



# **BENEFITS APPLICATION**

Applicant Name: Fencers Club, Inc.			
Name of operating company (if different	ent from Applicant):		
Operating Company Address: 229 W	Vest 28th Street, 2 <sup>nd</sup> Floor, New Y	/ork, NY 10001	
Website Address: http://fencersclub.	org		
EIN #: 13-2959888		NAICS Code:	
State and date of incorporation or for	mation: NY – 1883	Qualified to conduct business in NY?	Yes No
Applicant is (check one of the following	ng, as applicable):		
☐ General Partnership	☐ Limited Partnership	☐ C Corporation	☐ S Corporation
☐ Limited Liability Company	☐ Natural Person	☑ 501(c)(3) Organization	☐ Other:
Applicable Financial Assi	stance (check all that a	apply)	
Please note the following: When Build nortgage recording taxes and tax-exe		ncial Assistance, the Project Financial Assist	tance may be limited to deferral
⊠ Bond Financing			
Real Estate Tax Benefits			
Sales Tax Waiver			
	rral		

## **Applicant Contact Information**

	Name/Title	Company	Address	Email	Phone
Applicant Contact Person	Elizabeth Cross, Executive Director	Fencers Club, Inc.	229 West 28th St, 2nd Fl, New York, NY 10001	exec_dir@fencersclub.org	(212) 807-6947
Attorney	Ruben M. Ravago	Braverman Greenspun, P.C.	110 East 42nd St, 17th Fl New York, NY 10017	rravago@braverlaw.net	(917) 657-9010
Accountant	David Roberts	Loeb & Troper, LLP	655 Third Ave, 12th Floor New York, NY 10017	droberts@loebandtroper.com	(212) 867-4000
Consultant/Other	Sunil Aggarwal President	ThinkForward Financial Group	27 Whitehall St, 4 <sup>th</sup> FI NY, NY 10004	sunil@thinkforwardfinancial.com	(212) 269-1300

### **Background**

Please provide a brief description of the Applicant's history and nature of its business, including a description of the industry, competitors and services offered, on a separate sheet.

#### **Proposed Project Activities**

Please provide answers to the following four questions on a separate page. [See Exhibit A attached hereto]

- 1. Please provide a brief overview of the entire proposed Project. If necessary, break down by tax lot to describe activities at each Project Location.
- 2. Please provide a brief description of how the proposed Project will affect current operations.
- 3. Please provide a brief description of renovations/construction of the proposed Project.
- 4. Please provide a brief timeline for the entire proposed Project.

#### **Project Financing**

Amounts provided should be aggregates for all Project Locations.

	Sources of Funds (If needed use an additional sheet to indicate all sources and uses)								
Uses of Funds	Bond Proceeds	Commercial Financing (Loan 1)	Commercial Financing (Loan 2)	Affiliate/ Employee Loans	Capital Campaign	Company Funds	Other (Identify):	Total Uses	
Land & Building Acquisition	9,000,000					2,898,300		11,898,300	
Construction Hard/Soft Costs						1,500,000		1,500,000	
Fixed Tenant Improvements									
Furnishings & Equipment									
Debt Service Reserve Fund									
Capitalized Interest									
Costs of Issuance						451,700		451,700	
Fees (explain):									
Other									
Total Sources	9,000,000					4,850,000		13,850,000	

## **Operating Pro Forma** (for NYCIDA applicants only)

Please provide an operating pro forma or other financial analysis demonstrating how NYCIDA assistance is needed in order to make the Project feasible.

#### Sourcing

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

New York City	% of Total?	65%
New York State (excluding NYC)	% of Total?	35%
☐ United States (excluding NYS & NYC)	% of Total?	0%
☐ Outside United States	% of Total?	0%
☐ N/A – No equipment is planned to be purchased for this Project		

