



**NASSAU COUNTY INDUSTRIAL
DEVELOPMENT AGENCY**

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICATION OF:

ACS SYSTEM ASSOCIATES, INC.

APPLICANT NAME

Please respond to all questions in this Application for Financial Assistance (the "Application") by, as appropriate:

- filling in blanks;
- checking the applicable term(s);
- attaching additional text (with notation in Application such as "see Schedule H, Item # 1", etc.); or
- writing "N.A.", signifying "not applicable".

All attachments responsive to questions found in this Application should be clearly labeled and attached as Schedule I to the Application. If an estimate is given, enter "EST" after the figure. One signed original and one photocopy of the Application (including all attachments) must be submitted.

The following amounts are payable to the Nassau County Industrial Development Agency (the "Agency") at the time this Application is submitted to the Agency: (i) a \$1,000 non-refundable application fee (the "Application Fee"); (ii) a \$3,500 expense deposit for the Agency's Transaction/Bond Counsel fees and expenses (the "Counsel Fee Deposit"), (iii) a \$2,500 expense deposit for the cost/benefit analysis with respect to the project contemplated by this Application (the "Cost/Benefit Deposit"), and (iv) a \$500 expense deposit for the real property tax valuation analysis, if applicable, with respect to the project contemplated by this Application (the "Valuation Deposit"). The Application Fee will not be credited against any other fees or expenses which are or become payable to the Agency in connection with this Application or the project contemplated herein (the "Project"). In the event that the subject transaction does not close for any reason, the Agency may use all or any part of the Counsel Fee Deposit, the Cost/Benefit Deposit and/or the Valuation Deposit to defray the cost of Transaction/Bond Counsel fees and expenses, the cost of obtaining a cost/benefit analysis and/or the cost of obtaining a real property tax valuation with respect to the Project. In the event that the subject transaction does close, the Counsel Fee Deposit, the Cost/Benefit Deposit and the Valuation Deposit shall be credited against the applicable expenses incurred by the Agency with respect to the Project.

Every signature page comprising part of this Application must be signed by the Applicant or this Application will not be considered complete or accepted for consideration by the Agency.

The Agency's acceptance of this Application for consideration does not constitute a commitment on the part of the Agency to undertake the proposed Project, to grant any financial assistance with respect to the proposed Project or to enter into any negotiations with respect to the proposed Project.

Information provided herein may be subject to disclosure under the New York Freedom of Information Law (New York Public Officers Law § 84 et seq.) ("FOIL"). If the Applicant believes that a portion of the material submitted with this Application is protected from disclosure under FOIL, the Applicant should mark the applicable section(s) or page(s) as "confidential" and state the applicable exception to disclosure under FOIL.

September 14, 2018
DATE

PART I. APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE:

Name: **ACS System Associates, Inc.**

Address: **160 W. Lincoln Avenue, Mount Vernon, NY 10550**

Fax: **(914) 665-8772**

Phone: **(914) 665-5800**

NY State Dept. of

Labor Reg #: **21-40629**

Federal Employer ID #

NAICS Code #: **238220, 238210**

Website: **www.acssystem.com**

Name of CEO or Authorized Representative Certifying Application: **Ahmad Reyaz**

Title of Officer: **President**

Phone Number **(718) 434-6186** E-Mail: **ahmadreyaz@acssystem.com**

B. BUSINESS TYPE (Check applicable status. Complete blanks as necessary):

Sole Proprietorship ☐ General Partnership ☐ Limited Partnership ☐

Limited Liability Company ☐ Privately Held Corporation ☒

Publicly Held Corporation ☐ Exchange listed on _____

Not-for-Profit Corporation ☐

Income taxed as: Subchapter S ☒ Subchapter C ☐
501(c)(3) Corporation ☐ Partnership ☐

State and Year of Incorporation/Organization: **New York 1983 (original); 1998**
(amended to change name)

Qualified to do Business in New York: Yes ☒ No ☐ N/A ☐

C. APPLICANT COUNSEL:

Firm name: **Farrell Fritz P.C.**

Address: **400 RXR Plaza, Uniondale, NY 11556**

Contact: **Nicholas T. Terzulli, Esq.**

Phone: (516) 227-0733
E-Mail: NTerzulli@FarrellFritz.com

- D. Principal stockholders, members or partners, if any (i.e., owners of 10% or more of equity/voting rights in Applicant):

Name	Percentage owned
Ahmad Reyaz	100 %

- E. If any of the persons described in the response to the preceding Question, or a group of said persons, owns more than a 50% interest in the Applicant, list all other entities which are related to the Applicant by virtue of such persons having more than a 50% interest in such entities: N/A

- F. Is the Applicant related to any other entity by reason of more than 50% common ownership? If YES, indicate name of related entity and relationship:

YES ____ NO X

- G. List parent corporation, sister corporations and subsidiaries, if any:

N/A

- H. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing in the municipality in which this Project is located, whether by the Agency or another issuer, or in a contiguous municipality? ("Municipality" herein means city, town or village, or, if the Project is not in an incorporated city or village, Nassau County.) If YES, describe:

YES ____ NO X

- I. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities involved in any litigation or aware of any threatened litigation that would have a material adverse effect on the Applicant's financial condition or the financial condition of said principal(s)? If YES, attach details at Schedule I.

YES ____ NO X

- J. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, ever been

involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors? If YES, attach details at Schedule I.

YES ☐

NO ☒

- K. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, ever been convicted of any felony or misdemeanor (other than minor traffic offenses), or have any such related persons or principal(s) held positions or ownership interests in any firm or corporation that has been convicted of a felony or misdemeanor (other than minor traffic offenses), or are any of the foregoing the subject of a pending criminal proceeding or investigation? If YES, attach details at Schedule I.

YES ☐

NO ☒

- L. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, been cited for (or is there a pending proceeding or investigation with respect to) a civil violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, taxation, or other operating practices? If YES, attach details at Schedule I.

YES ☐

NO ☒

- M. Is the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, delinquent or have any of the foregoing persons or entities been delinquent on any New York State, federal or local tax obligations within the past five (5) years? If YES, attach details at Schedule I.

YES ☐

NO ☒

- N. Complete the following information for principals (including, in the case of corporations, officers and members of the board of directors and, in the case of limited liability company, members and managers) of the Applicant:

<u>Name</u>	<u>Title</u>	<u>Other Business Affiliations</u>
<u>Ahmad Revaz</u>	<u>President</u>	<u>N/A</u>

Do any of the foregoing principals hold elected or appointive positions with New York State, any political division of New York State or any other governmental agency? If YES, attach details at Schedule I.

YES ☐

NO ☒

Are any of the foregoing principals employed by any federal, state or local municipality or any agency, authority, department, board, or commission thereof or any other governmental or quasi-governmental organization?

YES ☐

NO ☒

O. Operation at existing location(s) (Complete separate Section O for each existing location):

1. (a) Location: 160 West Lincoln Avenue, Mount Vernon, NY 10550

(b) Number of Employees: Full-Time: 80 Part-Time (Field): 168

Total Employees: 248

(c) Annual Payroll, excluding benefits: \$5.8 MM

(d) Type of operation: HVAC Systems: Design, Manufacture and Install

(e) Size of existing facility real property
(i.e., acreage of land): 1 acre (approximate)

(f) Buildings (number and square footage of each): 1 approximately 20,000 sq. ft. building and an approximately 3,000 sq. ft. metal fabrication shop.

(g) Applicant's interest in the facility

FEE TITLE: LEASE: ☒ OTHER (describe below): ☐

2. Will the completion of the proposed Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the Project, from one area of the State of New York (but outside of Nassau County) to a location in Nassau County or in the abandonment of such a plant or facility located in an area of the State of New York outside of Nassau County? If YES, complete the attached Anti-Raiding Questionnaire (Schedule D).

YES ☒

NO

3. Will the proposed Project result in the removal or abandonment of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the proposed Project, or a relocation of any employee of the Applicant, or any employee of a

proposed user, occupant or tenant of the proposed Project, located within Nassau County? If YES, identify the location of the plant or facility and provide explanation.

YES ☐

NO ☒

- P. Has the Applicant considered moving to another state or another location within New York State? If YES, explain circumstances.

YES ☒

NO ☐

ACS considered expanding and relocating to New Jersey, which would allow them to service the New York construction industry while operating in a lower tax environment. Additionally, ACS considered other locations in New York.

- Q. Does any one supplier or customer account for over 50% of Applicant's annual purchases or sales, respectively? If YES, attach name and contact information for supplier and/or customer, as applicable:

YES ☐

NO ☒

- R. Does the Applicant (including any related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, have any contractual or other relationship with the Agency or the County of Nassau? If YES, attach details at Schedule I.

YES ☒

NO

- S. Nature of Applicant's business (e.g., description of goods to be sold, products manufactured, assembled or processed, services rendered):

ACS designs, fabricates, and installs HVAC systems for new construction and renovation projects in the New York tristate area.

- T. ANY RELATED PARTY PROPOSED TO BE A USER OF THE PROJECT:

Name: N/A

Relationship to Applicant: N/A

Provide the information requested in Questions A through S above with respect to each such party by attachment at Schedule I.

PART II. PROPOSED PROJECT

A. Types of Financial Assistance Requested:

- ☒ Sales/Use Tax Exemption
- ☒ Mortgage Recording Tax Exemption
- ☒ Real Property Tax Exemption

B. Type of Proposed Project (check all that apply and provide requested information):

New Construction of a Facility

Square footage: _____

Addition to Existing Facility

Square footage of existing facility: _____

Square footage of addition: _____

Renovation of Existing Facility

Square footage of area renovated: _____

Square footage of existing facility: _____

☒ Acquisition of Land/Building

Acreage/square footage of land: 2.64 Acres

Square footage of building: 38,075 SQ FT

☒ Acquisition of Furniture/Machinery/Equipment

List principal items or categories:

Various furniture, fixtures, and equipment

Other (specify): _____

C. Briefly describe the purpose of the proposed Project, the reasons why the Project is necessary to the Applicant and why the Agency's financial assistance is necessary, and the effect the Project will have on the Applicant's business or operations:

This Project is necessary for ACS's expansion in New York. Outgrowing its existing facility, ACS needs to expand to meet the demands of their clients. The proposed Project would provide a larger operating facility for ACS's corporate office. Additionally, the Project would allow ACS to create a modernized and expanded metal fabrication shop within the same facility as their corporate office, generating operational efficiency.

