

**FORM APPLICATION FOR FINANCIAL ASSISTANCE
TOWN OF BROOKHAVEN INDUSTRIAL DEVELOPMENT AGENCY
1 Independence Hill, 2nd Floor, Farmingville, New York 11738**

DATE: 4/24/18

APPLICATION OF: Independent Group Home Living / Lucky Daughters Realty, Inc
Name of Owner and/or User of Proposed Project

ADDRESS: 221 North Sunrise Service Road Manorville, NY NY 11419
1091 Furth Road North Woodmere, NY 11581

Type of Application: Tax-Exempt Bond Taxable Bond
 Straight Lease Refunding Bond

Please respond to all items either by filling in blanks, by attachment (by marking space "see attachment number 1", etc.) or by N.A., where not applicable. Application must be filed in two copies. A non-refundable application fee is required at the time of submission of this application to the Agency. The non-refundable application fee is \$2,000 for applications under \$5 million and \$4,000 for applications of \$5 million or more.

Transaction Counsel to the Agency may require a retainer which will be applied to fees incurred and actual out-of-pocket disbursements made during the inducement and negotiation processes, and will be reflected on their final statement at closing.

Information provided herein will not be made public by the Agency prior to the passage of an official Inducement Resolution, but may be subject to disclosure under the New York State Freedom of Information Law.

Prior to submitting a completed final application, please arrange to meet with the Agency's staff to review your draft application. Incomplete applications will not be considered. The Board reserves the right to require that the applicant pay for the preparation of a Cost Benefit Analysis, and the right to approve the company completing the analysis.

PLEASE NOTE: It is the policy of the Brookhaven IDA to encourage the use of local labor and the payment of the area standard wage during construction on the project.

INDEX

| | |
|------------------|--|
| PART I | OWNER AND USER DATA |
| PART II | OPERATION AT CURRENT LOCATION |
| PART III | PROJECT DATA |
| PART IV | PROJECT COSTS AND FINANCING |
| PART V | PROJECT BENEFITS |
| PART VI | EMPLOYMENT DATA |
| PART VII | REPRESENTATIONS, CERTIFICATIONS AND INDEMNIFICATION |
| PART VIII | SUBMISSION OF MATERIALS |
| | |
| EXHIBIT A | Proposed PILOT Schedule |
| SCHEDULE A | Agency's Fee Schedule |
| SCHEDULE B | Construction Wage Policy |
| SCHEDULE C | Recapture and Termination Policy |

Part I: Owner & User Data

1. Owner Data:

A. Owner (Applicant for assistance): Lucky Daughters Realty, Inc

Address: 1091 Furth Road

North Woodmere, NY 11581

Federal Employer ID #: [REDACTED] Website: N/A

NAICS Code: 531120

Owner Officer Certifying Application: Richard Cohen

Title of Officer: President

Phone Number: (631)348-7700 E-mail: Ashlindli@aol.com

B. Business Type:

Sole Proprietorship Partnership Privately Held

Public Corporation Listed on _____

State of Incorporation/Formation: New York

C. Nature of Business:

(e.g., "manufacturer of _____ for _____ industry"; "distributor of _____"; or "real estate holding company")

Real Estate

D. Owner Counsel:

Firm Name: Law Office of David L Perkins, PLLC

Address: 900 Hempstead Tpke

East Meadow, NY 11554

Individual Attorney: David Perkins

Phone Number: 516-705-0591 E-mail: David@perkinslawyer.com

E. Principal Stockholders, Members or Partners, if any, of the Owner (5% or more equity):

| Name | Percent Owned |
|---------------|---------------|
| Robert Berman | 80.5% |
| Richard Cohen | 19.5% |

F. Has the Owner, or any subsidiary or affiliate of the Owner, or any stockholder, partner, member, officer, director or other entity with which any of these individuals is or has been associated with:

- i. ever filed for bankruptcy, been adjudicated bankrupt or placed in receivership or otherwise been or presently is the subject of any bankruptcy or similar proceeding? (if yes, please explain)

No

- ii. been convicted of a felony, or misdemeanor, or criminal offense (other than a motor vehicle violation)? (if yes, please explain)

No

G. If any of the above persons (see "E", above) or a group of them, owns more than 50% interest in the Owner, list all other organizations which are related to the Owner by virtue of such persons having more than a 50% interest in such organizations.

