A. Project Description:

The Hebrew Home for the Aged at Riverdale (“Hebrew Home”) is a New York not-for-profit corporation, which owns and operates a 557-bed nursing facility in the Riverdale section of the Bronx. Hebrew Home is seeking up to $60,000,000 in tax-exempt to refinance three existing Hebrew Home HUD-insured taxable loans:

1) The first loan originated in 1985 and previously refinanced in 2009, funded the construction and renovation of the Gilbert Pavilion, a 144-bed nursing home facility;
2) The second loan originated in 1997 and previously refinanced in 2009, funded the construction and renovation of a 41,507 square foot Link Pavilion containing offices and nursing home support facilities;
3) The third loan originated in 2003, funded the construction and renovation of the Reingold Pavilion, a 174-bed nursing facility.

The proceeds of the bonds will also fund a required debt service reserve fund, as well as pay for certain costs related to the issuance of the costs.

The Applicant currently employs 991.5 full-time equivalents at the Riverdale locations.

B. Costs to City (New York City taxes to be exempted):

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage Recording Tax Benefit</td>
<td>$893,750</td>
</tr>
<tr>
<td>Estimated NYC Forgone Income Tax on Bond Interest</td>
<td>$263,599</td>
</tr>
<tr>
<td>(estimated NPV 25 years @ 6.25%)*</td>
<td></td>
</tr>
<tr>
<td><strong>Total Cost to NYC</strong></td>
<td><strong>$1,157,349</strong></td>
</tr>
</tbody>
</table>

*The exact amount of personal income tax revenue that will be lost as a result of this transaction depends on factors including (but not limited to) the percentage of bond bought by entities subject to New York City personal income taxes, the interest income generated from the bonds and the tax rate applied to bond purchasers.

C. Benefit to City (Estimated NYC direct and indirect taxes to be generated by Company) (estimated NPV 25 years @ 6.25%): $60,508,500
BENEFITS APPLICATION

Applicant Name: The Hebrew Home for the Aged at Riverdale

Name of operating company (if different from Applicant):

Operating Company Address: 5901 Palisade Avenue, Bronx, New York 10471

Website Address: www.hebrewhome.org

EIN #: NAICS Code: 623110

State and date of incorporation or formation: NY – 12/27/1917

Qualified to conduct business in NY? Yes No

Applicant is (check one of the following, as applicable):

- General Partnership
- Limited Partnership
- C Corporation
- S Corporation
- Limited Liability Company
- Natural Person
- 501(c)(3) Organization
- Other: ______

Are any securities of Applicant publicly traded? Yes No

Applicable Financial Assistance (check all that apply)

Please note the following: When Build NYC is the entity providing Financial Assistance, the Project Financial Assistance may be limited to deferral from mortgage recording taxes and tax-exempt conduit bond financing.

- Bond Financing
- Real Estate Tax Benefits
- Sales Tax Waiver
- Mortgage Recording Tax Deferral

Applicant Contact Information

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Company</th>
<th>Address</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Contact Person</td>
<td>Luz Liebeskind</td>
<td>The Hebrew Home for the Aged at Riverdale</td>
<td>5901 Palisade Avenue, Bronx, NY 10471</td>
<td></td>
</tr>
<tr>
<td>Attorney</td>
<td>Richard A. Dennett</td>
<td>Dennett Law Offices, P.C.</td>
<td>185 Great Neck Road, Suite 410 Great Neck, NY 11021</td>
<td></td>
</tr>
<tr>
<td>Accountant</td>
<td>Ari Rothkopf</td>
<td>Loeb &amp; Troper</td>
<td>655 Third Avenue New York, NY 10017</td>
<td></td>
</tr>
<tr>
<td>Consultant/Other</td>
<td>Roderic L. Rolett</td>
<td>Herbert J. Sims &amp; Co., Inc.</td>
<td>2150 Post Road Suite 301 Fairfield, CT 06824</td>
<td></td>
</tr>
</tbody>
</table>
### 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.  

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. See attached schedule showing block and lot numbers. 

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. **Not applicable - refinancing**

4. Please provide a brief timeline for the entire proposed Project. 

### Project Financing
Amounts provided should be aggregates for all Project Locations.  

<table>
<thead>
<tr>
<th>Uses of Funds</th>
<th>Sources of Funds</th>
<th>Total Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bond Proceeds</td>
<td>Commercial Financing (Loan 1)</td>
</tr>
<tr>
<td>Land &amp; Building Acquisition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction Hard Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction Soft Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Tenant Improvements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furnishings &amp; Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debt Service Reserve Fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capitalized Interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of Issuance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees (explain):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (explain):</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Sources</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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?  