- D. Is there a likelihood that the proposed Project would not be undertaken by the Applicant but for the granting of the financial assistance by the Agency? (If yes, explain; if no, explain why the Agency should grant the financial assistance with respect to the proposed Project)

YES X

NO ____

If the NCIDA is unable to provide financial assistance, ACS would not use the Project Facility as a corporate headquarters and metal fabrication facility.

- E. If the Applicant is unable to arrange Agency financing or other Agency financial assistance for the Project, what will be the impact on the Applicant and Nassau County? Would the Applicant proceed with the Project without Agency financing or other Agency financial assistance? Describe.

If NCIDA is unable to provide financial assistance, ACS would be forced to consider relocating their entire operation to a new facility in a lower-cost location.

- F. Location of Project:

Street Address: 101 New South Road, Woodbury

City/Village(s): N/A

Town(s): Oyster Bay

School District(s): Hicksville UFSD

Tax Map Section: 46 Block: 585 Lot: 39

Census Tract Number: 5143

- G. Present use of the Project site: **Adult Day Program for Center for Developmental Disabilities. The Center for Developmental Disabilities is decentralizing their care delivery model and will provide services in in smaller settings throughout the County.**

- H. (a) What are the current real estate taxes on the Project site? (If amount of current taxes is not available, provide assessed value for each):

General: \$0

School: \$0

Village: \$0

The Property is currently off the tax rolls. The Property was assigned a final assessment of 25241 for the 2019/2020 School and 2020 General County tax years.

- (b) Are tax certiorari proceedings currently pending with respect to the Project real property? If YES, attach details at Schedule I including copies of pleadings, decisions, etc.

YES ☐ NO ☒

- I. Describe proposed Project site ownership structure (i.e., Applicant or other entity):

Trust formed by principal of Applicant will own the Property and lease it to the Applicant.

- J. To what purpose will the building or buildings to be acquired, constructed or renovated be used by the Applicant? (Include description of goods to be sold, products to be manufactured, assembled or processed and services to be rendered.)

The Project Facility will be used as the corporate headquarters for growing HVAC design, fabrication and installation business.

- K. If any space in the Project is to be leased to or occupied by third parties (i.e., parties not related to the Applicant), or is currently leased to or occupied by third parties who will remain as tenants, provide the names and contact information for each such tenant, indicate total square footage of the Project to be leased to each tenant, and describe proposed use by each tenant:

Current owner will lease a portion of the space back from the Applicant until April 2019.

- L. Provide, to the extent available, the information requested, in Part I, Questions A, B, D and O, with respect to any party described in the preceding response.

N/A

- M. Does the proposed Project meet zoning/land use requirements at proposed location?

YES ☒ NO ☐

1. Describe present zoning/land use: Light Industrial
2. Describe required zoning/land use, if different: N/A
3. If a change in zoning/land use is required, please provide details/status of any request for change of zoning/land use requirements: N/A

- N. Does the Applicant, or any related entity or person, currently hold a lease or license on the Project site? If YES, please provide details and a copy of the lease/license.

YES ____

NO X

- O. Does the Applicant, or any related entity or person, currently hold fee title to (i.e. own) the Project site?

YES ____

NO X

If YES, indicate:

- (a) Date of purchase: _____
- (b) Purchase price: \$ _____
- (c) Balance of existing mortgage, if any: \$ _____
- (d) Name of mortgage holder: _____
- (e) Special conditions: _____

If NO, indicate name of present owner of Project site: **Center for Developmental Disabilities.**

- P. Does the Applicant or any related person or entity have an option or a contract to purchase the Project site and/or any buildings on the Project site?

YES X

NO ____

If YES, attach copy of contract or option at Schedule I and indicate:

- (a) Date signed: **June 19, 2018**
- (b) Purchase price: **\$5,250,000.00**
- (c) Closing date: **TBD**

Is there a relationship legally or by virtue of common control or ownership between the Applicant (and/or its principals) and the seller of the Project (and/or its principals)?

If YES, describe:

YES ____

NO X

- Q. Will customers personally visit the Project site for either of the following economic activities? If YES with respect to either economic activity indicated below, complete the attached Retail Questionnaire (Schedule E).

Sales of Goods: YES ____ NO ☒ Sales of Services: YES ____ NO ☒

- R. Describe the social and economic conditions in the community where the Project site is or will be located and the impact of the proposed Project on the community (including impact on infrastructure, transportation, fire and police and other government-provided services):

The Project Facility is located in an industrial area in the unincorporated hamlet of Woodbury. ACS's use of the Facility would be consistent with local uses. The Project would not generate an undue burden on municipal resources.

- S. Identify the following Project parties (if applicable):

Architect: N/A

Engineer: N/A

Contractors: N/A

- T. Will the Project be designed and constructed to comply with Green Building Standards? (if YES, describe the LEED green building rating that will be achieved):

YES ____

NO ☒

- U. Is the proposed Project site located on a Brownfield? (if YES, provide description of contamination and proposed remediation)

YES ____

NO ☒

- V. Will the proposed Project produce a unique service or product or provide a service that is not otherwise available in the community in which the proposed Project site is located?

YES ____

NO ☒

- W. Is the proposed Project site currently subject to an IDA transaction (whether through the Agency or otherwise)? If yes, explain.

YES ____

NO ☒

PART III. CAPITAL COSTS OF THE PROJECT

A. Provide an estimate of cost of all items listed below:

	<u>Item</u>	<u>Cost</u>
1.	Land and/or Building Acquisition	\$5,250,000.00
2.	Building Demolition	\$ 262,500.00
3.	Construction/Reconstruction/Renovation	\$1,000,000.00
4.	Site Work	\$ 50,000.00
5.	Infrastructure Work	\$ 50,000.00
6.	Architectural/Engineering Fees	\$ 50,000.00
7.	Applicant's Legal Fees	\$
8.	Financial Fees	\$ 25,000.00
9.	Other Professional Fees	\$ 50,000.00
10.	Furniture, Equipment & Machinery Acquisition (not included in 3. above)	\$ 750,000.00
11.	Other Soft Costs (describe)	\$
12.	Other (describe)	\$
	Total	\$7,487,500.00

B. Estimated Sources of Funds for Project Costs:

a.	Tax-Exempt IDA Bonds:	\$0
b.	Taxable IDA Bonds:	\$0
c.	Conventional Mortgage Loans:	\$3,675,000
d.	SBA or other Governmental Financing:	\$0
	Identify: _____	
e.	Other Public Sources (e.g., grants, tax credits):	\$0
	Identify: _____	
f.	Other Loans:	\$0
g.	Equity Investment:	\$3,812,500
	(excluding equity attributable to grants/tax credits)	
	TOTAL	\$7,487,500.00

What percentage of the total project costs are funded/financed from public sector sources: 0%

C. Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application? If YES, describe particulars on a separate sheet.

YES _____

NO X

- D. Are items of working capital, moving expenses, work in progress, or stock in trade included in the proposed uses of the bond proceeds (if applicable)? If YES, provide details:

YES _____ NO _____ NOT APPLICABLE X

- E. Will any of the funds to be borrowed through the Agency's issuance of bonds, if applicable, be used to repay or refinance an existing mortgage, outstanding loan or an outstanding bond issue? If YES, provide details:

YES _____ NO _____ NOT APPLICABLE X

- F. Has the Applicant made any arrangement for the marketing or the purchase of the bonds or the provision of other third party financing (if applicable)? If YES, indicate with whom (subject to Agency approval) and provide a copy of any term sheet or commitment letter issued with respect to such financing.

YES _____ NO X NOT APPLICABLE

- G. Construction Cost Breakdown:

Total Cost of Construction: **\$2,162,500** (sum of 2-5 and 10 in
Question A above)

Cost for materials: **\$1,063,250**

% Sourced in County: **90%**

% Sourced in State: **99%** (incl. County)

Cost for labor: **\$1,063,250**

% Sourced in County: **90%**

% Sourced in State: **99%** (incl. County)

Cost for "other":

The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to undertake and document the total amount of capital investment as set forth in this Application.

PART IV. COST/BENEFIT ANALYSIS

- A. If the Applicant presently operates in Nassau County, provide the current annual payroll. Estimate projected payroll at the Project site in First Year, Second Year and Third Year after completion of the Project:

Applicant's current annual payroll is approximately \$5.8 MM. ACS covenants to create at least twenty-five (25) additional full time equivalent jobs within three (3) years of project completion. Applicant anticipates each new FTE will have an average salary of a minimum of \$60,000 per annum.

	<u>Present</u>	<u>First Year</u>	<u>Second Year</u>	<u>Third Year</u>
Full-time:	\$5,800,000 80 FTE	\$6,100,000 85 FTE	\$6,700,000 95 FT	\$7,300,000 105 FTE
Part-time: ¹	168	168	168	168

List the average salaries or provide ranges of salaries for the following categories of jobs (on a full-time equivalency basis) projected to be retained/created in Nassau County as a result of the proposed Project:

<u>Category of Jobs to be Retained:</u>	<u>Average Salary or Range of Salary:</u>	<u>Average Fringe Benefits or Range of Fringe Benefits</u>
Management	\$100,000 - \$120,000	\$7,000 - \$10,000
Professional	\$80,000 - \$100,000	\$7,000 - \$10,000
Administrative	\$40,000 - \$50,000	\$7,000 - \$10,000
Production	\$50,000 - \$65,000	\$7,000 - \$10,000
Supervisor	\$70,000 - \$90,000	\$7,000 - \$10,000
Laborer	\$40,000 - \$50,000	\$7,000 - \$10,000
Independent Contractor ²		
Other		

<u>Category of Jobs to be Created:</u>	<u>Average Salary or Range of Salary:</u>	<u>Average Fringe Benefits or Range of Fringe Benefits</u>
Project Management	\$100,000 - \$120,000	\$7,000 - \$10,000
Professional	\$80,000 - \$100,000	\$7,000 - \$10,000
Administrative	\$40,000 - \$50,000	\$7,000 - \$10,000

¹ NOTE: The Agency converts part-time jobs into FTE's for evaluation and reporting purposes by dividing the number of part-time jobs by two (2).

² As used in this chart, this category includes employees of independent contractors.

Production	\$50,000 - \$65,000	\$7,000 - \$10,000
Supervisor	\$70,000 - \$90,000	\$7,000 - \$10,000
Laborer	\$40,000 - \$50,000	\$7,000 - \$10,000
Independent Contractor ³		
Other		

The Agency may utilize the foregoing employment projections and the projections set forth in Schedule C, among other things, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to retain the number of jobs, types of occupations and amount of payroll with respect to the Project set forth in this Application.