No

H. Is the Owner related to any other organization by reason of more than a 50% ownership? If so, indicate name of related organization and relationship:

No

I. List parent corporation, sister corporations and subsidiaries:

N/A

J. Has the Owner (or any related corporation or person) been involved in or benefited by any prior industrial development financing in the municipality in which this project is located, whether by this agency or another issuer? (Municipality herein means city, town or village, or if the project is not in an incorporated city, town or village, the unincorporated areas of the county in which it is located.) If so, explain in full:

NO

K. List major bank references of the Owner:

Chase Bank of Hauppauge

2. User Data

*** (for co-applicants for assistance or where a landlord/tenant relationship will exist between the owner and the user) ***

A. User (together with the Owner, the "Applicant"): Angela's House & IGHL

Address: PO Box 5052 Hauppauge, NY 11788

221 North Sunrise Service Rd., Manorville, NY 11949

Federal Employer ID #: [REDACTED]

Website: www.angelashouse.org

NAICS Code: 623210

User Officer Certifying Application: Robert Policastro

Title of Officer: Executive Director

Phone Number: 631.926.0885

E-mail: bpolicastro@angelashouse.org

B. Business Type:

Sole Proprietorship Partnership Privately Held

Public Corporation Listed on Non- For-Profit

State of Incorporation/Formation: New York

C. Nature of Business:

(e.g., "manufacturer of _____ for _____ industry"; "distributor of _____"; or "real estate holding company")

Warehouse and distribution of medical equipment and building materials

D. Are the User and the Owner Related Entities? Yes No

i. If yes, the remainder of the questions in this Part I, Section 2 (with the exception of "F" below) need not be answered if answered for the Owner.

ii. If no, please complete all questions below.

E. User's Counsel:

Firm Name: Law Office of Rinaldo Pace

Address: 398 Rt. 111

Smithtown, NY 11787

Individual Attorney: Rinaldo Pace

Phone Number: 631.543.900

E-mail: rpacelaw@aol.com

F. Principal Stockholders or Partners, if any (5% or more equity):

| Name | Percent Owned |
|------------|---------------|
| <u>N/A</u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |

G. Has the User, or any subsidiary or affiliate of the User, or any stockholder, partner, officer, director or other entity with which any of these individuals is or has been associated with:

i. ever filed for bankruptcy, been adjudicated bankrupt or placed in receivership or otherwise been or presently is the subject of any bankruptcy or similar proceeding? (if yes, please explain)

No

ii. been convicted of a felony or criminal offense (other than a motor vehicle violation)? (if yes, please explain)

No

H. If any of the above persons (see "E", above) or a group of them, owns more than 50% interest in the User, list all other organizations which are related to the User by virtue of such persons having more than a 50% interest in such organizations.

N/A

I. Is the User related to any other organization by reason of more than a 50% ownership? If so, indicate name of related organization and relationship:

N/A

J. List parent corporation, sister corporations and subsidiaries:

IGHL is the parent company. See attached sheet of Subsidiaries.

K. Has the User (or any related corporation or person) been involved in or benefited by any prior industrial development financing in the municipality in which this project is located, whether by this agency or another issuer? (Municipality herein means city, town or village, or if the project is not in an incorporated city, town or village, the unincorporated areas of the county in which it is located.) If so, explain in full:

See page 16 listing of IDA bond from the IGHL finance statement year ending Dec, 13 2016

L. List major bank references of the User:

TD Bank, Patty DiLello, VP not for profit

324 Melville NY 11747, 631.847.7271

Part II – Operation at Current Location

*****(if the Owner and the User are unrelated entities, answer separately for each)*****

1. Current Location Address: See attached for current locations

2. Owned or Leased: Owned

3. Describe your present location (acreage, square footage, number buildings, number of floors, etc.):

Varies by location

4. Type of operation (manufacturing, wholesale, distribution, retail, etc.) and products and/or services:

Residential home and treatment center, Administration office

5. Are other facilities or related companies of the Applicant located within the State?
Yes No

A. If yes, list the Address: See attached

6. If yes to above ("5"), will the completion of the project result in the removal of such facility or facilities from one area of the state to another OR in the abandonment of such facility or facilities located within the State? Yes No

A. If no, explain how current facilities will be utilized: Warehouse and distribution of medical equipment and building materials