- [ ] New York State (excluding NYC)  
  % of Total?  

- [ ] United States (excluding NYS & NYC)  
  % of Total?  

- [ ] Outside United States  
  % of Total?  

- [x] N/A – No equipment is planned to be purchased for this Project
**Project Location Detail**

<table>
<thead>
<tr>
<th>Project Location</th>
<th>Project Location # 1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borough/Block/Lot: Bronx: Block 5933, Lots 225 and 210</td>
<td>Street address and zip code: 5901 Palisade Avenue, Bronx 10471</td>
</tr>
<tr>
<td>Zoning: R4/NA-2</td>
<td>Number of Floors:</td>
</tr>
<tr>
<td>Square footage of existing building: SEE SUPPLEMENT</td>
<td>Square footage of land: 16.4 acres (including Goldfine Pavilion)</td>
</tr>
<tr>
<td>Anticipated square footage of building following construction and/or renovation: N/A – refinancing existing debt</td>
<td>Anticipated square footage of non-building improvements following construction and/or renovation (i.e., parking lot construction): N/A – refinancing existing debt</td>
</tr>
</tbody>
</table>

Intended use(s) of site (check all that apply): □ Retail □ Manufacturing/Industrial □ Office □ 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 Premises**

1. Please check all that apply:

   ☑ Applicant or an Affiliate is or expects to be the fee simple owner of the Project Location (Projected) Acquisition date: N/A
   ☐ Applicant or an Affiliate leases or expects to lease the Project Location (Projected) Lease signing date:

   If you checked the box above, please select one of the following:
   □ Lease is for an entire building and property
   □ Lease is for a portion of the building and/or property.

   ☐ None of the above categories fully describe Applicant’s interest or intended interest in the Project Location, which may be more accurately described in a supplementary document (attached).

2. If an Affiliate owns or controls (or will own or control) a Project Location, then describe such Affiliate by choosing one of the following selections and completing the chart provided below:

   ☐ General Partnership
   ☐ Limited Partnership
   ☐ C Corporation
   ☐ S Corporation
   ☐ Limited Liability Company
   ☑ 501(c)(3) Organization
   ☐ Natural Person
   ☐ Other (specify): 

   Name of Affiliate: Palisade Nursing Home Company, Inc.  
   EIN # of Affiliate: 
   Address of Affiliate: 5939 Palisade Avenue, Bronx, NY 10471  
   Affiliation of Affiliate to Applicant: related entity – common parent  
   Contact Person: Luz Liebeskind  
   Title of Contact Person: CFO  
   Phone Number(s): 

3
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: N/A - Refinancing

2. Regarding employees the Applicant employed throughout New York City as of the last pay period:
   - Number of part-time employees: 177
   - Number of full-time employees: 903

3. Regarding employment if Applicant currently occupies and operates at the Project Location:
   - Hourly wage of lowest compensated part-time employee: $8.03
   - Hourly wage of lowest compensated full-time employee: $15.99
   - Number of part-time employees: 177
   - Number of full-time employees: 903

4. Regarding employees the Applicant expects to employ throughout New York City on the Facility Operations Start Date:
   - Number of part-time employees: 177
   - Number of full-time employees: 903
   - 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: N/A - Refinancing
     - Number of full-time employees: N/A - Refinancing

5. Regarding all employees at the Project Location on the Facility Operations Start Date:
   - Average hourly wage per part-time employee: $32.74
   - Average hourly wage per full-time employee: $25.87
   - Hourly wage of highest compensated part-time employee: $80.31
   - Hourly wage of highest compensated full-time employee: $156.59
   - Hourly wage of lowest compensated part-time employee: $8.03
   - Hourly wage of lowest compensated full-time employee: $15.99
   - Number of part-time employees: 177
   - Number of full-time employees: 903

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. N/A - Refinancing

<table>
<thead>
<tr>
<th>Years following Facility Operations Start Date</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Total New Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Full-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Part-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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.

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.