- B. (i) Will the Applicant transfer current employees from existing location(s)? If YES, describe, please describe the number of current employees to be transferred and the location from which such employees would be transferred:

YES X

NO

ACS will relocate 70 full time positions from Mount Vernon to the Woodbury Project Facility. Additionally, all Field Workers will report to the Woodbury location.

(ii) Describe the number of estimated full time equivalent construction jobs to be created as a result of undertaking the project, to the extent any: 10

- C. What, if any, is the anticipated increase in the dollar amount of production, sales or services following completion of the Project?

TBD

What percentage of the foregoing amount is subject to New York sales and use tax?

TBD

What percentage of the Applicant's total dollar amount of production, sales or services (including production, sales or services rendered following completion of the Project) are made to customers outside the economic development region (i.e., Nassau and Suffolk Counties)?

80%

³ As used in this chart, this category includes employees of independent contractors.

Describe any other municipal revenues that will result from the Project (excluding the above and any PILOT payments):

Building permit fees to the Town of Oyster Bay.

- D. What is the estimated aggregate annual amount of goods and services to be purchased by the Applicant for each year after completion of the Project and what portion will be sourced from businesses located in the County and the State (including the County):

	<u>Amount</u>	<u>% Sourced in County</u>	<u>% Sourced in State</u>
Year 1	\$50,000	90%	99%
Year 2	\$100,000	90%	99%
Year 3	\$100,000	90%	99%

- E. Describe, if applicable, other benefits to the County anticipated as a result of the Project, including a projected annual estimate of additional sales tax revenue generated, directly and indirectly, as a result of undertaking the project:

This Project would provide Nassau County with new sales-tax revenue generated by new full time equivalent employees, as well as the second and tertiary jobs created by the new employees.

- F. Estimated Value of Requested Financial Assistance:

Estimated Value of Sales Tax Benefit: **\$91,705 (Estimated Maximum)**
(i.e., gross amount of cost of goods and services
that are subject to state and local sales and use taxes
multiplied by 8.625%)

Estimated Value of Mortgage Tax Benefit: **\$27,652 (Estimated Maximum)**
(i.e., principal amount of mortgage loans
loans multiplied by [0.75%])

Estimated Property Tax Benefit:

Will the proposed Project utilize a property tax
exemption benefit other than from the Agency:
(if so, please describe) **No**

Term of PILOT Requested:

Existing Property Taxes on Land and Building: **N/A**

Estimated Property Taxes on completed Project:
(without Agency financial assistance) **N/A**

NOTE: Upon receipt of this Application by the Agency,

the Agency's staff will create a PILOT schedule and estimate the amount of PILOT Benefit/Cost utilizing anticipated tax rates and assessed valuation, and attach such information as Exhibit A hereto.

- G. Describe and estimate any other one-time municipal revenues (not including fees payable to the Agency) that the Project will create: SEE ANSWER IV.C.

PART V. PROJECT SCHEDULE

- A. If applicable, has construction/reconstruction/renovation work on the Project begun? If YES, indicate the percentage of completion: N/A

1.

(a) Site clearance	YES ____	NO <u>X</u>	____% complete
(b) Environmental Remediation	YES ____	NO <u>X</u>	____% complete
(c) Foundation	YES ____	NO <u>X</u>	____% complete
(d) Footings	YES ____	NO <u>X</u>	____% complete
(e) Steel	YES ____	NO <u>X</u>	____% complete
(f) Masonry	YES ____	NO <u>X</u>	____% complete
(g) Interior	YES ____	NO <u>X</u>	____% complete
(h) Other (describe below):	YES ____	NO <u>X</u>	____% complete
2. If NO to all of the above categories, what is the proposed date of commencement of construction, reconstruction, renovation, installation or equipping of the Project?

ACS estimates that commencement will begin on 11/1/2018, subject to NCIDA approvals and closing.

- B. Provide an estimate of time schedule to complete the Project and when the first use of the Project is expected to occur:

ACS would complete interior renovations and first use the Project Facility approximately 30-60 days after renovation work commences.

PART VI. ENVIRONMENTAL IMPACT

- A. What is the expected environmental impact of the Project? (Complete the attached Environmental Assessment Form (Schedule G)).
- B. Is an environmental impact statement required by Article 8 of the N.Y. Environmental Conservation Law (i.e., the New York State Environmental Quality Review Act)?

YES _____

NO X

- C. Please be advised that the Agency may require at the sole cost and expense of the Applicant the preparation and delivery to the Agency of an environmental report in form and scope satisfactory to the Agency, depending on the responses set forth in the Environmental Assessment Form. If an environmental report has been or is being prepared in connection with the Project, please provide a copy.
- D. The Applicant authorizes the Agency to make inquiry of the United States Environmental Protection Agency, the New York State Department of Environmental Conservation or any other appropriate federal, state or local governmental agency or authority as to whether the Project site or any property adjacent to or within the immediate vicinity of the Project site is or has been identified as a site at which hazardous substances are being or have been used, stored, treated, generated, transported, processed, handled, produced, released or disposed of. The Applicant will be required to secure the written consent of the owner of the Project site to such inquiries (if the Applicant is not the owner), upon request of the Agency.

THE UNDERSIGNED HEREBY CERTIFIES, under penalties of perjury, that the answers and information provided above and in any schedule, exhibit or statement attached hereto are true, accurate and complete, to the best of the knowledge of the undersigned.

Name of
Applicant: ACS SYSTEM ASSOCIATES, INC.

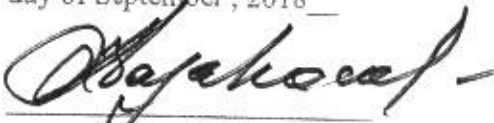
Signature: 

Name: Ahmad Reyaz

Title: President

Date: 9/11/2018

Sworn to before me this 11TH
day of September, 2018


Notary Public

VAGRAM KARAKOZOV
Notary Public, State of New York
Registration #01KA6175854
Qualified In Kings County
Commission Expires Oct. 22, 2019

**CERTIFICATIONS AND ACKNOWLEDGMENTS
OF THE APPLICANT**

FIRST:

The Applicant hereby certifies that, if financial assistance is provided by the Agency for the proposed project, no funds of the Agency (i) shall be used in connection with the Project for the purpose of preventing the establishment of an industrial or manufacturing plant or for the purpose of advertising or promotional materials which depict elected or appointed government officials in either print or electronic media, (ii) be given to any group or organization which is attempting to prevent the establishment of an industrial or manufacturing plant within the State.

SECOND:

The Applicant hereby certifies that no member, manager, principal, officer or director of the Applicant or any affiliate thereof has any blood, marital or business relationship with any member of the Agency (or any member of the family of any member of the Agency).

THIRD:

The Applicant hereby certifies that neither the Applicant nor any of its affiliates, nor any of their respective partners, members, shareholders or other equity owners (other than equity owners of publicly-traded companies), nor any of their respective employees, officers, directors, or representatives (i) is a person or entity with whom 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 or other governmental action, or (ii) has engaged in any dealings or transactions or is otherwise associated with such persons or entities.

FOURTH:

The Applicant hereby acknowledges that the Agency shall obtain and hereby authorizes the Agency to obtain credit reports and other financial background information and perform other due diligence on the Applicant and/or any other entity or individual related thereto, as the Agency may deem necessary to provide the requested financial assistance.

FIFTH:

The Applicant hereby certifies that each owner, occupant or operator that would receive financial assistance with respect to the proposed Project is in substantial compliance with applicable federal, state and local tax, worker protection and environmental laws, rules and regulations.

SIXTH:

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

SEVENTH:

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

EIGHTH:

(i) Does the Project propose the creation of housing?

YES _____ NO _____

If YES, how many units? _____

If YES, the Applicant hereby certifies that:

(a) the Applicant has adopted a Fair Housing/Equal Housing Opportunity Policy substantially in the form of Exhibit B to this Application;

(b) the proposed Project complies with applicable fair housing laws and that eligibility criteria for housing in any part of the Project will not include any residency requirements or preferences, including durational ones, age restrictions (unless for senior housing permitted by law), or other discriminatory criteria;

(c) the Applicant (1) has posted its Fair Housing/Equal Housing Opportunity Policy publicly; and (2) will display fair housing law posters for consumers in its rental or sales office(s), in a form substantially similar to the model fair housing posters attached to this Application as Exhibit C (the Agency will provide applicants with fair housing law posters for display upon request by an applicant); and

(d) key employees of the Applicant in charge of marketing and rental of the Project have completed (or will complete within one year of closing) four (4) hours of fair housing training provided by Long Island Housing Services ("LIHS") at a reasonably acceptable time and location and at no additional cost to the Applicant. In the event LIHS declines to provide or make available reasonably acceptable no-cost fair housing training, the provisions of this Certification VIII(i)(d) shall cease to be of any force and effect.

(ii) If YES to (i) above, does the Project propose the creation of "affordable" or "workforce" housing ("Affordable Housing")?

YES _____ NO _____

If YES, the Applicant hereby certifies that the Applicant (1) has adopted a non-discriminatory affirmative marketing plan that meets the criteria set forth in Exhibit D to this Application; and (2) will submit such marketing plan to the Agency in writing prior to closing.

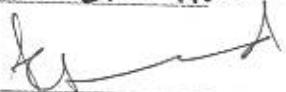
If YES, answer the following questions.

(a) What portion of the Project would consist of Affordable Housing (e.g., number of units)?

(b) What are the eligibility requirements for the Affordable Housing?

(c) Cite the specific source of such eligibility requirements (e.g., federal, state or local law).

Name of
Applicant: ACS SYSTEM ASSOCIATES, INC.

By: 
Name: AHMAD REYAZ
Title: PRESIDENT

**CERTIFICATION AND AGREEMENT
WITH RESPECT TO FEES AND COSTS**

Capitalized terms used but not otherwise defined in this Certification and Agreement shall have the meanings assigned to such terms in the Application.

The undersigned, being duly sworn, deposes and says, under penalties of perjury, as follows: that I am the chief executive officer or other representative authorized to bind the Applicant named in the attached application for financial assistance ("Application") and that I hold the office specified below my signature at the end of this Certification and Agreement, that I am authorized and empowered to deliver this Certification and Agreement and the Application for and on behalf of the Applicant, that I am familiar with the contents of said Application (including all schedules, exhibits and attachments thereto), and that said contents are true, accurate and complete to the best of my knowledge and belief.