B. If yes, please indicate whether the project is reasonably necessary for the Applicant to maintain its competitive position in its industry or remain in the State and explain in full:

N/A

7. Has the Applicant actively considered sites in another state? Yes No

A. If yes, please list states considered and explain: _____

8. Is the requested financial assistance reasonably necessary to prevent the Applicant from moving out of New York State? Yes No

A. Please explain: _____

We need the financial assistance to do this project

9. Number of full-time employees at current location and average salary (indicate hourly or yearly salary):

831 FT employees with an average hourly rate of \$19.12 p/h

Part III – Project Data

1. Project Type:

A. What type of transaction are you seeking?: (Check one)

- Straight Lease Taxable Bonds Tax-Exempt Bonds
Equipment Lease Only

B. Type of benefit(s) the Applicant is seeking: (Check all that apply)

- Sales Tax Exemption Mortgage Recording Tax Exemption
PILOT Agreement:

2. Location of project:

A. Street Address: 2052 Rt. 112, Medford NY 11763

B. Tax Map: District 0200 Section 808 Block 2 Lot(s) 20.001

C. Municipal Jurisdiction:

- i. Town: Brookhaven
ii. Village: Medford
iii. School District: Patchogue / Medford

D. Acreage: 1.32

3. Project Components (check all appropriate categories):

- A. Construction of a new building Yes No
i. Square footage: _____
- B. Renovations of an existing building Yes No
i. Square footage: 25,000
- C. Demolition of an existing building Yes No
i. Square footage: _____
- D. Land to be cleared or disturbed Yes No
i. Square footage/acreage: _____
- E. Construction of addition to an existing building Yes No
i. Square footage of addition: _____
ii. Total square footage upon completion: _____

- F. Acquisition of an existing building Yes No
 i. Square footage of existing building: 25,000 sq ft
- G. Installation of machinery and/or equipment Yes No
 i. List principal items or categories of equipment to be acquired: _____
-

4. Current Use at Proposed Location:

- A. Does the Applicant currently hold fee title to the proposed location?
 i. If no, please list the present owner of the site: Donald Jaffe, Inc. Retirement Trust
- B. Present use of the proposed location: _____
Warehouse and distribution
-
- C. Is the proposed location currently subject to an IDA transaction (whether through this Agency or another?) Yes No
 i. If yes, explain: _____
- D. Is there a purchase contract for the site? (if yes, explain): Yes No

- E. Is there an existing or proposed lease for the site? (if yes, explain): Yes No
Proposed lease in progress
-

5. Proposed Use:

- A. Describe the specific operations of the Applicant or other users to be conducted at the project site:

Receive donations of medical supplies and building supplies to be warehoused before distribution

With up to 2,000 SQFT used for retail sales
- B. Proposed product lines and market demands: _____
Medical supplies and building materials
-

C. If any space is to be leased to third parties, indicate the tenant(s), total square footage of the project to be leased to each tenant, and the proposed use by each tenant:

N/A

D. Need/purpose for project (e.g., why is it necessary, effect on Applicant's business):

Project is needed to receive donations of medical supplies and building supplies

to be warehoused before distribution. Without this project, we could not take donations.

E. Will any portion of the project be used for the making of retail sales to customers who personally visit the project location? Yes No

i. If yes, what percentage of the project location will be utilized in connection with the sale of retail goods and/or services to customers who personally visit the project location? 8%

6. Project Work:

A. Has construction work on this project begun? If yes, complete the following:

| | | | | |
|--------------------|------------------------------|--|------------|-------|
| i. Site Clearance: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % COMPLETE | _____ |
| ii. Foundation: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % COMPLETE | _____ |
| iii. Footings: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | % COMPLETE | _____ |
| iv. Steel: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % COMPLETE | _____ |
| v. Masonry: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | % COMPLETE | _____ |
| vi. Other: | N/A | | | |

B. What is the current zoning?: J-2 with warehouse C of O

C. Will the project meet zoning requirements at the proposed location?

Yes No

D. If a change of zoning is required, please provide the details/status of the change of zone request: N/A

E. Have site plans been submitted to the appropriate planning department? Yes No

7. Project Completion Schedule:

A. What is the proposed commencement date for the acquisition and the construction/renovation/equipping of the project?

i. Acquisition: May/June 2018

ii. Construction/Renovation/Equipping: _____

B. Provide an accurate estimate of the time schedule to complete the project and when the first use of the project is expected to occur: 6 Months June / July 2018

