



BENEFITS APPLICATION

Applicant Name: 1232 Southern Bou	llevard, LLC	
Name of operating company (if different	ent from Applicant):1232 Souther	n Boulevard, LLC
Operating Company Address: 1232	Southern Boulevard, Bronx, NY 1	0459
Website Address: www.childrensaid	society.org (Children's Aid Society	y "CAS" website shown as CAS is sole member of Applicant)
EIN#:		NAICS Code: 624100 (CAS)
State and date of incorporation or for 2014-Operating Company, 1853-App	•	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	
Applicable Financial Assi Elease note the following: When Build nortgage recording taxes and tax-exer	NYC is the entity providing Finan	apply) cial Assistance, the Project Financial Assistance may be limited to defen
⊠ Bond Financing		
Real Estate Tax Benefits		
Sales Tax Waiver		
☐ Mortgage Recording Tax Defe	rral	

Applicant Contact Information

	Name/Title	Company	Address	Email	Phone
Applicant Contact Person	Daniel J. Lehman, V.P. & Chief Financial Officer	The Children's Aid Society	105 East 22 nd Street Suite 100 New York, NY 10010		
Attorney	Linda Schakel, Esquire Partner	Ballard Spahr, LLP	1909 K Street NW Washington, D.C. 20006		
Accountant	Warren Ruppel CPA	MarksPaneth	685 Third Avenue New York, NY 10017		
Consultant/Other	Linda Eremita, Managing Director	M&T Securities, Inc.	160 Technology Drive Canonsburg, PA 15317		

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. (A separate description is attached.)

- 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						3150000		3150000
Construction Hard Costs	35594169							35594169
Construction Soft Costs	5400000							5400000
Fixed Tenant Improvements								
Furnishings & Equipment	1400000							1400000
Debt Service Reserve Fund								
Capitalized Interest	2845000							2845000
Costs of Issuance	655000							655000
Fees (explain): Build NYC Fee	230000							230000
Other (explain)								
Total Sources	46124169					3150000		49274169

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? 0%
☐ New York State (excluding NYC)	% of Total? 55%
☐ United States (excluding NYS & NYC)	% of Total? 45%
☐ 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: Bronx/Block 2979/I	Lot 14	Street address and zip code: 1232 Southern Boulevard, Bronx, NY 10459			
Zoning: R7-1 Overlay C2-4 & C1-4		Number of Floors: 6 F	Floors above grad		
Square footage of existing building: 13,	000 sf	Square footage of lan	d: 14,590 sf		
Anticipated square footage of building f renovation: 72,000 sf	following construction and/or	construction and/or re	otage of non-building improvements following enovation (i.e., parking lot construction):6,120 sf k and replace or repave street)		
Intended use(s) of site (check <u>all</u> that a Retail For ALL USES other than Non-profit or	Manufacturing/Industrial	☐ Office Energy Questionnaire	⊠ Non-profit		
Is there any improved space which is complete Will any improved space be occupied by					
If yes to either, please attach a separat (2) square footage of subtenant operati			enant business(es) (whether Affiliates or otherwise), ation dates, and (4) copies of leases.		
Anticipated Ownership of F 1. Please check all that apply: X Applicant or an Affiliate is or ex	_	owner of the Project	(Projected) Acquisition date:		
Location X ☐ Applicant or an Affiliate leases or €	expects to lease the Project Lo	cation (Projected) Lease signing date: TBD			
If you checked the box above, please s					
X☐ Lease is for an entire building a	and property				
Lease is for a portion of the build	ling and/or property.				
☐ None of the above categories ful accurately described in a supplement		st or intended interes	t in the Project Location, which may be more		
If an Affiliate owns or controls (or will o completing the chart provided below:	own or control) a Project Locati	ion, then describe such	n Affiliate by choosing one of the following selections		
☐ General Partnership	☐ Limited Partnership		☐ C Corporation		
☐ S Corporation	☐ Limited Liability Cor	mpany	501(c)(3) Organization		
☐ Natural Person	Other (specify):				
Name of Affiliate:		EIN # of Affiliate:			
Address of Affiliate:		•			
Affiliation of Affiliate to Applicant:					
Contact Person:	son:				
Phone Number(s):		1			

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: August 22, 2016

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

Number of part-time employees: 0 Number of full-time employees: 42

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

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

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

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

Number of part-time employees: 0 Number of full-time employees: 87

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: 0 Number of full-time employees: 67

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

Average hourly wage per part-time employee: NA Hourly wage of highest compensated part-time employee: NA Hourly wage of lowest compensated part-time employee: NA

Number of part-time employees: NA

Average hourly wage per full-time employee: \$27.25

Hourly wage of highest compensated full-time employee: \$89.49 Hourly wage of lowest compensated full-time employee: \$14.28

Number of full-time employees: 67

6. Estimated New-growth Employment. 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	73	79	79	81	82	82	83	15
Permanent Part-time	0	0	0	0	0	0	0	0

Wage and Benefits Information

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: 0

Average hourly wage per full-time employee: \$33.78

Hourly wage of lowest compensated part-time employee: 0

Hourly wage of lowest compensated full-time employee: \$14.28

- Generally describe all other forms of compensation and benefits that Permanent Employees will receive. Examples: healthcare, employercontributions for retirement plans, on-the-job training, reimbursement for educational expenses, etc. All Full-Time (Permanent) employees will receive healthcare, life insurance, employer contributions for retirement, and professional development.
- 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.
- 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. Employees are entitled to 7 paid sick days and 2 personal days.

