AMENDED

New York City Industrial Development Agency

Not-for Profit [501(c)(3)]

Project Financing Application

By what date do you wish to close the proposed project financing? February 1, 2003	
I. APPLICANT INFORMATION	
Applicant's Name: The Child School	
Address: 317 East 33rd Street, New York, New York 10016	
Phone #:212-683-3393	
IRS Employer ID Number: S.I.C. Code:	
NY State Dept. Of Labor Number (if applicable):	
Officer of Applicant completing this application (contact person):	
Name: Maari deSouza Title: Phone #: 212-683-3393	
Applicant type of Organization (i.e., Social Services, Private School):	
Brief description of service: See attachment #1	
Applicant's State of Incorporation or Registration: New York	
Applicant's Attorney: Name: Seth P. Stein Phone #516-542-0088 Fax #: 516-542-0094	
Firm and Address: Stein & Schonfeld, 100 Quentin Roosevelt Blvd. Garden City NY	115
Applicant's Accountant: Name: Brian O'Reilly, Phone #: 212-867-4000 Fax #: 212-867-9810	
Firm and Address: Loeb & Troper 655 Third Avenue, 12th Floor, New York, New York	100

1.		ed project. Describe the proposed project site and ibe proposed construction/renovation, if any.
	See attachement #1 and attachment	: #2
2.	achieved through the project?	ake the project? What are the objectives to be
	See attachment #1 and attachement	#2, relocate and expand school
3.	Indicate the estimated dates for construction drawdowns.	on/renovation start and completion and financing
	Renovation to start January 1, 200	03/ completion September 1, 2003
4.	Please give best estimates for all costs in	volved in the proposed project:
	See attachment #3 and attachment #	
	Land & Building (acquisition)	\$
	New Construction	\$
	Renovations/Building Improvements	\$
	Machinery/Equipment Fees/Other Soft Costs	\$
	Other (explain)	\$
	Total Project Costs	\$ <u>see attached</u> schedule
4.	Please identify proposed sources and amo	ounts of funds to finance the above project costs
	See attachment #3	

II.

Bonds

Fund Balance

Capital Campaigns Other Sources

Total Project Sources

Loan from other Sources

PROJECT INFORMATION

Please identify sources

Please identify sources

Street Address & Borough	Block Lot & Section Number	Square Footage of Land	Square Footage of Building	Number of Floors Including Basement	Zoning
a. See attach	ment #5				
b.					
c.			1	-	
d.					

6. Give the following information with respect to all present tenant(s) and sub-tenants at the proposed project site.

Name, Contact Person & Tel.	Square Feet & Floors Occupied	Lease Expiration/Renewal
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- 7. Will any entity/person other than Applicant use the project facility? Does Applicant intend to lease a portion of the project facility, and, if so, will there be tenants other than those listed under question #6? Provide all details.
- Provide street address, borough or town, for premises which you currently own or lease, even if you don't occupy same. Do you plan to terminate/sell/vacate/remain at such premises? Provide all details. With respect to currently leased premises, provide the name and address of landlord and the expiration date of the lease term.

The Church of the Sacred Hearts of Jesus and Mary for Italians 307 East 33rd Street, New York, New York 10016 Expiration date of the lease term: 12/31/03

- 9. If any of the present or proposed tenants in this project are related to, or affiliated with the Applicant, please indicate and list percentage of occupancy. N/A
- 10. If any of the present or proposed tenants in this project are related to, or affiliated with the seller of the property, please indicate and list percentage of occupancy. N/A
- 11. Is there a relationship, legally, by virtue of common control or through related persons, directly or indirectly, between the Applicant and the present owner of the project site? If so, please provide details. **NO**
- 12. 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 within 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

III.	MANAGEMENT	INFORMATION
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1. Please provide the resumes of the principal officers of the applicant. Make sure that this includes age, education, employment history, current title and responsibilities.

See attachment #6

2. Please provide a list of Board of Directors and their affiliations.

See attachment #6 and attachment #7

3. Give a detailed history of the Applicant and detailed description of Applicant's organization.

See attachment #1

IV. DUE DILIGENCE

This section asks for more specific information about Applicant's services. Please complete the following questions using attached Due Diligence Sheets, when necessary.

1. How many employees does Applicant employ in New York city at the present time?

Full-Time 68 Part-Time -0- (minimum 35 hours per week)

2. How many employees does Applicant employ outside of New York city but in New York State?

Full-Time N/A Part-Time N/A (minimum 35 hours per week) (minimum 20 hours per week)

- Does Applicant intend to employ new additional employees at the proposed project site, or will Applicant transfer current employees from premises presently being used? Please provide details.