Part IV – Project Costs and Financing

1. Project Costs:

A. Give an accurate estimate of cost necessary for the acquisition, construction, renovation, improvement and/or equipping of the project location:

| <u>Description</u> | <u>Amount</u> |
|-------------------------------------|--------------------------------------|
| Land and/or building acquisition | \$ <u>Lease - User info attached</u> |
| Building(s) demolition/construction | \$ _____ |
| Building renovation | \$ _____ |
| Site Work | \$ _____ |
| Machinery and Equipment | \$ _____ |
| Legal Fees | \$ _____ |
| Architectural/Engineering Fees | \$ _____ |
| Financial Charges | \$ _____ |
| Other (Specify) | \$ _____ |
| Total | \$ _____ |

Please note, IDA fees are based on the total project costs listed above. At the completion of your project, you are required to provide both a certificate of completion along with a cost affidavit certifying the final project costs. The IDA fees may be adjusted as a result of the certified cost affidavit. Money will not be refunded if the final project cost is less than the amount listed above.

2. Method of Financing:

| | Amount | Term |
|---|----------|-------------|
| A. Tax-exempt bond financing: | \$ N/A | _____ years |
| B. Taxable bond financing: | \$ _____ | _____ years |
| C. Conventional Mortgage: | \$ _____ | _____ years |
| D. SBA (504) or other governmental financing: | \$ _____ | _____ years |
| E. Public Sources (include sum of all State and federal grants and tax credits): | \$ _____ | |
| F. Other loans: | \$ _____ | _____ years |
| G. Owner/User equity contribution: | \$ _____ | _____ years |
| Total Project Costs | | \$ _____ |

i. What percentage of the project costs will be financed from public sector sources?

N/A

3. Project Financing:

A. Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application? Yes No

i. If yes, provide detail on a separate sheet.

B. Are costs of working capital, moving expenses, work in progress, or stock in trade included in the proposed uses of bond proceeds? Give details:

N/A

C. Will any of the funds borrowed through the Agency be used to repay or refinance an existing mortgage or outstanding loan? Give details:

N/A

D. Has the Applicant made any arrangements for the marketing or the purchase of the bond or bonds? If so, indicate with whom:

N/A

Part V – Project Benefits

1. Mortgage Recording Tax Benefit:

A. Mortgage Amount for exemption (include sum total of construction/permanent/bridge financing):

\$ N/A

B. Estimated Mortgage Recording Tax Exemption (product of Mortgage Amount and .75%):

\$ N/A

2. Sales and Use Tax Benefit:

A. Gross amount of costs for goods and services that are subject to State and local Sales and Use Tax (such amount to benefit from the Agency's exemption):

\$ Non-for-profit

B. Estimated State and local Sales and Use Tax exemption (product of 8.625% and figure above):

\$ N/A

C. If your project has a landlord/tenant (owner/user) arrangement, please provide a breakdown of the number in "B" above:

i. Owner: \$ N/A

ii. User: \$ N/A

3. Real Property Tax Benefit:

A. Identify and describe if the project will utilize a real property tax exemption benefit other than the Agency's PILOT benefit: N/A

B. Agency PILOT Benefit:

i. Term of PILOT requested: Best Available - 10 Years

ii. Upon acceptance of this application, the Agency staff will create a PILOT schedule and indicate the estimated amount of PILOT Benefit based on anticipated tax rates and assessed valuation and attached such information to Exhibit A hereto. At such time, the Applicant will certify that it accepts the proposed PILOT schedule and requests such benefit to be granted by the Agency.

*** This application will not be deemed complete and final until Exhibit A hereto has been completed and executed.**

Part VI – Employment Data

1. List the Applicant’s and each users present employment, and estimates of (i) employment at the proposed project location at the end of year one and year two following project completion and (ii) the number of residents of the Labor Market Area* (“LMA”) that would fill the full-time and part-time jobs at the end of year second year following completion:

| | Current Number of Employees | Projected Number of New Employees First Year | Projected Number of New Employees Second Year | Residents of LMA |
|-------------|-----------------------------|--|---|------------------|
| Full-Time | 0 | 2 | 1 | Suffolk/Medford |
| Part-Time** | 0 | 10 | 2 | |

Note: Projected numbers are for specific years and not cumulative.