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.
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. Have any of the Companies during the current calendar year or any of the five preceding calendar years experienced labor unrest situations, including actual or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?
   ☒ Yes  ☐ No  If Yes, please explain on an attached sheet

2. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year or any the five calendar years preceding the current calendar year?
   ☐ Yes  ☒ No  If Yes, please describe and explain current status of complaints on an attached sheet

3. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings or other labor disputes during the current calendar year or any of the five calendar years proceeding the current calendar year?
   ☒ Yes  ☐ No  If Yes, please explain on an attached sheet

4. Are all employees of the Companies permitted to work in the United States?
   ☒ Yes  ☐ No  If No, please provide details on an attached sheet.

Do the Companies complete and retain all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?
   ☐ Yes  ☒ No  If No, please explain on an attached sheet

5. Has the United States Department of Labor, the New York State Department of Labor, the New York City Office of the Comptroller or any other local, state or federal department, agency or commission having regulatory or oversight responsibility with respect to workers and/or their working conditions and/or their wages, inspected the premises of any Company or audited the payroll records of any Company during the current or preceding three year calendar years?
   ☐ 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 Companies incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension 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. Are the practices of any of the Companies now, or have they been at any time during the current or preceding five calendar years, the subject of any complaints, claims, proceedings or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or general treatment of employees?
   ☐ Yes  ☒ 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  ☑ No  ☐ If Yes, please provide details on an attached sheet.

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, other assistance from the NYCIDA/Build NYC and/or other Public Entities?
   - 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 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.

For questions 7 through 12, below, 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: for The Hebrew Home for the Aged at Riverdale

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Contact</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
<th>% of Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYS Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>83.24%</td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.65%</td>
</tr>
<tr>
<td>Private Payers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.22%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.89%</td>
</tr>
</tbody>
</table>

8. List major suppliers:

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Contact</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHAR Services Corp.</td>
<td>5901 Palisade Ave., Bronx, NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affinity Rehabilitation LLP</td>
<td>10600 York Rd., Suite 105, Cockeysville, MD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westchester Ambulette Service</td>
<td>58 Palisade Ave., Yonkers, NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elderserve LHCSA</td>
<td>170 West 233rd St., Bronx, NY</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

9. List major Funding sources (if applicable): N/A
10. List unions (if applicable):

<table>
<thead>
<tr>
<th>Union Name</th>
<th>Address</th>
<th>Contact</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>1199 SEIU (RN Division)</td>
<td>310 W. 43 St., NY, NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1199 SEIU (Service &amp; Maintenance Division)</td>
<td>310 W. 43 St., NY, NY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. List banks:

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Address</th>
<th>Contact</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
<th>Account Type and Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>One Bryant Park, NY, NY -10036</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterling National Bank</td>
<td>425 Park Ave, NY, NY-10022</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

12. List licensing authorities (if applicable): See supplement

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Contact</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
</tr>
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<tbody>
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</table>

**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 ☒ 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 ☒ No

   If “Yes,” please provide the names of the owners/operators and the addresses of the to-be-abandoned plant(s) or facility(ies):

If 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? ☐ Yes ☒ 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 NYCDFA/Build NYC may be required to disclose the Application Materials and the information contained therein (see the Disclosure Policy section of the Policies 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:

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 guarantee 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 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 NYCDFA, 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 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, its 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, Affiliates, Officers or Principals, 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.

Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,

This 23rd day of September, 2014.

Name of Applicant: The Hebrew Home for the Aged at Riverdale

Signatory: Luz Liebeskind
Title of Signatory: CFO
Signature:

This 23rd day of September, 2014.

Name of Preparer: The Hebrew Home for the Aged at Riverdale

Signatory: Luz Liebeskind
Title of Signatory: CFO
Signature:
APPLICANT: The Hebrew Home for the Aged at Riverdale

Introduction

The Hebrew Home for the Aged at Riverdale (“Hebrew Home”) is a New York not-for-profit corporation, which owns and operates a 557-bed nursing facility in the Riverdale section of the Bronx. Incorporated in 1917, Hebrew Home has grown to be an internationally recognized leader in care for the elderly. Hebrew Home is located on a 19 acre campus which it shares with Palisade Nursing Home Company, Inc. (“Palisade”), a related New York not-for-profit corporation which operates a 228 bed nursing facility and Hebrew Home Housing Development Fund Company, Inc. (“RiverWalk”), a related New York not-for-profit corporation which owns and operates housing facility for the elderly.