The grounds of my belief relative to all matters in the Application that are not based upon my own personal knowledge are based upon investigations I have made or have caused to be made concerning the subject matter of this Application, as well as upon information acquired in the course of my duties and from the books and records of the Applicant.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that the Applicant hereby releases the Nassau County Industrial Development Agency, its members, officers, servants, attorneys, agents and employees (collectively, the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend (with counsel selected by the Agency) and hold the Agency harmless from and against any and all liability, damages, causes of actions, losses, costs or expenses incurred by the Agency in connection with: (A) examination and processing of, and action pursuant to or upon, the Application, regardless of whether or not the Application or the financial assistance requested therein are favorably acted upon by the Agency, (B) the acquisition, construction, reconstruction, renovation, installation and/or equipping of the Project by the Agency, and (C) any further action taken by the Agency with respect to the Project; including, without limiting the generality of the foregoing, (i) all fees and expenses of the Agency's general counsel, bond counsel, economic development consultant, real property tax valuation consultant and other attorneys, experts and consultants (if deemed necessary or advisable by the Agency), and (ii) all other expenses (including attorneys' fees) incurred by the Agency in defending any suits, actions or proceedings that may arise as a result of any of the foregoing. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails 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 or is unable to secure other third party financing or otherwise fails to conclude the Project, then upon presentation of an invoice by the Agency, its agents, attorneys or assigns, the Applicant shall pay to the Agency, its agents, attorneys or assigns, as the case may be, all fees and expenses reflected in any such invoice.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that each of the Agency's general counsel, bond counsel, economic development consultant, real property tax valuation consultant and other experts and consultants is an intended third-party beneficiary of this Certification and Agreement, and that each of them may (but shall not be obligated to) enforce the provisions of the immediately preceding paragraph, whether by lawsuit or otherwise, to collect the fees and expenses of such party or person incurred by the Agency (whether or not first paid by the Agency) with respect to the Application.

Upon successful closing of the required bond issue or other form of financing or Agency assistance, the Applicant shall pay to the Agency an administrative fee set by the Agency (which amount is payable at closing) in accordance with the following schedule:

- (A) Taxable Bond Issues Six-tenths (6/10) of one percent (1%) for the first twenty million dollars (\$20,000,000) of total project costs and, if applicable, two-tenths (2/10) of one percent (1%) for any additional amounts in excess of twenty million dollars (\$20,000,000) of total project costs.
- (B) Tax-Exempt Bond Issues - Six-tenths (6/10) of one percent (1%) of total project costs.
- (C) Straight-Lease Transactions Six-tenths (6/10) of one percent (1%) for the first twenty million dollars (\$20,000,000) of total project costs and, if applicable, two-tenths (2/10) of one percent (1%) for any additional amounts in excess of twenty million dollars (\$20,000,000) of total project costs.
- (D) General Counsel Fee - One-tenth (1/10) of one percent (1%) of total project costs, with a minimum fee of \$2,000.
- (E) All Initial Transactions - Two Thousand Five Hundred Dollars (\$2,500) closing compliance fee payable at closing and One Thousand Dollars (\$1,000) per year (or part thereof) administrative fee, payable in advance, at the closing for the first year (or part thereof) and on January 1st of each year for the term of the financing. The annual service fee is subject to periodic review and may be adjusted from time to time in the discretion of the Agency.
- (F) Refundings - The Agency fee shall be determined on a case-by-case basis.
- (F) Assumptions - The Agency fee shall be determined on a case-by-case basis.
- (G) Modifications - The Agency fee shall be determined on a case-by-case basis.

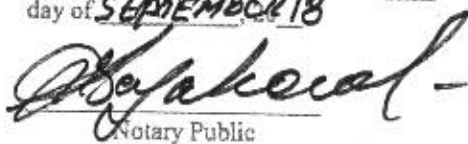
The Agency's bond counsel fees and expenses are payable at closing and are based on the work performed in connection with the Project.


The Agency's bond counsel's fees, general counsel fee and the administrative fees may be considered as a cost of the Project and included as part of any resultant financing, subject to compliance with applicable law.

Upon the termination of the financing of the Project, Applicant agrees to pay all costs in connection with any conveyance by the Agency to the Applicant of the Agency's interest in the Project and the termination of all related Project documents, including the fees and expenses of the Agency's general counsel, bond counsel, and all applicable recording, filing or other related fees, taxes and charges.

I further acknowledge and agree on behalf of the Applicant that, in the event the Agency shall have used all of its available tax-exempt bond financing allocation from the State of New York, if applicable, and shall accordingly be unable to obtain an additional allocation for the benefit of the Applicant, the Agency shall have no liability or responsibility as a result of the inability of the Agency to issue and deliver tax-exempt bonds for the benefit of the Applicant.

Subscribed and affirmed to me this 11TH
day of SEPTEMBER 2018


Notary Public


Name AHMAD REYAZ
Title: PRESIDENT

ACS SYSTEM ASSOCIATES, INC.

VAGRAM KARAKOZOV
Notary Public, State of New York
Registration #01KA6175854
Qualified In Kings County
Commission Expires Oct 22, 2019

TABLE OF SCHEDULES:

<u>Schedule</u>	<u>Title</u>	<u>Complete as Indicated Below</u>
A.	Tax-Exempt Bond Manufacturing Questionnaire	If Applicant checked "YES" in Part I, Question H of Application, if applicable[[
B.	New York State Financial and Employment Requirements for Industrial Development Agencies	All applicants
C.	Guidelines for Access to Employment Opportunities	All applicants
D.	Anti-Raiding Questionnaire	If Applicant checked "YES" in Part I, Question O.2. of Application
E.	Retail Questionnaire	If Applicant checked "YES" in Part II, Question Q of Application
F.	Applicant's Financial Attachments, consisting of:	All applicants
	<ol style="list-style-type: none"> 1. Applicant's financial statements for the last two fiscal years (unless included in Applicant's annual reports). 2. Applicant's annual reports (or Form 10-K's) for the two most recent fiscal years. 3. Applicant's quarterly reports (Form 10-Q's) and current reports (Form 8-K's) since the most recent Annual Report, if any. 4. In addition, attach the financial information described above in items F1, F2, and F3 of any anticipated Guarantor of the proposed transaction, if different than the Applicant, including the personal financial statement of any anticipated Guarantor that is a natural person. 	
G.	Environmental Assessment Form	All applicants
H.	Form NYS-45 (and 45-ATT)	All applicants
I.	Other Attachments	As required

TAX-EXEMPT BOND MANUFACTURING QUESTIONNAIRE

(To be completed by the Applicant if the Applicant checked "YES" in Part I, Question H of the Application for Financial Assistance, if applicable).

Please complete the following questions for each facility to be financed. Use additional pages as necessary.

1. Describe the production process which occurs at the facility to be financed.

2. Allocate the facility to be financed by function (expressed in square footage) (e.g., production line, employee lunchroom, offices, restrooms, storage, warehouse, loading dock, repair shop, parking, research, sales, etc.) and location in relation to production (e.g., same building, adjacent land or building, off-site, etc.). Please attach blueprints of the facility to be financed.

<u>FUNCTION</u>	<u>LOCATION</u>	<u>SQ. FOOTAGE</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

TOTAL

3. Of the space allocated to offices above, identify by function (e.g., executive offices, payroll, production, etc.) and location in relation to production (e.g., same building, adjacent land or building, off-site, etc.).

<u>FUNCTION</u>	<u>LOCATION</u>	<u>SQ. FOOTAGE</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

TOTAL

4. Of the space allocated to storage or warehousing above, identify the square footage and location of the areas devoted to storage of the following:

SQ. FOOTAGE**LOCATION**Raw Materials used
for production of
manufactured goods

Finished product storage

Component parts of
goods manufactured at
the facility

Purchased component
parts

Other (specify)

TOTAL

5. List raw materials used at the facility to be financed in the processing of the finished product(s).

6. List finished product(s) which are produced at the facility to be financed.

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true and correct.

Name of
Applicant:

Signature:

Name:

Title:

Date:

**NEW YORK STATE FINANCIAL AND EMPLOYMENT REPORTING
REQUIREMENTS FOR INDUSTRIAL DEVELOPMENT AGENCIES**

- A. Pursuant to applicable law, the Agency requires the completion of an Initial Employment Plan (see Schedule C) and a year-end employment plan status report, both of which shall be filed by the Nassau County Industrial Development Agency (the "Agency") with the New York State Department of Economic Development. The Project documents will require the Applicant to provide such report to the Agency on or before February 11 of the succeeding year, together with such employment verification information as the Agency may require.

Except as otherwise provided by collective bargaining agreements, the Applicant agrees to list any new employment opportunities with the New York Department of Labor Community Services Division and the administrative entity of the service delivery area created by the Federal Job Training Partnership Act (P.L. 97-300), or any successor statute thereto (the "JTPA Entities"). In addition, except as otherwise provided by collective bargaining agreements, the Applicant, where practicable, will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for such new employment opportunities.

- B. The Applicant will be required to file annually a statement with the New York State Department of Taxation and Finance and the Agency of the value of all sales or use tax exemptions claimed in connection with the Project by reason of the involvement of the Agency.
- C. The following information must be provided for all bonds issued, outstanding or retired during the year:

Name, address and owner of the project; total amount of tax exemptions granted (broken out by state and local sales tax, property taxes, and mortgage recording tax); payments in lieu of taxes made; total real estate taxes on the Project prior to exemption; number of jobs created and retained, and other economic benefits realized.

Date of issue; interest rate at end of year; bonds outstanding at beginning of year; bonds issued during year; principal payments made during year; bonds outstanding at end of year; federal tax status; and maturity date(s).

Failure to provide any of the aforesaid information will constitute a DEFAULT under the Project documents to be entered into by the Agency and the Applicant in connection with the proposed Project.

Please sign below to indicate that the Applicant has read and understood the above and agrees to provide the described information on a timely basis.