* The Labor Market Area includes the County/City/Town/Village in which the project is located as well Nassau and Suffolk Counties.

** Agency staff converts Part-Time jobs into FTEs for state reporting purposes by dividing the number of Part-Time jobs by two (2).

2. Salary and Fringe Benefits:

| Category of Jobs to be Retained and Created | Average Salary or Range of Salary (indicate hourly or yearly) | Average Fringe Benefits or Range of Fringe Benefits |
|---|---|---|
| Salary Wage Earners | \$100K yearly | |
| Commission Wage Earners | N/A | |
| Hourly Wage Earners | \$13.50 PH | |
| 1099 and Contract Workers | N/A | |

Note: The Agency reserves the right to visit the facility to confirm that job creation numbers are being met.

Part VII – Representations, Certifications and Indemnification

1. Is the Applicant in any litigation which would have a material adverse effect on the Applicant's financial condition? (if yes, furnish details on a separate sheet)

Yes No

2. HAS THE APPLICANT OR ANY OF THE MANAGEMENT OF THE APPLICANT, THE ANTICIPATED USERS OR ANY OF THEIR AFFILIATES, OR ANY OTHER CONCERN WITH WHICH SUCH MANAGEMENT HAS BEEN CONNECTED, BEEN CITED FOR A VIOLATION OF FEDERAL, STATE OR LOCAL LAWS OR REGULATIONS WITH RESPECT TO LABOR PRACTICES, HAZARDOUS WASTES, ENVIRONMENTAL POLLUTION OR OTHER OPERATING PRACTICES? (IF YES, FURNISH DETAILS ON A SEPARATE SHEET)

Yes No

3. Is there a likelihood that the Applicant would not proceed with this project without the Agency's assistance? (If yes, please explain why; if no, please explain why the Agency should grant the benefits requested)

Yes No

We need this financial support to make this project work.

4. If the Applicant is unable to obtain financial assistance from the Agency for the project, what would be the impact on the Applicant and on the municipality?

Without this project tons of medical supplies and building materials would not be donated & would end up

in landfills and source of medical equipment would not be available to help those group homes.

5. The Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if financial assistance is provided for the proposed project:


§ 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.

Initial PA


6. The Applicant understands and agrees that in accordance with Section 858-b(2) of the General Municipal Law, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the project will be listed with the New York State Department of Labor, Community Services Division and with the administrative entity of the service delivery area created pursuant to the Workforce Investment Act of 1998 (29 U.S.C. §2801) in which the project is located (collectively, the "Referral Agencies"). The Applicant also agrees, that it will, except as otherwise provided by collective bargaining contracts or agreements to which they are parties, where practicable, first consider for such new employment opportunities persons eligible to participate in federal job training partnership programs who shall be referred by the Referral Agencies.

Initial 


7. The Applicant confirms and acknowledges that the owner, occupant, or operator receiving financial assistance for the proposed project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.

Initial 


8. The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any tax exemption claimed by reason of the Agency's involvement the Project.

Initial 

9. The Applicant confirms and hereby acknowledges that as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) of the New York General Municipal Law.

Initial 

10. In accordance with Section 862(1) of the New York General Municipal Law the Applicant understands and agrees that projects which result in the removal of an industrial or manufacturing plant of the project occupant from one area of the State to another area of the State or in the abandonment of one or more plants or facilities of the project occupant within the State is ineligible for financial assistance from the Agency, unless otherwise approved by the Agency as reasonably necessary to preserve the competitive position of the project in its respective industry or to discourage the project occupant from removing such other plant or facility to a location outside the State.

Initial 

11. The Applicant represents and warrants that to the Applicant's knowledge neither it nor any of its affiliates, nor any of their respective partners, members, shareholders or other equity owners, and none of their respective employees, officers, directors, representatives or agents is, nor will they become a person or entity with who United States persons or entities are restricted from doing business under regulations of the Office of Foreign Asset Control (OFAC) of the Department of the Treasury (including those named on OFAC's Specially Designated and Blocked Persons List or under any statute, executive order including the September 24, 2001, Executive Order Block Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit, or Support Terrorism, or other governmental action and is not and will not assign or otherwise transfer this Agreement to, contract with or otherwise engage in any dealings or transactions or be otherwise associated with such persons or entities.