Hebrew Home presently has approximately 900 full time employees and 175 part time employees. Since the proposed project (described below) is the refinancing of existing debt and not new construction, the proposed project is not expected to increase employment. However, by reducing the debt service obligation of Hebrew Home, the project will enhance the financial stability of Hebrew Home, allow it to continue to serve its charitable mission and continue to be a significant employer in the Bronx.

Proposed Project

The proposed project (“Project”) is the refinancing of three (3) existing Hebrew Home HUD-insured taxable loans. The first originated in 1985 and funded construction/renovation of the Hebrew Home Gilbert Pavilion. The second originated in 1997 and funded construction/renovation of the Hebrew Home Link Pavilion. The third originated in 2003 and funded the construction/renovation of the Hebrew Home Reingold Pavilion. The first and second HUD-insured loans were refinanced in 2009. The aggregate outstanding balance of the HUD-insured loans is approximately $54,700,000. Hebrew Home requests a loan in the amount of approximately $57,000,000 to pay off the existing HUD-insured loans, pay the prepayment penalty associated with the refinancing of the existing loans and pay costs of issuance.

The financing plan contemplates use of a master trust indenture with an obligated group consisting of Hebrew Home and Palisade. Both Hebrew Home and Palisade will pledge their real property to secure repayment of the new loan. Palisade currently has a small outstanding balance on existing New York State Housing Finance Agency debt which will be paid off on or before the closing date on the new loan. A portion of the Hebrew Home property will be excluded from the mortgage in favor of the Trustee. The Goldfine Pavilion is expected to be leased to a related entity for development of property south of the Hebrew Home campus.

It is contemplated that the Project bonds will be sold as a private placement to one or more banks selected by Hebrew Home. Hebrew Home is currently reviewing proposals it has received from interested banks and expects to make its selection shortly.
The Hebrew Home for the Aged at Riverdale and Palisade Nursing Home Company, Inc.

Hebrew Home operates a 557-bed nursing facility licensed by the New York State Department of Health (NYDOH) and certified by both Medicaid and Medicare programs to provide health care in New York State.

Hebrew Home physically consists of five connected pavilions that include both memory care and skilled nursing: Gilbert Pavilion, Jacob Reingold Pavilion, Weill Pavilion, Stolz Pavilion and Goldfine Pavilion. Hebrew Home operations also include a) a Medicaid assisted living program (35 units), b) a unique adult day and night care program, c) a certified home health agency (CHHA) and d) geriatric care management.

Palisade is a 288-bed nursing home which is licensed by NYDOH and certified by both Medicaid and Medicare programs to provide health care in New York State. Palisade and Hebrew Home are physically connected facilities.

Skilled Nursing Care Services

Hebrew Home and Palisade provide traditional nursing care and specialized services such as wound care, oxygen and tube feedings. Highlights of the services provided include:

- 24 hour M.D.’s on site
- 24 hour nursing with support staff
- Full-time physician assigned to each neighborhood
- Private and semi-private rooms
- Occupational therapy
- Physical therapy
- Aquatic therapy
- Speech & language therapy
- Peritoneal dialysis
- Left ventricular assistive device post acute services
- Audiology
- In-house pharmacy lab
- Personal dietician
- Art therapy
- Transportation provided to offsite dialysis
- Wide range of activities and entertainment

Enriched Residential Care

For people who are cognitively well but need assisted care and minimal help with medications and personal care, such as dressing and grooming, Hebrew Home offers enriched residential care. Enriched residential care falls in between assisted living and skilled nursing on the continuum of care. Enriched residential care is also known as assisted care nursing home.

The Terrace at Riverdale

The Terrace at Riverdale is located in Hebrew Home and provides assisted living for 35 residents. The Terrace team helps residents maintain as much independence as possible. Services provided include three meals per day, personal care, snacks, housekeeping, laundry, medication management, 24 hour supervision and emergency call assistance. Activities include
exercise and art classes, movies, lectures, concerts, library, café, fitness center, indoor pool and internet access.

Special Needs Neighborhoods

For residents with dementia, the Hebrew Home memory care facility offers several special needs neighborhoods. In addition, post-acute patients who have been discharged from the hospital and come to Palisade for rehabilitation and post-acute care may also come to special needs neighborhoods for a variety of reasons, ranging from wound care to intravenous medications, before returning home.