Name of
Applicant:

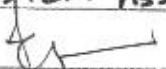
ACS SYSTEM ASSOCIATES, INC

Signature:

Name:

Title:

Date:


AHMAD REYAZ
PRESIDENT
9/11/2018

GUIDELINES FOR ACCESS TO EMPLOYMENT OPPORTUNITIESINITIAL EMPLOYMENT PLAN

Prior to the expenditure of bond proceeds or the granting of other financial assistance, the Applicant shall complete the following initial employment plan:

Applicant Name: ACS Systems Associates Inc.
 Address: 160 W. Lincoln Avenue, Mount Vernon, NY 10550
 Type of Business: Designer, fabricator, and installer of HVAC systems.
 Contact Person: Tel. No.: (718) 293-6600

Please complete the following table describing the projected full-time equivalent employment plan for the proposed Project following receipt of financial assistance:

<u>Current and Planned Occupation</u>	<u>Present Jobs Per Occupation</u>	<u>Estimated Number of Full Time Equivalent Jobs After Completion of the Project:⁴</u>			<u>Estimate of Number of Residents of the LMA⁵ that would fill such jobs by the third year</u>
		<u>1 year</u>	<u>2 years</u>	<u>3 years *</u>	
<u>Management</u>	5	6	6	6	4
<u>Professional</u>	15	17	20	22	18
<u>Administrative</u>	10	12	12	14	12
<u>Production</u>	5	5	10	11	9
<u>Supervisor</u>	40	42	45	45	35
<u>Laborer</u>	89	90	91	91	85

⁴ NOTE: Convert part-time jobs into FTE's for evaluation and reporting purposes by dividing the number of part-time jobs by two (2).

⁵ The "LMA" means the Local Market Area, which is defined by the Agency as Nassau and Suffolk Counties. The Labor Market Area is the same as the Long Island Economic Development Region, as established pursuant to Section 230 of the New York State Economic Development Law.

*ACS will keep ten (10) full time equivalent positions at their Mt. Vernon facility; therefore the headcount at the Nassau County Project Facility will be one hundred seventy nine (179) after three years of Project completion.

Please indicate the number of temporary construction jobs anticipated to be created in connection with the acquisition, construction and/or renovation of the Project: 10

Please indicate the estimated hiring dates for the new jobs shown above and any special recruitment or training that will be required:

Hiring will commence as soon as possible post-closing.

Are the Applicant's employees currently covered by a collective bargaining agreement?

YES

NO X

IF YES, Union Name and Local: N/A

Please note that the Agency may utilize the foregoing employment projections, among other things, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction/bond documents may include a covenant by the Applicant to retain the above number of jobs, types of occupations and amount of payroll with respect to the proposed project.

Attached hereto as Schedule H is a true, correct and complete copy of the Applicant's most recent Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return (Form NYS-45 and 45-ATT). Upon request of the Agency, the Applicant shall provide such other or additional information or documentation as the Agency may require with respect to the Applicant's current employment levels in the State of New York.

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of
Applicant:

ACS System Associates, Inc.

Signature:

Name:

Ahmad Reyaz

Title:

President

Date:

9/11/2018

ANTI-RAIDING QUESTIONNAIRE

(To be completed by Applicant if Applicant checked "YES" in Part I, Question O of the Application for Financial Assistance)

- A. Will the completion of the Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant or of a proposed user, occupant or tenant of the Project, from an area in New York State (but outside of Nassau County) to an area within Nassau County?

YES X

NO

If the answer to Question A is YES, please provide the following information:

Address of the to-be-removed plant or facility or the plants or facilities from which employees are relocated:

160 West Lincoln Avenue, Mt. Vernon, NY 10550

Names of all current users, occupants or tenants of the to-be-removed plant or facility:

ACS System Associates, Inc.

- B. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant, or of a proposed user, occupant or tenant of the Project, located in an area of the State of New York other than in Nassau County?

YES X

NO

If the answer to Question B is YES, please provide the following information:

Addresses of the to-be-abandoned plants or facilities: 160 West Lincoln Avenue, Mt. Vernon, NY 10550

Names of all current occupants of the to-be-abandoned plants or facilities: ACS System Associates, Inc.

- C. Has the Applicant contacted the local industrial development agency at which its current plants or facilities in New York State are located with respect to the Applicant's intention to move or abandon such plants or facilities?

YES

NO X

If the answer to Question C is YES, please provide details in a separate attachment.

IF THE ANSWER TO EITHER QUESTION A OR B IS "YES", ANSWER QUESTIONS D AND E.

- D. Is the Project reasonably necessary to preserve the competitive position of the Applicant, or of a proposed user, occupant or tenant of the Project, in its industry?

YES X

NO ____

- E. Is the Project reasonably necessary to discourage the Applicant, or a proposed user, occupant or tenant of the Project, from removing such plant or facility to a location outside of the State of New York?

YES X

NO ____

IF THE ANSWER TO EITHER QUESTION D OR E IS "YES", -PLEASE PROVIDE DETAILS IN A SEPARATE ATTACHMENT.

Accordingly, the Applicant certifies that the provisions of Section 862(1) of the General Municipal Law will not be violated if financial assistance is provided by the Agency for the proposed Project.

NOTE: If the proposed Project involves the removal or abandonment of a plant or facility of the Applicant, or a proposed user, occupant or tenant of the Project, within the State of New York, notification will be made by the Agency to the chief executive officer(s) of the municipality or municipalities in which such plant or facility was located.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of
Applicant:

ACS SYSTEM ASSOCIATES, INC.

Signature:

Name:

Title:

Date:

AHMAD REYAZ

PRESIDENT

9/11/2018



Nicholas T. Terzulli
Associate

Direct Dial: 516.227.0733
Direct Fax: 516.336.2208
nterzulli@farrellfritz.com

1320 RXR Plaza
Uniondale, NY 11556
www.farrellfritz.com

Our File No. 35158.100

August 14, 2018

Hon. Joseph J. Kearney
Executive Director
Nassau County Industrial Development Agency
1 West Street, Mineola, NY 115501

Re: **ACS System Associates, Inc. ("ACS") Anti-Raiding Questionnaire Supplement**

Dear Mr. Kearney:

Outgrowing their current 20,000 square foot facility in Mt. Vernon, New York, ACS embarked on an aggressive search for properties in Westchester County, Nassau County and throughout New Jersey that would accommodate their expanding HVAC system design, manufacturing, and installation business.

While reviewing a number of properties in New Jersey, of which six listing sheets are enclosed, ACS is also considering a property in Nassau County for their new corporate headquarters. The Nassau County property is approximately 38,000 square feet. Nearly doubling their existing facility, the Nassau County property will allow ACS to have their corporate offices and metal fabrication shop in the same location creating operational efficiency.

This Project would create 179 new full time equivalent jobs in Nassau County after three years of completion. Thank you for your consideration.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Nicholas T. Terzulli'.

Nicholas T. Terzulli

NTT/an
Enclosures

< Search Results

< Prev 2 of 66 Next >

Expand X

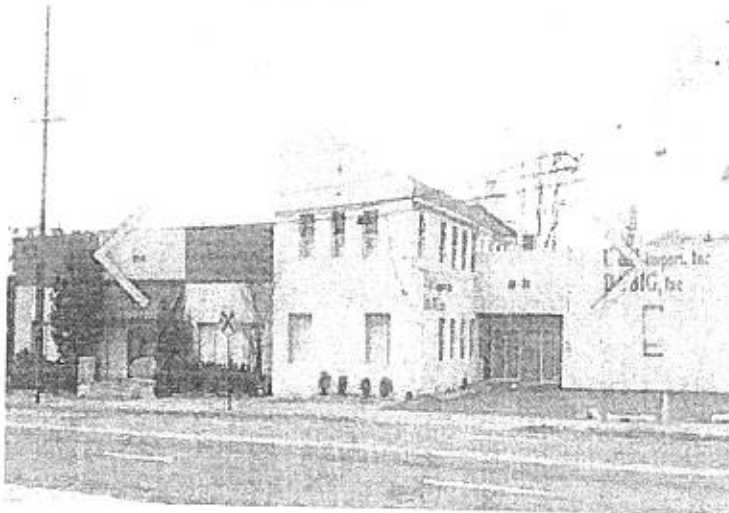
33 New Bridge Rd

\$7,200,000

Bergenfield, NJ 07621 - Industrial For Sale

Share Favorite Property (1) Create Alert

Create Report Print



Contact Listing Broker

Brian

Fairclough

(973)

765-7200

Please send me additional information about this property. Yes

Presented by

**FAIRCLOUGH
REALTORS**

Warehouse with showroom in Bergenfield

Price	\$7,200,000	Year Built	1973
Property Type	Industrial	Tenancy	Single
Property Sub-type	Warehouse/Showroom	Parking Ratio	1:1
Building Class	Class B	Clear Ceiling Height	14 ft
Sale Type	For Sale	No Dock High Doors/Loading	Yes
✓ Lot Size	1.52	No Drive-in / Grade-Level Doors	Yes
✗✗ Rentable Building Area	11,000	✓ Zoning	IC
Sale Conditions	As Is	Description	Warehouse with showroom
		APN / Parcel ID	010-000000000

- not suited
- would have to do lots of work

- expensive

< Search Results

< Prev 2/4 of AUS Next > 1/2 Expand X



See all info for this listing



232 & 185 Dey St

Price	\$3,900,000	Year Built	1980
Property Type	Industrial	Tenancy	Single
Property Sub-type	Warehouse / Trl	Parking Ratio	1/2 1,000 SF
Building Class	C	Clear Ceiling Height	12 ft 10 ft
Sale Type	Owner Oper	No. Dock-High Doors/Loading	11
Lot Size	0.80 AC	No. Drive In / Grade-Level Doors	1
Rentable Building Area	15,900 SF	Zoning Description	Heavy Industrial
No. Stories		APN / Parcel ID	06 0752 0000 0000 0000 0000

Find out more

Listing ID:	Date Created:	Last Updated:	1/2
7440216	07/27/2018	07/27/2018	

Description

232 Dey St is a 15,900 sq ft industrial warehouse building located at the intersection of Dey St and Charlotte Ave. The building is a single-story structure with a clear ceiling height of 12 feet. It features 11 dock-high doors and 1 grade-level door. The property is zoned Heavy Industrial and has a lot size of 0.80 acres. The building is currently owner-operated and is available for sale. The property is located in a well-developed industrial area with easy access to major highways and transportation routes. The building is in good condition and is suitable for a variety of industrial uses. The property is being sold by the owner and is a great opportunity for investors or businesses looking for a large industrial facility.