Labor

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.			current calendar year or any of the five preceding calendar years experienced labor unrest situations, kes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?
	☐ Yes	X□ 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	X□ 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 for years preceding the current calendar year?
	☐ Yes	X□ No	If Yes, please explain on an attached sheet
4.	Are all employees of	the Companies pe	ermitted to work in the United States?
	X□ Yes	☐ 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?
	X∏ Yes	☐ No	If No, please explain on an attached sheet
5.	local, state or federa	l department, ager eir wages, inspect	Labor, 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 the premises of any Company or audited the payroll records of any Company during the current of the premises.
	☐ Yes	X□ 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 Comincluding a pension p		r potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan,
	☐ Yes	X□ 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 of	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 general
	☐ Yes	X□ No	If "Yes," provide details on an attached sheet. Note "discrimination" includes sexual harassment.

Financials

1.	 Has Applicant, any Affiliate, or Principal, or any close relative of any Principal, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of non-discretionary benefit from any Public Entities? 								
	☐ Yes X☐ No If Yes, please provide details on an attached sheet.								
2.	2. Has Applicant , or any Affiliate or Principal , or any existing or proposed occupant at the Project Location(s) , obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA/Build NYC and/or other Public Entities ?								
	☐ Ye	es X⊡ No If Yes, plea	ase prov	vide details on an	attached sheet.				
3.	Has Applicant , or an	ny Affiliate or Principal	, ever d	defaulted on a loa	an or other obligatio	n to a Public Entity	<i>r</i> ?		
	☐ Ye	es X No If Yes, plea	ase prov	vide details on an	attached sheet.				
4.		which Applicant , or Af or been (i) the subject of r imposition?							
	☐ Ye	es X⊡ No If Yes, plea	ase prov	vide details on an	attached sheet.				
5.		any Affiliate or Principa nclude mortgage loans						s pendens, other	
	☐ Ye	es X⊡ No If Yes, plea	ase prov	vide details on an	attached sheet.				
6.	Has Applicant , or an	ny Affiliate or Principal	, failed	to file any require	ed tax returns as ar	d when required wi	th appropriate gover	nmental authorities?	
	☐ Ye	es X□ No If Yes, plea	ase prov	vide details on an	attached sheet.				
_		40.1.1							
		12, below, please answ ation on an attached sh		following question	ons relating to the	Applicant (if the sp	ace provided below	is insufficient, pleas	
7.	List major customor	s: Not Applicable at this	e timo: l	Futuro customor	will be Children's A	id Collogo Prop Ch	artor School		
<i>ι</i> .	List major customers	s. Not Applicable at this	s ume, i	i uture customer	will be Children's A	Id College Frep Cha	arter School.		
	Company Name	Address		Contact	Phone	Fax	Email	% of Revenues	
Г									
\vdash									
\vdash									
L									
8.	List major suppliers:								
	Company Name	Address		Contact	Pho	ne F	ax	Email	
	Company Name	22 West 19 th St.		Eriic Van Der S		ile i	dx	Liliali	
F	X Fowle	New York,NY 1001	1	Project Architet					
J	Jonathan Rose Co	551 Fifth Ave, 14 th New York, NY 1017		Jonathan Gabri	iel				
Ŀ	Tekton Builders	28 West 36 th St, 8 th New York, NY 100		Nick Burbelo Construction M	gr				
(GZA Engineering	104 W. 29 th St, NY,	NY	Steve Klein					
9.	9. List major Funding sources (if applicable):								
	Company Name	Address		Contact	t Ph	one	Fax	Email	
\vdash									
\vdash		+							
\vdash									
		1		1	ı	l l	I		

Union Name	Address	Contact	Phone	Fax	Email

11. List banks: 1232 Southern Boulevard LLC (Borrower)

Bank Name	Address	Contact	Phone	Fax	Email	Account Type and Number
TD Bank		David D"Amico				

12. List licensing authorities (if applicable):

Company Name	Address	Contact	Phone	Fax	Email

Anti-Raiding

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 X 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? ☐ Yes x☐ No	
	If "Yes," please provide the names of the owners/operators and the addresses of the to-be-abandoned plant(s) or facility(ies):	
f the 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

I, the undersigned officer/member/partner of Applicant, on behalf of Applicant and its Affiliates, 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 applicable Agency's Board of Directors (the "Board"), in order to obtain from the Board an expression of intent to provide the benefits requested herein for the Project.

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

I 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.

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, 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 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 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.

I further understand and agree as follows:

Requested, Represented, Certified, Acknowledged, Understood and

Agreed by Applicant.

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 the 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 shall not constitute a guaranty from the Agency to Applicant that the 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 brought 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 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.

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

I acknowledge and agree that the Agency reserves its 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.

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

, be	stated in the Application Materials to make the statements made therein not misleading. Certified by Preparer ,
This 7 3 day of December 30 14. Name of Applicant: 1237 Southern 81	This day of , 20 .
Signatory: Dan Lehman	€ Signatory:
Title of Signatory: UN CO The CMIONE Signature:	Title of Signatory: Signature:
•	Suciety