Harry and Jeanette Weinberg Center for Elder Abuse Prevention

The Center is located in Hebrew Home and is available to elder abuse victims 24/7, regardless of ability to pay. The Center provides a safe haven, healthcare and civil legal support services for victims while endeavoring to empower the victims to return safely to their homes.

Derfner Judaica Museum

The Museum is located in Hebrew Home and serves as an educational resource about Jewish art, culture and lifestyle practices through permanent and changing exhibits.

Research Division

The Division is a leader in research related to four FOCI, which define its mission: 1) evaluation of emerging technologies such as electronic health records, telemedicine and data-based quality monitoring; 2) advancement of assessment technology for evaluation of dementia and memory impairment, and self-reported health-related outcomes; 3) development and dissemination of educational and training programs to enhance quality of care; and 4) promotion of minority health and reduction of health disparities. This Division is funded through contributions and grants.

ElderServe Certified Home Health Agency (CHHA)

The CHHA provides temporary assistance in the home to patients who are recovering from surgery or other post-hospital care. CHHA services include wound care, diabetes, skilled nursing, therapies, social work, nutrition and home health aides. The CHHA makes the transition from hospital or nursing home to the patient’s private home as easy as possible.
Hebrew Home Campus

The Hebrew Home campus is located on Palisade Avenue, Bronx, New York and is approximately 19 acres as follows:

<table>
<thead>
<tr>
<th>Entity</th>
<th>Address</th>
<th>Block</th>
<th>Lot</th>
<th>Acres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hebrew Home</td>
<td>5901 Palisade Ave</td>
<td>5933</td>
<td>225, 201</td>
<td>12.3</td>
</tr>
<tr>
<td></td>
<td>5903 Palisade Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5921 Palisade Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5931 Palisade Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5941 Palisade Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palisade</td>
<td>5959 Palisade Ave</td>
<td>5933</td>
<td>224</td>
<td>4.1</td>
</tr>
<tr>
<td>RiverWalk</td>
<td>5961 Palisade Ave</td>
<td>5933</td>
<td>230</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Please note that the RiverWalk property is not part of the proposed Project and the Goldfine Pavilion (5921 Palisade Avenue) is to be excluded from the mortgage securing the debt.

The buildings of Hebrew Home and Palisade on the Campus, and their approximate size, are as follows:

<table>
<thead>
<tr>
<th>Entity</th>
<th>Building</th>
<th>Street Address</th>
<th>Size (SF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hebrew Home</td>
<td>Reingold Pavilion</td>
<td>5941 Palisade Ave</td>
<td>145,072</td>
</tr>
<tr>
<td></td>
<td>Stolz Pavilion</td>
<td>5903 Palisade Ave</td>
<td>56,602</td>
</tr>
<tr>
<td></td>
<td>Goldfine Pavilion</td>
<td>5921 Palisade Ave</td>
<td>77,553</td>
</tr>
<tr>
<td></td>
<td>Gilbert Pavilion</td>
<td>5931 Palisade Ave</td>
<td>109,873</td>
</tr>
<tr>
<td></td>
<td>Link Pavilion</td>
<td>5901 Palisade Ave</td>
<td>41,507</td>
</tr>
<tr>
<td></td>
<td>Maintenance Bldg</td>
<td>5901 Palisade Ave</td>
<td>9,471</td>
</tr>
<tr>
<td></td>
<td>Power Plant Bldg</td>
<td>5901 Palisade Ave</td>
<td>1,039</td>
</tr>
<tr>
<td></td>
<td>Subtotal</td>
<td></td>
<td>441,117</td>
</tr>
<tr>
<td>Palisade</td>
<td></td>
<td>5959 Palisade Ave</td>
<td>167,746</td>
</tr>
</tbody>
</table>

HHAR Services Corp. ("Services Corp"), a New York not-for-profit corporation which is affiliated with Hebrew Home and Palisade and provides administrative services (administration, admissions, central supply, finance, human resources and IT) for both Hebrew Home and Palisade, uses a portion of the Hebrew Home and Palisade buildings. Services Corp. uses approximately 10,818 sf of Hebrew Home and 6,671 sf of Palisade. There is no formal lease in place at this time.