+ it 101 falls through
thic is good
+ price 3.9 good
+ 10 docks much
+ 20000
- meadowlands
weekend
mess

7/21/2018

158 VAN WAGENAN ST BRADVE W

CoStar Property®

For Sale

Price: \$4,700,000

Price/SF: \$105/SF

Days on Market: 12

Status: Active

Property Type: Residential - Single-Family

Building

Year Built: 2000

Size: 21,000 SF

Rooms: 10

Bedrooms: 4

Bathrooms: 3

Garage: 2

Pool: No

Fireplace: Yes

Hardwood Floors: Yes

Stainless Steel Appliances: Yes

Walk-In Closets: Yes

Central Air Conditioning: Yes

Basement: Full

Finished Basement: Yes

Deck: Yes

Patio: Yes

Fencing: No

View: City

Waterfront: No

Other Amenities: None

Land

Lot Size: 0.40 Acres

Lot Area: 17,424 SF

Frontage: 100.00 FT

Depth: 174.24 FT

Corner Lot: No

Flag Lot: No

Other Lot Info: None

Assessment

Assessment Type	Assessed Value	Market Value
Full Assessment	\$10,000,000	\$10,000,000
Land	\$1,000,000	\$1,000,000
Improvements	\$9,000,000	\$9,000,000

For Lease

Lease Type: None

Lease Term: None

Lease Rate: None

Lease Commencement: None

Lease Termination: None

Lease Assignment: None

Lease Sublet: None

Lease Other: None

Market Conditions

Market Index: 100

Market Index Change: 0.00%

Market Index Trend: Stable

Market Index Forecast: Stable

Market Index History: None

Market Index Source: None

Market Index Date: None

Income & Expenses

Category	Amount
Gross Income	\$0.00
Operating Expenses	\$0.00
Net Income	\$0.00

Sale Contact

Christoph Schneider

Broker/Owner

City: Bradve W

State: CA

Zip: 94005

Phone: (415) 435-4100

Email: cschneider@csr.com

Company: Christoph Schneider Realty

Address: 1000 California Ave

City: San Francisco

State: CA

Zip: 94109

Phone: (415) 435-4100

NO

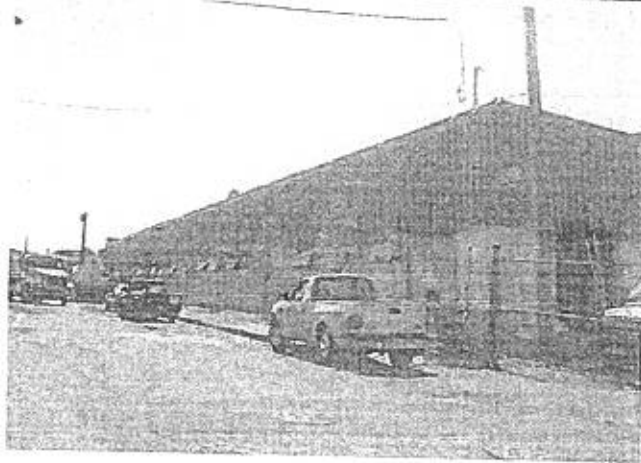
not that much land

inside much better than existing but still same amount.

+ Docks / drive-ins

not that much parking

WAREHOUSE BUILDING FOR LEASE/SALE
2-62 WOOD STREET - PATERSON NEW JERSEY



101,000 SQ. FT

ON 3.18 ACRES

CEILING HIGHT 18'-24'

63,955 SF AVAILABLE NOW

22,750 SF & 16,660 SF LEASED

11 LOADING DOCKS 1 DRIVE IN

DRY SPRINKLER SYSTEM

FOR SALE \$8,500,000

LEASE ASKING \$6.50 NNN

TAXES \$2.09

*too long lease
2029
2025*

*just too
much right
now*

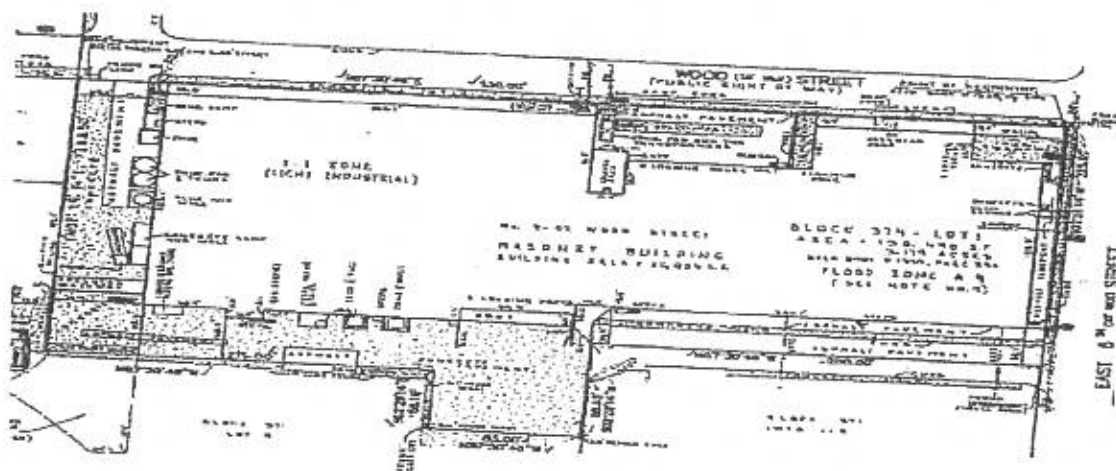
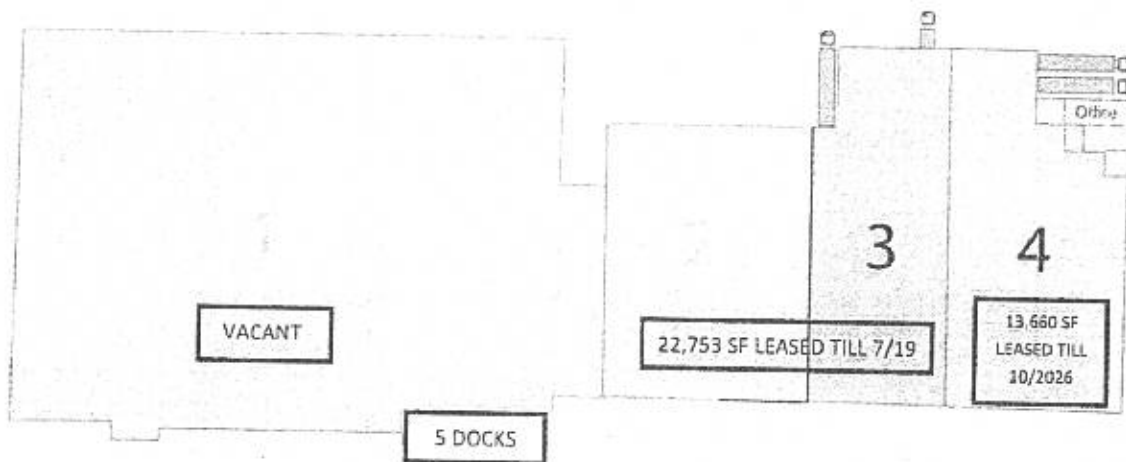
FOR ADDITIONAL INFORMATION PLEASE CONTACT
EXCLUSIVE BROKER: YEHUDA DEUTSCH - SALES ASSOCIATE

T: 201-786-5050 # 105 C: 718-809-6436 Email: ydeutsch@greiner-maltz.com

GREINER-MALTZ

INDUSTRIAL, COMMERCIAL and RETAIL REAL ESTATE Since 1933







**CUSHMAN &
WAKEFIELD**

**400 CENTRAL AVENUE
FARMINGDALE, NJ
GATEWAY BUSINESS PARK**

INDUSTRIAL BUILDING FOR SALE



27,000 SF AVAILABLE

PROPERTY FEATURES

- Close proximity to Interstate 195 and Routes 18, 33, 34 and 66

- 3.6 acres building expansion possible

- Newly renovated offices ±3,500 SF

- Abundant surface parking spaces available

- 4 loading docks, 2 levelers

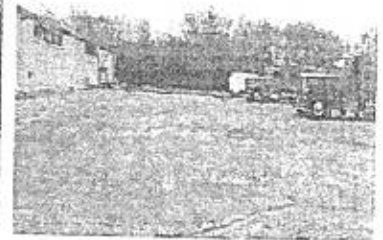
- One drive-in door

- Ceiling height 15

- Wet sprinkling system

- Power 1200a/208-240v

- Column spacing 25 w x 30 d



little office space
Similar to commercial office to renovate
not that much will need to use
good area

Paul E. Giannone
Executive Managing Director
+1 732 452 5184
paul.giannone@cushwake.com