Initial PP

12. The Applicant confirms and hereby acknowledges it has received the Agency's fee schedule attached hereto as Schedule A and agrees to pay such fees, together with any expenses incurred by the Agency, including those of Transaction Counsel, with respect to the Facility. The Applicant agrees to pay such expenses and further agrees to indemnify the Agency, its members, directors, employees and agents and hold the Agency and such persons harmless against claims for losses, damage or injury or any expenses or damages incurred as a result of action taken by or on behalf of the Agency in good faith with respect to the project. The IDA fees are based on the total project costs listed in this application. At the completion of the project, you are required to provide both a certificate of completion along with a cost affidavit certifying the final project costs. The IDA fees may be increased as a result of the certified cost affidavit. Monies will not be refunded if the final costs are below the amount listed in the application.

Initial PP

13. The Applicant confirms and hereby acknowledges it has received the Agency's Construction Wage Policy attached hereto as Schedule B and agrees to comply with the same.

Initial PP

14. The Applicant hereby agrees to comply with Section 875 of the General Municipal Law. The Company further agrees that the financial assistance granted to the project by the Agency is subject to recapture pursuant to Section 875 of the Act and the Agency's Recapture and Termination Policy, attached hereto as Schedule C.

Initial PP

15. The Applicant confirms and hereby acknowledges it has received the Agency's PILOT Policy attached hereto as Schedule D and agrees to comply with the same.

Initial PP

Part VIII – Submission of Materials

1. Financial statements for the last two fiscal years (unless included in the Applicant's annual report).
2. Applicant's annual reports (or 10-K's if publicly held) for the two most recent fiscal years.
3. Quarterly reports (form 10-Q's) and current reports (form 8-K's) since the most recent annual report, if any.
4. In addition, please attach the financial information described in items A, B, and C of any expected guarantor of the proposed bond issue.
5. Completed Long Environmental Assessment Form.
6. Most recent quarterly filing of NYS Department of Labor Form 45, as well as the most recent fourth quarter filing. Please remove the employee Social Security numbers and note the full-time equivalency for part-time employees.

(Remainder of Page Intentionally Left Blank)

Part IX – Certification

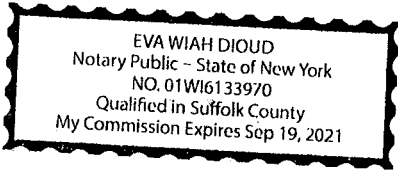
RICHARD J. COHEN (name of representative of company submitting application) deposes and says that he or she is the President (title) of Lucy Daughters Realty, Inc. the corporation (company name) named in the attached application; that he or she has read the foregoing application and knows the contents thereof; and that the same is true to his or her knowledge.

Deponent further says that s/he is duly authorized to make this certification on behalf of the entity named in the attached Application (the "Applicant") and to bind the Applicant. The grounds of deponent's belief relative to all matters in said Application which are not stated upon his/her personal knowledge are investigations which deponent has caused to be made concerning the subject matter this Application, as well as in formation acquired by deponent in the course of his/her duties in connection with said Applicant and from the books and papers of the Applicant.

As representative of the Applicant, deponent acknowledges and agrees that Applicant shall be and is responsible for all costs incurred by the Town of Brookhaven Industrial Development Agency (hereinafter referred to as the "Agency") in connection with this Application, the attendant negotiations and all matters relating to the provision of financial assistance to which this Application relates, whether or not ever carried to successful conclusion. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper, or requested action or withdraws, abandons, cancels or neglects the application or if the Applicant is unable to find buyers willing to purchase the total bond issue required, then upon presentation of invoice, Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred with respect to the application, up to that date and time, including fees to bond or transaction counsel for the Agency and fees of general counsel for the Agency. Upon successful conclusion and sale of the transaction contemplated herein, the Applicant shall pay to the Agency an administrative fee set by the Agency in accordance with its fee schedule in effect on the date of the foregoing application, and all other appropriate fees, which amounts are payable at closing.

Richard J. Cohen
Representative of Applicant

Sworn to me before this 24th
Day of April, 2018
Eva Wiah Dioud
(seal)




Part IX – Certification

Robert Follesato (name of representative of company submitting application) deposes and says that he or she is the Executive Director (title) of Ansley's House of 16th, the corporation (company name) named in the attached application; that he or she has read the foregoing application and knows the contents thereof; and that the same is true to his or her knowledge.

