS-45 "Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return." Attach additional pages if necessary.



**INTERAGENCY COUNCIL
OF MENTAL RETARDATION AND
DEVELOPMENTAL DISABILITIES AGENCIES, INC**

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Margery E. Ames, Esq.
Executive Director

October 11, 2007

Ilar Sadikay
NYC Economic Development Corporation
110 William Street, 6th fl
New York, NY 10038

Re: Special Needs Pool Application: Center for Family Support

Dear Ilar:

Enclosed is the final application for the next pooled financing, Pool 14 which we plan to close in December.

If you have any questions, please don't hesitate to call.

Sincerely,

Richard Bosch
Deputy Executive Director

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 18 day of August, 2007 .

Name of Applicant: Center for Family Support, Inc

By: Printed Name of Signer: Martin Katz

Title of Signer: CFO

Signature: 

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

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

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

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

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

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

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

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

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

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

4. Has real property in which Applicant, or Affiliate or Principal, holds or has ever held an ownership interest and/or controlling interest of 25 percent or more, now or ever been (i) the subject of foreclosure (including a deed in lieu of foreclosure), or (ii) in arrears with respect to any type of tax, assessment or other imposition?

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

5. Does Applicant, or any Affiliate or Principal, have any contingent liabilities not already covered above (e.g., judgment liens, lis pendens, other liens, etc.)? Please include mortgage loans and other loans taken in the ordinary course of business only if in default.

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

6. Has the Applicant, or any Affiliate or Principal, failed to file any required tax returns as and when required with appropriate governmental authorities?

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

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

7. List major customers:

Company Name	Address	Contact	Phone	Percent of Revenues
None				None

8. List major Funding Sources:

Company	Address	Contact	Phone
OMRDD	75 Morton Street, Ny NY 1004	Kathleen Broderick	[REDACTED]
NYC-DMHMR & AS	93 Worth St. NY NY 10003	Tere Fighetti	
Westchester County Dept. of Health	145 Huguenot ST. New Rochelle NY 10801	Lorraine Chun	
NYS dept of Health	161-Delaware Ave. Delmar NY 12054	Bruce Rosen	

9. List unions (if applicable):

Union Name	Address	Contact	Phone	Contact Expiration
N/A				

10. List Banks:

Bank Name	Address	Contact	Phone	Type of Account
Bank of America	1185 Avenue of the Americas N.Y. 10036	James Maiorino	212-819-5727	Operating

11. List licensing authorities, if applicable:

Company Name	Address	Contact	Phone	Percent of Revenues
Same as #8				