Timeline

The proposed timeline for the Project is as follows:

October, 2014 Selection of bank(s) to purchase bonds

1 Goldfine to be excluded from the mortgage and to be leased for development of property south of campus
Sources and Uses

<table>
<thead>
<tr>
<th>Estimated Sources and Uses of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources</td>
</tr>
<tr>
<td>Par Amount</td>
</tr>
<tr>
<td>Total Sources</td>
</tr>
<tr>
<td>Uses</td>
</tr>
<tr>
<td>Debt to be Refinanced</td>
</tr>
<tr>
<td>Cost of Issuance</td>
</tr>
<tr>
<td>Prepayment Penalty</td>
</tr>
<tr>
<td>Excess Funds</td>
</tr>
<tr>
<td>Total Uses</td>
</tr>
</tbody>
</table>

Wages and Benefits Information

Response to question #8. Generally describe all other forms of compensation and benefits that Permanent Employees will receive. Examples: healthcare, employer contribution for retirement plans, on-the-job training, reimbursement for educational expenses, etc.

The following benefits are for all regular, non-union employees who are scheduled to work at least 21 hours per week.

- Healthcare
  - Medical (Aetna Open Access Managed Choice Plan) with Prescription Drug
  - Health Reimbursement Account (automatic for those enrolled in the medical plan)
  - Dental
  - Vision Plan
- Flexible Spending Accounts (Health Care and Dependent Care)
- Aflac (Accident and Cancer Plans) (frozen plan, no longer available to new hires)
- Allstate (Disability, Accident & Critical Illness plans)
- Life Insurance and Accidental Death & Dismemberment
  - Company-Paid Life Insurance and Accidental Death & Dismemberment (Employee Only Coverage)
  - Voluntary Life Insurance and Accidental Death & Dismemberment
- Employee
- Spouse
- Child(ren)

- Disability
  - New York State Disability
  - Voluntary Short-Term Disability
  - Company-Paid Long-Term Disability (30 hours worked per week minimum is required)
  - Buy-Up Long-Term Disability ($60,000 annual minimum base salary is required for enrollment)

- 403(b) Plan
  - Eligible employees are auto-enrolled at 4%
  - Eligible for the company match (50% of the employee’s first 4% contribution) as of the next calendar quarter following one year of employment
  - All eligible employees are eligible for an Additional Contribution based on years of service
  - All eligible employees receive a Qualified Non-Elective Contribution (QNEC) representing 3% of the employee’s base pay

- Commuter Benefit Plan

- Tuition Assistance Program
  - Full-time employees (35 or more hours per week), employed for at least six (6) months, are eligible for this reimbursement up to 18 credits or $3,600.00 annually, whichever is less.
  - Part-time employees, (21-34 worked per week), employed for at least six (6) months, are eligible for this reimbursement up to 10 credits or $2,100.00 annually, whichever is less.

- Additional Forms of Compensation
  - Vacation
  - Sick
  - Personal
  - Holiday
  - Bereavement
  - Marriage Days
  - Jury Duty

The following benefits are for union employees:
- We contribute to the 1199SEIU Pension and Benefit Fund, which provides health insurance and retirement benefits to the union employees.
- The Hebrew Home at Riverdale 403(b) Plan—employee contributions, only
- Commuter Benefit Plan
• Additional Forms of Compensation
  o Vacation
  o Sick
  o Personal
  o Holiday
  o Bereavement
  o Jury Duty
  o Marriage Days
• Registered Nurses and Licensed Practical Nurses participate in The Home’s Tuition Assistance Program
• Aflac (frozen plan, no longer available to new hires)

Response to question #9. Please indicate whether the Applicant or any of its affiliates will be required to provide health coverage for its employees pursuant to the Federal Patient Protection and Affordable Care Act (the “Act”). **Yes** 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. **Our eligibility rules, plan design and employee contribution rates are in compliance with the Act.**

Response to question #10. **Is your company currently providing paid sick time to employees in accordance with the Earned Sick Time Act and otherwise in compliance with such law? Yes**

If yes, please provide an explanation of your company’s paid and unpaid sick time policy.
  • Eligible full-time, non-union employees receive fifteen (15) paid sick days per year. These employees may use the first five (5) sick days as defined under the Earned Sick Time Act.
  • Eligible part-time, non-union employees receive a pro-rata sick day accrual. These employees may use the first five (5) sick days as defined under the Earned Sick Time Act.
  • All other non-union employees are accruing NYC Earned Sick Time as stipulated in The Act.
1199 SEIU Union employees currently have a better benefit in accordance with their collective bargaining agreement

**Labor**

Response to question 1: **Have any of the companies during the current calendar year or any of the five preceding calendar years experienced labor unrest situations, including actual or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents? YES - In 2009 1199 SEUI conducted informational picketing in relation to contract negotiations.**
Response to question 2: Have any of the companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year or any in the five calendar years preceding the current calendar year?  YES - In 2009 an employee who was a delegate claimed discrimination against him. Charges were withdrawn in 2010. In 2013 an employee submitted a ULP due to protected Concerted and/or union activities with 1199 SEIU. Case was withdrawn July 2013 by SEIU 1199.