# **Project Location Detail**

Project Location		Project Location #	‡ 1 of 1				
Borough/Block/Lot: Manhattan; Block 834; Lot			p code: 20 W 33rd St, #2002, NY, NY 10001				
Zoning: C6-4		Number of Floors: A bldg	pplicant will own 2 <sup>nd</sup> floor (unit #2002) of 13 story				
Square footage of existing building: Condo #2 building 15 stories = 176,000 sf)	2002: 13,998 sf (total	Square footage of lan	d: 14,812				
Anticipated square footage of building following 13,998 sf	g renovation:		otage of non-building improvements following enovation (i.e., parking lot construction): None				
	facturing/Industrial	Office	Non-profit     Non-profit				
For ALL USES other than Non-profit or Retail, please also complete Energy Questionnaire  Is there any improved space which is currently occupied by existing subtenant(s) (whether Affiliates or otherwise)?  Yes  No  Will any improved space be occupied by subtenant(s) (whether Affiliates or otherwise)?  Yes  No  If yes to either, please attach a separate page and provide details such as (1) name of subtenant business(es) (whether Affiliates or otherwise), (2) square footage of subtenant operations, (3) subtenant lease commencement and termination dates, and (4) copies of leases.							
Anticipated Ownership of Premi  1. Please check all that apply:  Applicant or an Affiliate is or expects to be t		the Project Location	(Projected) Acquisition date: 08/30/2018				
Applicant or an Affiliate leases or expects to	·	•	(Projected) Lease signing date:				
If you checked the box above, please select or		ition	(FTOJECIEU) Lease Signing date.				
Lease is for an entire building and prope	_						
☐ Lease is for a portion of the building and	-						
<u> </u>	ribe Applicant's interes	st or intended interes	t in the Project Location, which may be more				
If an Affiliate owns or controls (or will own or completing the chart provided below:	control) a Project Locati	on, then describe such	n Affiliate by choosing one of the following selections				
☐ General Partnership	☐ Limited Partnership		☐ C Corporation				
S Corporation	☐ Limited Liability Con	npany	☐ 501(c)(3) Organization				
☐ Natural Person	Other (specify):						
Name of Affiliate:		EIN # of Affiliate:					
Address of Affiliate:							
Affiliation of Affiliate to Applicant:							
Contact Person: Title of Contact Person:							
Phone Number(s):	<u> </u>	<u> </u>					

## **Employment Information**

The following information will be used as part of the Agency's calculation of the benefit of the Project, and as a basis for the comparison with the employment information that the Applicant will be required to report on an annual basis for the term of the Project Agreement.

For all responses below, please note that part-time employees work an average of between 17.5 and 35 hours per week, and full-time employees work 35 hours or more per week. Hourly wages should represent the pay rate and are exclusive of overtime. For any salaried employees, please divide the annual salary by 1,820 (working hours per year) to produce an hourly wage. Wage information should exclude principals.

1. Anticipated Facility Operations Start Date at Project Location: 9/1/2020

2. Regarding employees the Applicant employed throughout New York City as of the last pay period:

Number of part-time employees: 2 Number of full-time employees: 3

3. Regarding employment if Applicant currently occupies and operates at the Project Location:

Hourly wage of lowest compensated part-time employee: NA Hourly wage of lowest compensated full-time employee: NA

Number of part-time employees: NA Number of full-time employees: NA

4. Regarding employees the Applicant expects to employ throughout New York City on the Facility Operations Start Date:

Number of part-time employees: 2 Number of full-time employees: 3

How many of these employees are expected to be relocated to the Project Location on or about the Facility Operations Start Date?

Number of part-time employees: 2 Number of full-time employees: 3

5. Regarding all employees at the Project Location on the Facility Operations Start Date:

Average hourly wage per part-time employee: \$18.29 Average hourly wage per full-time employee: \$48.53

Hourly wage of highest compensated part-time employee: \$20.00
Hourly wage of lowest compensated full-time employee: \$74.18
Hourly wage of lowest compensated full-time employee: \$30.22

Number of part-time employees: 2 Number of full-time employees: 3

6. <u>Estimated New-growth Employment.</u> Complete the following chart to indicate the number of new employees that are expected to be hired at the Project Location in each year. Note: Year 1 is the year following the Facility Operations Start Date; Year 2 is the second year following that date; Year 3 is the third, etc.

Years following Facility Operations Start Date	1	2	3	4	5	6	7	Total New Growth
Permanent Full-time	0	0	0	0	0	0	0	0
Permanent Part-time	0	0	0	0	0	0	0	0

#### Wage and Benefits Information

7. For all new employees at the Project Location (again, excluding Principals) expected to be hired during the three-year period following the Facility Operations Start Date, please project the following:

Average hourly wage per part-time employee: N/A
Hourly wage of lowest compensated part-time employee: N/A
Hourly wage of lowest compensated full-time employee: N/A

- 8. Generally describe all other forms of compensation and benefits that Permanent Employees will receive. Examples: healthcare, employer-contributions for retirement plans, on-the-job training, reimbursement for educational expenses, etc. [See Exhibit C attached hereto.]
- 9. Please indicate whether the Applicant or any of its Affiliates will be required to provide health coverage to its employees pursuant to the federal Patient Protection and Affordable Care Act (the "Act"). If yes, please provide an overview of the applicable requirements under the Act and an explanation of how the Applicant plans to comply with such requirements. If no, please explain why. [See Exhibit C attached hereto.]
- 10. Is your company currently providing paid sick time to employees in accordance with the Earned Sick Time Act (Chapter 8 of Title 20 of the NYC Administrative Code) and otherwise in compliance with such law? If yes, please provide an explanation of your company's paid and unpaid sick time policy. If no, please explain why. [See Exhibit C attached hereto.]