Deponent further says that s/he is duly authorized to make this certification on behalf of the entity named in the attached Application (the "Applicant") and to bind the Applicant. The grounds of deponent's belief relative to all matters in said Application which are not stated upon his/her personal knowledge are investigations which deponent has caused to be made concerning the subject matter this Application, as well as in formation acquired by deponent in the course of his/her duties in connection with said Applicant and from the books and papers of the Applicant.

As representative of the Applicant, deponent acknowledges and agrees that Applicant shall be and is responsible for all costs incurred by the Town of Brookhaven Industrial Development Agency (hereinafter referred to as the "Agency") in connection with this Application, the attendant negotiations and all matters relating to the provision of financial assistance to which this Application relates, whether or not ever carried to successful conclusion. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper, or requested action or withdraws, abandons, cancels or neglects the application or if the Applicant is unable to find buyers willing to purchase the total bond issue required, then upon presentation of invoice, Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred with respect to the application, up to that date and time, including fees to bond or transaction counsel for the Agency and fees of general counsel for the Agency. Upon successful conclusion and sale of the transaction contemplated herein, the Applicant shall pay to the Agency an administrative fee set by the Agency in accordance with its fee schedule in effect on the date of the foregoing application, and all other appropriate fees, which amounts are payable at closing.



Representative of Applicant

Sworn to me before this 24th
Day of April, 2018
Rodolfo [Signature]
(seal)

ROSOLINO GOULD
NOTARY PUBLIC-STATE OF NEW YORK
No. 01G06361426
Qualified in Suffolk County
My Commission Expires 07-17-2021

EXHIBIT A

Proposed PILOT Schedule

Upon acceptance of the Application and completion of the Cost Benefit Analysis, the Agency will attach the proposed PILOT Schedule, together with the estimates of net exemptions based on estimated tax rates and assessment values to this Exhibit.

**Angela's House/Lucky Daughters
DRAFT PILOT**

| Year | PILOT |
|-------------|--------------|
| 1 | \$32,025 |
| 2 | \$32,665 |
| 3 | \$34,651 |
| 4 | \$36,702 |
| 5 | \$38,826 |
| 6 | \$41,016 |
| 7 | \$43,278 |
| 8 | \$45,614 |
| 9 | \$48,027 |
| 10 | \$50,522 |

**PROPOSED PILOT BENEFITS ARE
FOR DISCUSSION PURPOSES ONLY AND
HAVE NOT BEEN APPROVED BY THE
AGENCY.**

Page 7 Item J:

List parent corporation, sister corporation and subsidiaries:

Angela's House

IGHL

The New Interdisciplinary School

KJR Holding Inc.

Friends of Interdisciplinary School

IGHL Cares

Ighl Community Trust

CDD

Nassau Center Residential Development Corp.

VIBS

Families of Flight 800 Association

ANGELA's HOUSE / IGHL PROPERTIES

- 165 Montauk Highway East Moriches, NY 11940
- 214 Brookside Dr Smithtown, NY
- 1483 Stony Brook Road Stony Brook, NY 11790
- 117 Promenade Drive Aquebogue, NY 11931
- 218 Barnes Road Moriches, NY 11955
- 25 N. Bernstein Blvd. Manorville, NY 11949
- Chet Swezey Road Center Moriches, NY 11934
- 21 Montauk Hwy. Center Moriches, NY
- 10 Christina Lane Middle Island, NY
- 138 Holbrook Road Holbrook, NY
- 175 Montauk Hwy. Moriches, NY 11955
- 75 Pine Street East Moriches, NY
- 60 Montauk Highway East Moriches, NY 11940 E-
- 120 Frowein Rd. East Moriches, NY 11940
- 475 Montauk Highway East Moriches, NY
- 135 Old Country Road East Quogue, N.Y. 11942
- 535 Montauk Highway Eastport, NY 11941
- 332 Old Country Rd Eastport, NY 11941
- 864 Pleasure Drive, Flanders, NY 11901
- os 59 Frowein Rd Center Moriches, NY
- 703 Gregory Place Riverhead, NY 11901
- 23 Montauk Highway Center Moriches, NY 11934
- 498 East Chapman Blvd Manorville, NY 11949