Response to question 3: Do any of the Companies have pending or threatened requests of arbitration, grievance proceedings or other labor disputes during the current calendar year or of the five calendar years preceding the current calendar year?  YES

<table>
<thead>
<tr>
<th>Year</th>
<th>3rd Step Grievances</th>
<th>Arbitrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>(45)</td>
<td>(8)</td>
</tr>
<tr>
<td>2010</td>
<td>(19)</td>
<td>(0)</td>
</tr>
<tr>
<td>2011</td>
<td>(28)</td>
<td>(2)</td>
</tr>
<tr>
<td>2012</td>
<td>(16)</td>
<td>(3)</td>
</tr>
<tr>
<td>2013</td>
<td>(24)</td>
<td>(5)</td>
</tr>
<tr>
<td>2014 (Jan. 1 – Sept. 22)</td>
<td>(18)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

Response to question 6: Hebrew Home incurred nominal penalties for contributing less that what should have been deposited into the 403(b) accounts of a few employees. The penalties and missing contributions were all paid and procedures were implemented to prevent such occurrences in the future.

Response to question 7: Are the practices of any of the Companies now, or have they been at any time during the current or preceding five calendar years, the subject of any complaints, claims, proceedings, or litigations arising from alleged discrimination in the hiring, firing, promoting, compensation or general treatment of employees?  YES

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>(3) EEOC/Human Rights Discrimination charges filed. All found no probable cause</td>
</tr>
<tr>
<td>2010</td>
<td>(1) Human Rights Discrimination charge filed – found no probable cause</td>
</tr>
<tr>
<td></td>
<td>(1) EEOC Charge filed – found no probable cause</td>
</tr>
<tr>
<td></td>
<td>(1) Complaint of unlawful discrimination under Worker’s Compensation filed and in 2011 found no probable cause</td>
</tr>
<tr>
<td></td>
<td>(2) Internal complaints of harassment addressed</td>
</tr>
<tr>
<td>2011</td>
<td>Lawsuit filed in U.S. District Court Southern District of New York Employment Discrimination – case was dismissed 3/2012</td>
</tr>
</tbody>
</table>
2012  (2) EEOC Charges filed – both found no probable cause
(2) Internal complaints of harassment addressed
2013  (1) EEOC Charge filed – no probable cause
(5) Internal complaints of harassment addressed
2014  (1) Human Rights Discrimination Filed – outcome pending
(2) internal complaints of harassment addressed

Financials
Response to question 1: Hebrew Home and Palisade are providers under the Medicaid and Medicare programs and receive reimbursement based on services provided.
Response to question 2: Riverdale Terrace Housing Development Fund Company, Inc. (“Riverdale Terrace”) received financial assistance from the New York City Industrial Development Agency in 1999. The bonds issued by NYCIDA for that project were refunded in 2011.
Response to question 3: Riverdale Terrace encountered financial difficulties prior to the 2011 refunding of the IDA issued bonds. While there was no payment default, Riverdale Terrace did receive correspondence from the IDA stating that it was not in compliance with its obligations under the bond documents.
Response to question 4: RiverWalk was originally financed, in part, from a capital advance from the US Department of Housing and Urban Development (HUD) under the HUD 202 Program – Supportive Housing for the Elderly. In 2001, RiverWalk repaid its HUD Section 202 mortgage and terminated the Housing Assistance Payment contract. All existing tenants remained in the building under the Section 8 voucher system and RiverWalk continued to receive the benefits of a shelter rent tax exemption. Notwithstanding the repayment of the capital advance in 2001, RiverWalk continued to operate the facility primarily as an affordable housing project. It has gradually transitioned from a 100% Section 8 project, only decreasing below a 20% Section 8 voucher level in late 2009. Although RiverWalk had not received a real estate tax bill from the New York City Department of Finance since 2006, it continued to accrue an estimated tax amount every year. During 2010, RiverWalk received a notice from the NYC Department of Finance billing it for shelter rents from 2006 through 2010. In addition, even though the building continued to partially operate under the Section 8 voucher program, the Department of Finance along with the New York City Department of Housing Preservation and Development (HPD) recently adjusted their records and were seeking payment of the balance of full taxes for the period 2001 through 2010 in the amount of approximately $2.5 million. An agreement was reached and received approval from the City Council. The final settlement amount of $953,910 was paid by RiverWalk in April 2014.
Response to question 12: **Hebrew Home and Palisade** are licensed by the New York State Department of Health, Empire State Plaza, Corning Tower, Albany, New York. Licenses are for the following programs: nursing home, certified home health care, assisted living program, laboratory and pharmacy.
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