## <u>Labor</u>

The Applicant and its Affiliates hereinafter will be referred to collectively as the "Companies" or individually as a "Company." If none of the following questions apply to any of these Companies, answer "NO"; but, for any question that does apply, be sure to specify to which of the Companies the answer is relevant.

1.			kes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?
	☐ Yes	⊠ No	If Yes, please explain on an attached sheet
2.			ny federal and/or state unfair labor practices complaints asserted during the current calendar year or any urrent calendar year?
	☐ Yes	⊠ No	If Yes, please describe and explain current status of complaints on an attached sheet
3.			ng or threatened requests for arbitration, grievance proceedings or other labor disputes during the current Far years preceding the current calendar year?
	☐ Yes	⊠ No	If Yes, please explain on an attached sheet
4.	Are all employees of	f the Companies pe	ermitted to work in the United States?
		☐ No	If No, please provide details on an attached sheet.
	Do the Companies of	complete and retain	all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?
		□ No	If No, please explain on an attached sheet
5.	local, state or federa	al department, ager eir wages, inspect	abor, the New York State Department of Labor, the New York City Office of the Comptroller or any other acy or commission having regulatory or oversight responsibility with respect to workers and/or their working ed the premises of any Company or audited the payroll records of any Company during the current of
	Yes	⊠ No	If "Yes," please use an attached sheet to briefly describe the nature and date of the inspection and the inspecting governmental entity. Briefly describe the outcome of the inspection, including any reports that may have been issued and any fines or remedial or other requirements imposed upon any of the Companies as a consequence.
6.	Have any of the Cor including a pension		r potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan,
	Yes	⊠ No	If "Yes," please use an attached sheet to quantify the liability and briefly describe its nature. Refer to any governmental entities that have had regulatory contact with the Company in connection with the liability.
7.		ims, proceedings	nies now, or have they been at any time during the current or preceding five calendar years, the subject or or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or genera
	☐ Yes	⊠ No	If "Yes," provide details on an attached sheet. Note "discrimination" includes sexual harassment.

# **Financials**

1.		ny <b>Affiliate,</b> or <b>Principal</b> , e or any other kind of nor					ny such person	n or entity currently receiving,
		Yes No If Yes, ple	ase provide detai	ls on an at	ttached sheet.			
2.		any <b>Affiliate</b> or <b>Principa</b> ss of obtaining, or contem						d, or is any such person or r <b>Public Entities</b> ?
		Yes No If Yes, ple	ase provide detai	ls on an at	ttached sheet.			
3.	Has <b>Applicant</b> , or	any Affiliate or Principa	I, ever defaulted	on a loan	or other obligation	n to a <b>Public Enti</b>	ty?	
		Yes No If Yes, ple	ase provide detai	ls on an at	ttached sheet.			
4.		ever been (i) the subject o						ntrolling interest of 25 percent spect to any type of tax,
		Yes No If Yes, ple	ase provide detai	ls on an at	ttached sheet.			
5.	Does <b>Applicant</b> , o liens, etc.)? Please	or any <b>Affiliate</b> or <b>Princip</b> se include mortgage loans	<b>al</b> , have any con and other loans	tingent lia taken in t	abilities not already the ordinary course	covered above (e of business only	e.g., judgment if in default.	liens, lis pendens, other
		Yes No If Yes, ple	ase provide detai	ls on an at	ttached sheet.			
6.	Has <b>Applicant</b> , or	any Affiliate or Principa	<b>I</b> , failed to file an	y required	d tax returns as an	d when required v	vith appropriat	e governmental authorities?
		Yes No If Yes, ple	ase provide detai	ls on an at	ttached sheet.			
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		in 12, below, please ansv rmation on an attached s		question	is relating to the A	Applicant (if the s	space provided	d below is insufficient, pleas
7.	List major custom	ners: N/A						
(	Company Name	Address	Contact	act Phone		Fax		il % of Revenues
8.	List major supplier	ers: N/A						
	Company Name	Address		Contact	Phon	e Fa	ax	Email
9.	List major Funding	g sources (if applicable):	N/A					
	Company Name	Address		Contact	Pho	ne	Fax	Email
L								
		•	•		•	•		

10. List unions (if applicable): N/A

Union Name	Address	Contact	Phone	Fax	Email

#### 11. List banks:

Bank Name	Address	Contact	Phone	Fax	Email	Account Type and Number
Citibank	90 Park Ave NY, NY 10016	Jay Biss	(410) 292-8080		jay.biss@citi.com	02714672; 9948576494