Kayla M. Carter
Managing Director
+1 732 452 5185
kayla.carter@cushwake.com

Joseph S. Vacca
Associate
+1 732 452 5188
joseph.vacca@cushwake.com

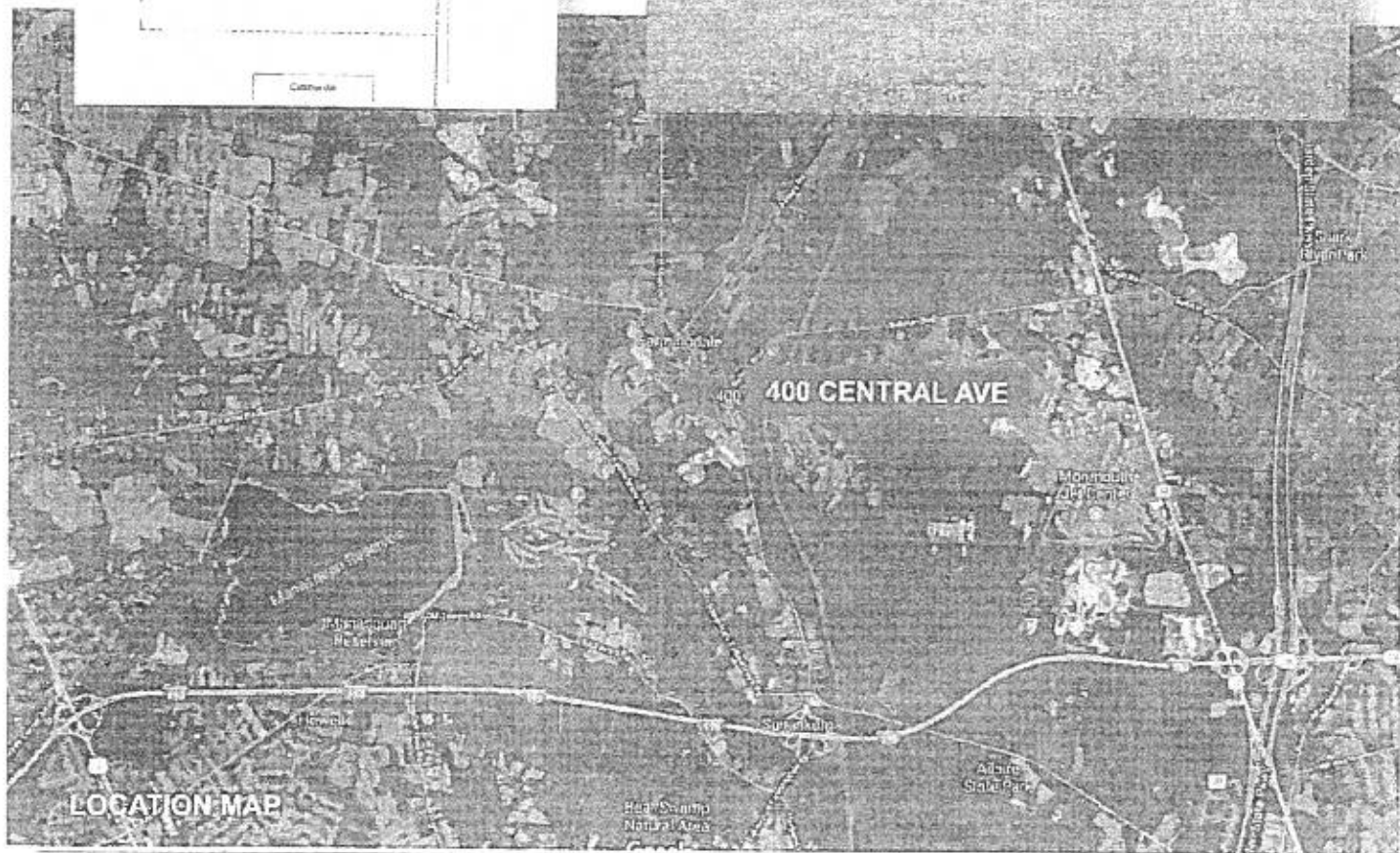
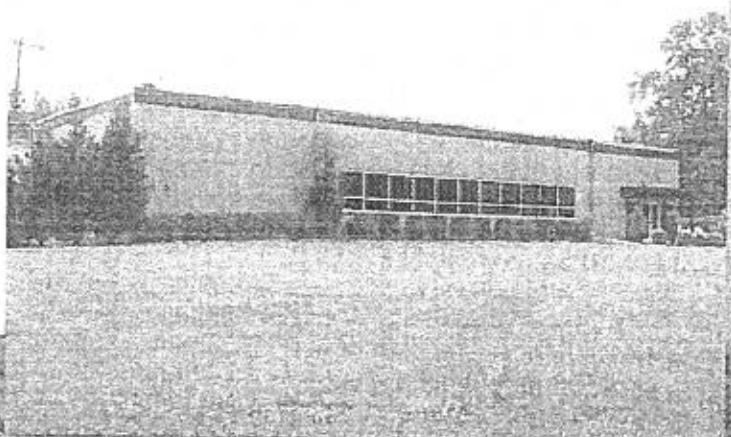
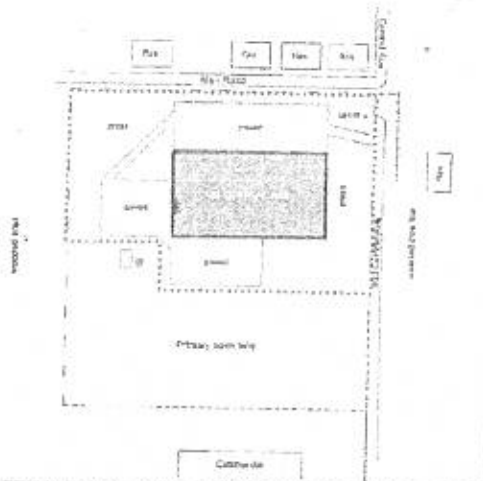
Cushman & Wakefield of New Jersey, LLC
Licensed Real Estate Broker
99 Wood Avenue South
Larchmont, NJ 07643
phone +1 732 620 4700
cushwake.com

Cushman & Wakefield is an Equal Opportunity Employer. Minorities and women are encouraged to apply. Cushman & Wakefield is a member of the Cushman & Wakefield Network, a global real estate services organization. Cushman & Wakefield is a member of the Cushman & Wakefield Network, a global real estate services organization. Cushman & Wakefield is a member of the Cushman & Wakefield Network, a global real estate services organization.



**CUSHMAN &
WAKEFIELD**

400 CENTRAL AVENUE FARMINGDALE, NJ GATEWAY BUSINESS PARK



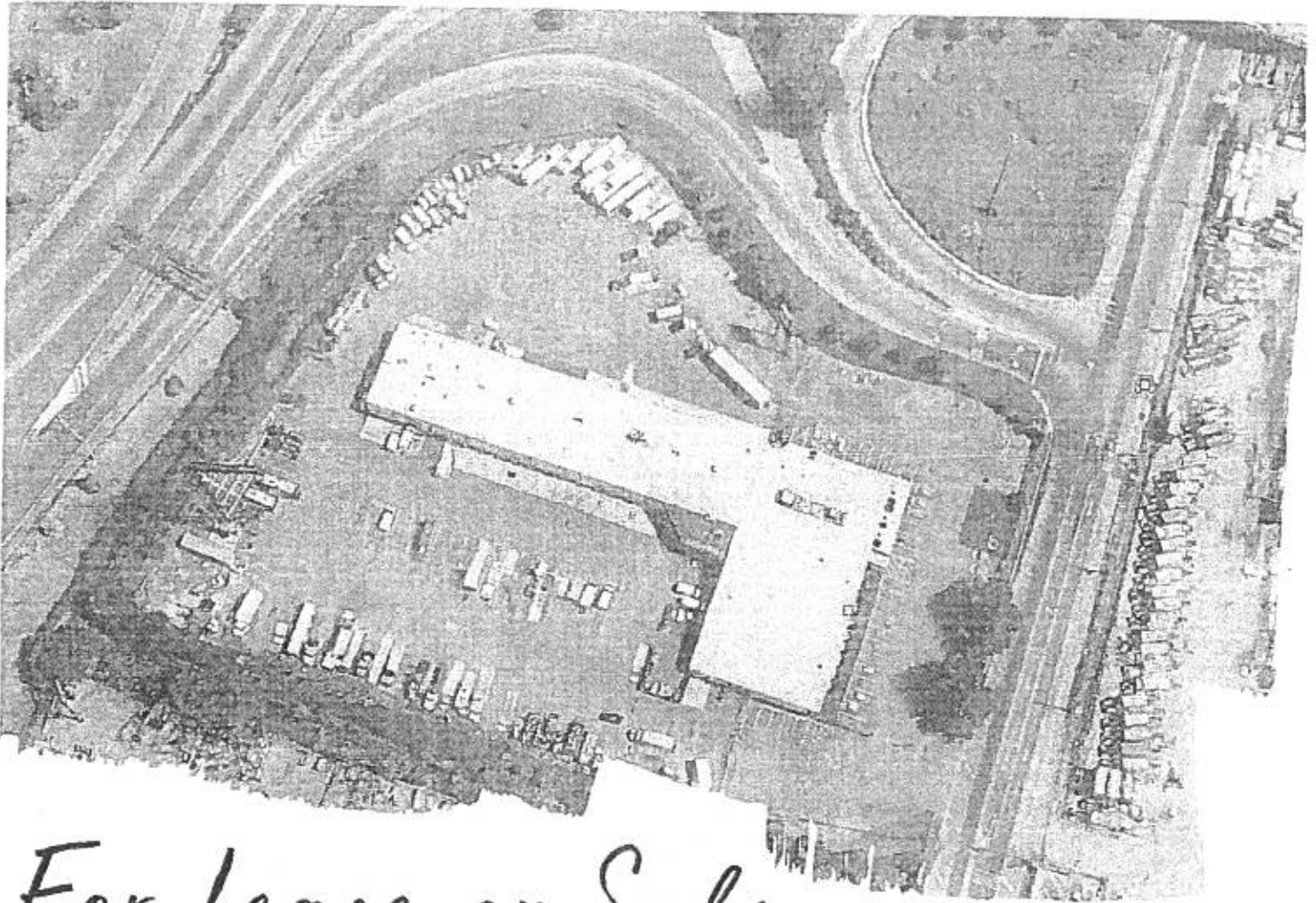
LOCATION MAP

Paul E. Gianone
Executive Managing Director
+1 732 492 5144
paul.gianone@cushmanwakefield.com

Kevin M. Carter
Managing Director
+1 732 492 5144
kevin.carter@cushmanwakefield.com

Giuseppe B. Vassallo
Associate
+1 732 492 5144
giuseppe.vassallo@cushmanwakefield.com

Cushman & Wakefield of New Jersey, LLC
400 Central Avenue South
Farmingdale, NJ 07734
Phone: +1 732 492 5144
www.cushmanwakefield.com



For Lease or Sale

Heavy Duty Maintenance Facility

± 40,794 SF on 5.5 Acres available January 1, 2018

Shop ± 20,490 SF

Bay doors 35 total overhead bay doors
 32 overhead bay doors 12' x 14'
 1 door Truck wash
 1 door Storage
 1 door Dynamometer
 Clear height and width: 15' 5" (h) x 68' (w)

Office 9,634 SF

1-story area 6,700 SF
 2-story area (v2) 1,467 SF

Parts Department ± 10,670 SF

Overhead bay doors: 2 overhead bay doors
 Clear height: 14' - 18'