---

**Part 1 - Project and Sponsor Information**

Name of Action or Project: The Hebrew Home at Riverdale Refinancing

Project Location (describe, and attach a location map):
5901 Palisade Avenue, Bronx, New York - Block 5933, Lots 225 and 210

Brief Description of Proposed Action:
Refinancing of existing debt

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Name of Applicant or Sponsor: The Hebrew Home for the Aged at Riverdale

Address: 5901 Palisade Avenue

City/PO: Bronx

State: New York

Zip Code: 10471

---

1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? [ ] NO [ ] YES

If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.

2. Does the proposed action require a permit, approval or funding from any other governmental Agency? [ ] NO [ ] YES

If Yes, list agency(s) name and permit or approval:
- Build NYC Resource Corporation to provide financing
- New York State Department of Health

3.a. Total acreage of the site of the proposed action? 19 acres

3.b. Total acreage to be physically disturbed? 0 acres

3.c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 13 acres

4. Check all land uses that occur on, adjoining and near the proposed action.

☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☐ Residential (suburban)

☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): nursing home, college

☐ Parkland
5. Is the proposed action,
   a. A permitted use under the zoning regulations?  
      ![NO][YES][N/A](selected: NO)
   b. Consistent with the adopted comprehensive plan?  
      ![NO][YES][N/A](selected: YES)

6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?  
   ![NO][YES][N/A](selected: NO)

7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?  
   If Yes, identify:  
   ![NO][YES][N/A](selected: YES)

8. a. Will the proposed action result in a substantial increase in traffic above present levels?  
      ![NO][YES][N/A](selected: NO)
   b. Are public transportation service(s) available at or near the site of the proposed action?  
      ![NO][YES][N/A](selected: YES)
   c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?  
      ![NO][YES][N/A](selected: YES)

9. Does the proposed action meet or exceed the state energy code requirements?  
   If the proposed action will exceed requirements, describe design features and technologies:  
   ![NO][YES][N/A](selected: NO)

10. Will the proposed action connect to an existing public/private water supply?  
    If No, describe method for providing potable water:  
    ![NO][YES][N/A](selected: NO)

11. Will the proposed action connect to existing wastewater utilities?  
    If No, describe method for providing wastewater treatment:  
    ![NO][YES][N/A](selected: NO)

12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?  
      ![NO][YES][N/A](selected: YES)
   b. Is the proposed action located in an archeological sensitive area?  
      ![NO][YES][N/A](selected: NO)

13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?  
      ![NO][YES][N/A](selected: NO)
   b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?  
      If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres:  
      ![NO][YES][N/A](selected: NO)

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:  
    - Shoreline  
    - Forest  
    - Agricultural/grasslands  
    - Early mid-successional  
    - Wetland  
    - Urban  
    - Suburban  

15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?  
    ![NO][YES][N/A](selected: YES)

16. Is the project site located in the 100 year flood plain?  
    ![NO][YES][N/A](selected: YES)

17. Will the proposed action create storm water discharge, either from point or non-point sources?  
    If Yes,  
    a. Will storm water discharges flow to adjacent properties?  
       ![NO][YES][N/A](selected: NO)
    b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?  
       If Yes, briefly describe:  
       ![NO][YES][N/A](selected: NO)
Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

<table>
<thead>
<tr>
<th>Question</th>
<th>No, or small impact may occur</th>
<th>Moderate to large impact may occur</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Will the proposed action result in a change in the use or intensity of use of land?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Will the proposed action impair the character or quality of the existing community?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?</td>
<td>☐</td>
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<tr>
<td>5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Will the proposed action impact existing: a. public / private water supplies?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. public / private wastewater treatment utilities?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>