12. List licensing authorities (if applicable):

Company Name	Address	Contact	Phone	Fax	Email

## Anti-Raiding

<u> </u>	u-Kalung
1.	Will the completion of the Project result in the relocation of any plant or facility located within New York State, but outside of New York City, to New York City?   Yes  No
	If "Yes," please provide the names of the owners and addresses of the to-be-removed plant(s) or facility(ies):
2.	Will the completion of the Project result in the abandonment of any plants or facilities located in an area of New York State other than New York City?
	If "Yes," please provide the names of the owners/operators and the addresses of the to-be-abandoned plant(s) or facility(ies):
f ti	he answer to question 1 or 2 is "Yes," please continue and answer questions 3 and 4.
3.	Is the Project reasonably necessary to preserve the competitive position of this Applicant, or of any proposed occupants of the Project, in its industry? $\square$ Yes $\square$ No
4.	Is the Project reasonably necessary to discourage the Applicant, or any proposed occupant of the Project, from removing such plant or facility to a location outside New York State?  ☐ Yes ☐ No

If the answer to question 3 or 4 is "Yes," please provide on a detailed explanation on a separate sheet of paper.

#### Certification

, the undersigned officer/member/partner of Applicant, on behalf of Applicant and its Affiliates, hereby request, represent, certify, understand, acknowledge and agree as follows:

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 applicable Agency's Board of Directors (the "Board"), in order to obtain from the Board an expression of intent to provide the benefits requested berein for the Project.

represent that I have the authority to sign these Application Materials on behalf of, and to bind, Applicant and its Affiliates.

certify to the best of my knowledge and belief, after due investigation, the information contained in these Application Materials is accurate, true and correct and does not contain a misstatement of a material fact or omit to state a material fact necessary to make the statements contained herein not misleading. 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 Agency's Board to reject the request made in the Application Materials. I understand that the Agency will rely on the information contained within these Application Materials in producing and publishing a public notice and convening a public hearing. If any information in these Application Materials is found to be incorrect, the Applicant may have to provide new information and a new public notice and public hearing may be required. If a new public notice and public hearing is required, they will be at the Applicant's expense.

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, and if such background check performed by the Agency with respect to Applicant or any Affiliates reveals negative information, Applicant consents to any actions that the Agency or NYCEDC may take to investigate and verify such information; that the Agency may be required under SEQRA to make a determination as to the Project's environmental impact and that in the event the Agency determines that the Project will have an environmental impact, Applicant will be required or operate, 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 of the City; that under the New York State Freedom of Information Law ("FOIL"), the NYCIDA/Build NYC may be required to disclose the Application Materials and the information contained therein (see the Disclosure Policy section of the Polices and Instructions provided to Applicant and signed by Applicant on or about the date hereof (the Policies and Instructions")); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials.

#### further understand and agree as follows:

little of Signatory: Executive Director

Signature:

That notwithstanding submission of this Application, the Agency shall be under no obligation to present Applicant's proposed Project to its Board for approval. If he Agency presents Applicant's proposed Project to its Board for approval, the Agency does not guaranty that such approval will be obtained. If upon presenting Applicant's proposed Project to its for approval the Agency obtains such approval, such approval shall not constitute a guaranty from the Agency to Applicant that he Project transaction will close.

That preparation of this Application and any other actions taken in connection with the proposed Project shall be entirely at Applicant's sole cost and expense. Under all circumstances, the Application Fee is non-refundable, including but not limited to the circumstance where the Agency decides, in its sole discretion, to not present Applicant's proposed project to the the Agency Board of Directors for Approval.

That each of Applicant and each of its Affiliates (collectively, the "Indemnitors") hereby releases NYCIDA, Build NYC, NYCEDC and their respective directors, officers, employees and agents (collectively, the "Indemnitees") from and against any and all claims that any Indemnitor has or could assert and which arise out of, or are related to, any Application Materials, any actions taken in connection therewith or any other actions taken in connection with the proposed Project collectively, the "Actions"). Each Indemnitor hereby indemnifies and holds harmless each of the Indemnitees from and against any and all claims and damages prought or asserted by third parties, including reasonable attorneys' fees, arising from or in connection with the Actions. As referred to herein, "third parties" shall include, but shall not be limited to, Affiliates.

That in the event the Agency discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Agency to make such disclosure and hereby releases the Agency from any claim or action that Applicant may have or might bring against the Agency, their directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the Agency and the NYCEDC and their espective 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.

That capitalized terms used but not defined in this Application have the respective meanings specified in the Policies and Instructions.

acknowledge and agree that the Agency reserves its right in its sole and absolute discretion to request additional information, waive any requirements set orth 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,

I certify that, using due care, I know of no misstatement of material fact in the Application Materials, and know of no material fact required to be stated in the Application Materials to make the statements made therein

not misleading. Certified by Preparer,

This 19th day of April 2018.

Name of Applicant: Fencers Club, Inc.

Signatory: Elizabeth Cross

Not misleading. Certified by Preparer,

This 19th day of April 2018.

Name of Preparer: Fencers Club, Inc.

Signatory: Elizabeth Cross

Title of Signatory: Executive Director
Signature:

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