 Applicant will be expanding and employing new additional employees and current employees.
- 4. List union affiliation, contact person, phone and fax numbers and contract expiration date on attached Due Diligence Sheet.

N/A

5.	List bank affiliation, contact person, phone and fax numbers and account number on attached Due Diligence Sheet.			
6.	List any fun attached Due	ding sources, their ad Diligence Sheet.	dresses, contact persons and phone and fax numbers on	
7.	List the principal officers of the Applicant, their home addresses, titles, dates of birth and social security numbers on the Attached Due Diligence Sheet. [This is in addition to the resumes in Question III. (1.)]			
8.	Has Applicant, or any officer or director, or any entity with which any of the foregoing individuals has been associated, 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 attached sheet.	
9.	Have any opposedings?	of Applicant's officer	s or directors ever been convicted of any criminal	
	() YES	(X)NO	If yes, provide all details on attached sheet.	
10.	Is Applicant, criminal proc	or any officer or dire eedings?	ctor of Applicant, a plaintiff or defendant in any civil or	
	() YES	(X)NO	If yes, provide all details on attached sheet.	
11.	Is what litigation is Applicant, or any of the individuals and entities listed in response to Questions 10, and 11 currently involved, either as plaintiffs or as named defendants? Provide all details on attached sheet.			
12.	Does Applicant have any contingent liabilities? (e.g., pending claims; federal, state or city tax liabilities; judgements, liens, etc.)			
	() YES	(X)NO	If yes, provide all details on attached sheet.	
13.				
	() YES	(X)NO	If yes, provide all details on attached sheet.	

DUE DILIGENCE SHEET

1. Principals

Name Aurelie Ferrara
Address 56 Ernest Drive, Scarsdale, NY
Social Security
Date of Birth 09/14/66
Title Secretary

Name Curtis Newman
Address 828 Blake Avenue, NY, NY 11207
Social Security 0
Date of Birth 3/20/57
Title Treasuer

Name Maari deSouza
Address 551 Main St. Roosevelt Island
New York 10044 Apt # w221
Social Security:

Date of Birth:
Title Executive Director

Name Michael Patterson
Address One East End Avenue, NY 10021
Social Security
Date of Birth 03/18/42
Title: Chairperson

DUE DILIGENCE SHEET...

2. Funding Sources

Fax # 718 721-6423

Type of Account Account Operating Account

Name New York State Education Department Name New York City Education Department Program Reimbursement Unit Address 65 Court Street, Brooklyn, NY 11201 89 Washington Avenue Phone # 718 935-2162 Albany, New York 12234 Fax #718 935-3801 Phone # 518 474-3227 Contact Person Majorie Mayos Fax # 518 474-3227 Contact Person Thomas Hamel 3. Unions N/A Union Name Union Name Contact Person Contact Person Phone # Phone # Fax # Fax # Banks Bank Name Chase Manhattan Bank Bank Name ____ Contact Person Geraldine Depaola (Branch Manager) Erlene Griffith (Assistant Manager) Phone # Phone # 718 626-0765

Fax #

Type of Account #

V. 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.

VI. CERTIFICATION

I, the undersigned, request on behalf of The Child School ("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 attachment 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 recision 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 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, all other principals of Applicant, 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, all other principals of Applicant, and Applicant. I, all other principals of Applicant, and Applicant agree to give DOI permission to secure all necessary personal data from all relevant sources, public and private, and I, all other principals of Applicant, and Applicant further agree to cooperate in all phases of the DOI background and clearance procedure. I, all other principals of Applicant, 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 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

CERTIFICATION...

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 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 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 a 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, all other principals of Applicant, 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, all other principals of the Applicant, and Applicant, I authorize IDA to disclose any such information, under such law or where so requested, and I, all other principals of Applicant and the Applicant release IDA from any liability to the Applicant, all other principals, 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 Boards, adoption of an inducement or authorizing resolution for the project described in this Application. Additionally, it is understood and agreed that the \$2,500 Application fee accompanying this Application is non-refundable, regardless of whether or not this Application is so approved. Applicant acknowledges and accepts that: the \$2,500 Application fee will accrue toward payment of the IDA Closing Fee should closing occur; and if and when the IDA's Board of Directors approves this Application, the Agency may additionally require Applicant to pay at such time an amount equal to 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:	November 19, 2002	
Certification By:	Signature of Chief Executive Officer	Printed Name
Attested By:	Chief Financial Officer/Secretary	Printed Name