±40,794 SF

41-65 Doremus Avenue
 Newark, NJ

Dean Brody

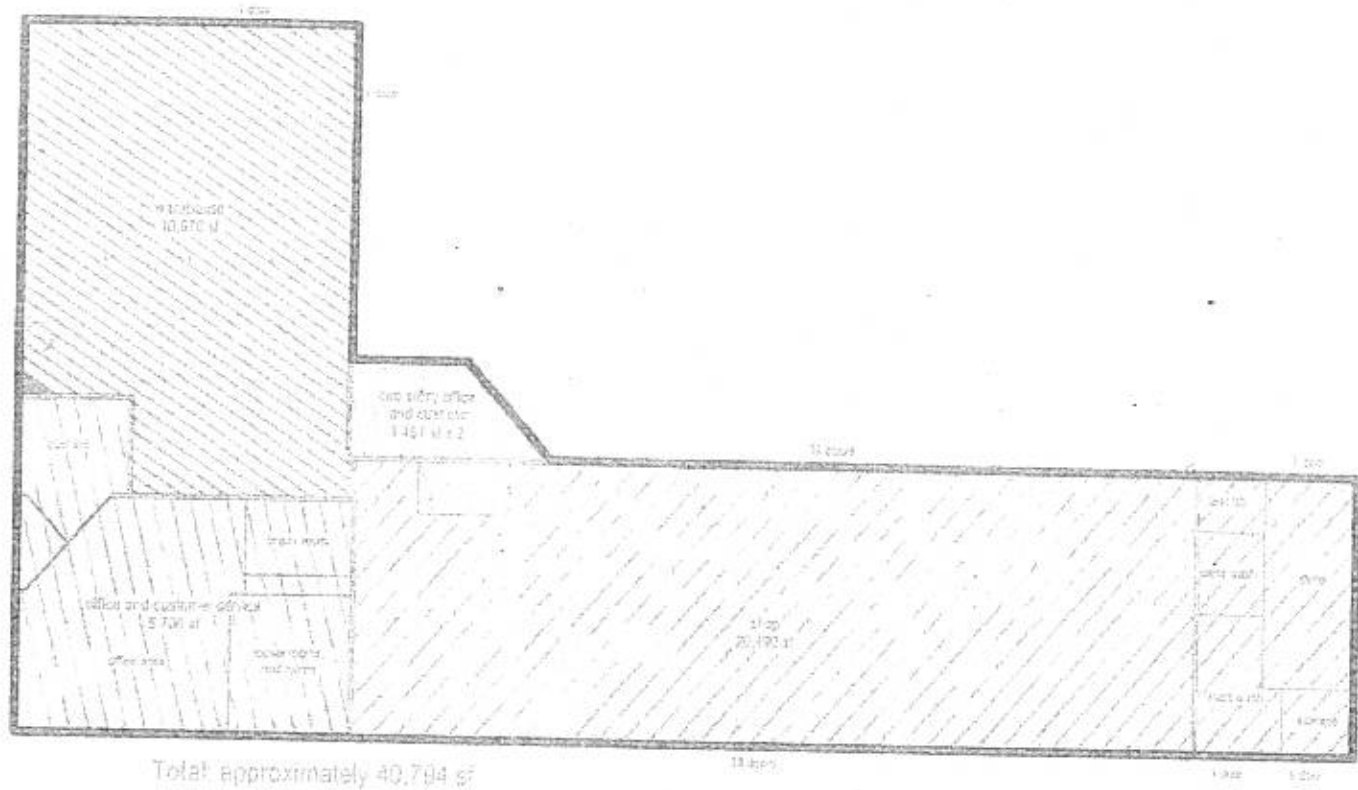
(201) 375-4111

dean@jll.com

*not really great
 limited office - a shop
 just use as a shop
 if both are in NJ makes
 sense*

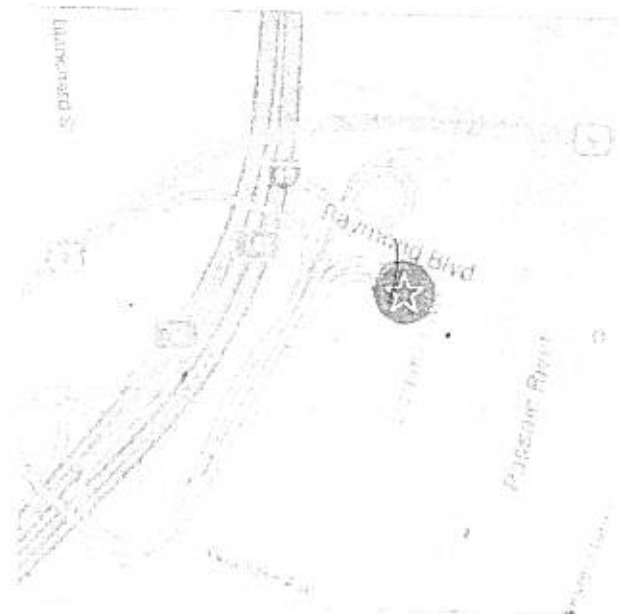
REALTERM
 COMMERCIAL REAL ESTATE





Highlights and Location

- Signage facing New Jersey Turnpike
- Located directly off Exit 15E on New Jersey Turnpike
- Accessible to Routes 1 & 9, I-78 and I-80
- 3 miles to Holland Tunnel
- 5 miles to Lincoln Tunnel
- 9 miles to George Washington Bridge



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RETAIL QUESTIONNAIRE

(To be completed by Applicant if Applicant checked either "YES" in Part II, Question Q of the Application for Financial Assistance)

- A. Will any portion of the Project (including that portion of the cost to be financed from equity or sources other than Agency financing) consist of facilities or property that are or will be primarily used in making retail sales to customers who personally visit the Project?

YES _____

NO X

For purposes of Question A, the term "retail sales" means (i) sales by a registered vendor under Article 28 of Tax Law of the State of New York (the "Tax Law") primarily engaged in the retail sale of tangible personal property (as defined in Section 1101(b)(4)(i) of the Tax Law), or (ii) sales of a service to customers who personally visit the Project.

- B. If the answer to Question A is YES, what percentage of the cost of the Project (including that portion of the cost to be financed from equity or sources other than Agency financing) will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project?

_____%

- C. If the answer to Question A is YES, and the amount entered for Question B is greater than 33.33%, indicate whether any of the following apply to the Project:

1. Is the Project likely to attract a significant number of visitors from outside the economic development region (i.e., Nassau and Suffolk Counties) in which the Project is or will be located?

YES _____

NO _____

2. Is the predominant purpose of the Project to make available goods or services which would not, but for the Project, be reasonably accessible to the residents of the city, town or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services?

YES _____

NO _____

3. Will the Project be located in one of the following: (a) an area designated as an empire zone pursuant to Article 18-B of the General Municipal Law; or (b) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (i) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of the households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates?

YES _____

NO _____

If the answer to any of the subdivisions 1 through 3 of Question C is YES, attach details.

- D. If the answer to any of the subdivisions 2 through 3 of Question C is YES, will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? If YES, attach details.

YES _____

NO _____

- E. State percentage of the Applicant's annual gross revenues comprised of each of the following:

Retail Sales: _____%

Services: _____%

- F. State percentage of Project premises utilized for same:

Retail Sales: _____%

Services: _____%

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of
Applicant:


ACS SYSTEM ASSOCIATES, INC.

Signature:

Name:

Title:

Date:


AHMAD REYAZ
PRESIDENT
9/11/2018

APPLICANT'S FINANCIAL ATTACHMENTS

ENVIRONMENTAL ASSESSMENT FORM

Short Environmental Assessment Form

Part 1 - Project Information

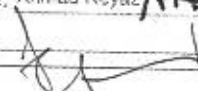
Instructions for Completing

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: ACS System Associates, Inc.							
Project Location (describe, and attach a location map): 101 New South Road, Hicksville, New York							
Brief Description of Proposed Action: Property acquisition; installation of certain fixtures, machinery and equipment							
Name of Applicant or Sponsor: ACS System Associates, Inc.		Telephone: 914-665-5800 E-Mail: ahmadreyaz@acssystem.com					
Address: 160 W. Lincoln Avenue							
City/PO: Mount Vernon		State: NY	Zip Code: 10550				
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? 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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NO</td> <td style="width: 50%; padding: 2px;">YES</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NO</td> <td style="width: 50%; padding: 2px;">YES</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3.a. Total acreage of the site of the proposed action? 2.64 acres b. Total acreage to be physically disturbed? 2.64 acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 2.64 acres							
4. Check all land uses that occur on, adjoining and near the proposed action. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland							

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____			
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:			
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional			
<input checked="" type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> 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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES	
If Yes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/> NO <input type="checkbox"/> YES		
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/> NO <input type="checkbox"/> YES		
If Yes, briefly describe: _____			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: Ahmad Reyaz / PRESIDENT/ ACS SYSTEM Date: September 9, 2018 Signature:  ASSOCIATES, INC.		

PRINT FORM

FORM NYS-45

Attach most recent quarterly filing of Form NYS-45 and 45-ATT, as well as the most recent fourth quarter filing. Please remove the employee social security numbers and note which employees are part-time.

NYS-45-ATT
(2/13)

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return-Attachment**



Withholding identification number:

1

Employer legal name:

ACS SYSTEM ASSOCIATES INC.

Mark an X in the applicable box(es):

A. Original ☒ or Amended return

Jan 1 - Apr 1 - July 1 - Oct 1 -
Mar 31 Jun 30 Sep 30 Dec 31 Year 18
1 2 3 4 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXX3951	R	16455.75	X	
XXXXX7406	L	2240.00		
XXXXX2643	N	41599.81	X	
XXXXX9559	S	15507.38	X	= FT
XXXXX7413	M	6634.60	X	
XXXXX6177	L	25490.40		
XXXXX3758		9938.46	X	
XXXXX0118	O	3658.96		
XXXXX2852	F	9387.50	X	
XXXXX8881		579.96		
XXXXX0262	M	21005.10	X	
XXXXX7690	S	39696.00	X	
XXXXX2581	T	1673.07		
XXXXX6003	A	39251.12	X	
XXXXX6902	D	5318.44		
XXXXX3126	Z	13846.20	X	

Page No. 1 of 16 Total this page only

252282.75

If first page, enter grand totals
of all pages

2966642.53

Contact information (see instructions)	Name	Daytime telephone number
---	------	--------------------------

ACS8 29-Jun-2018 16:28 117350 1122

For office use only
Postmark

Received Date

Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return-Attachment**



61518711

Withholding identification number:

1

Mark an X in the applicable box(es):

A. Original ☒ or Amended return

Jan 1 - Mar 31 ☐ Apr 1 - Jun 30 ☒ July 1 - Sep 30 ☐ Oct 1 - Dec 31 ☐ Year 18
1 2 3 4 Y Y

B. Other wages only reported on this page _____

C. Seasonal employer _____

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXXX5795	T	1595.53		
XXXXXX0137	M	18465.04	X	
XXXXXX4308	F	1362.24		
XXXXXX8083	J	10384.62	X	
XXXXXX7907	L	27147.81		
XXXXXX8315	H	8875.63		
XXXXXX2052	D	511.36		
XXXXXX0921	M	44848.84		
XXXXXX5453	C	68.04		
XXXXXX6049	X	340.56		
XXXXXX4086	H	340.56		
XXXXXX1416	O	22775.95		
XXXXXX7645	E	3198.97		
XXXXXX1456	A	1496.10		
XXXXXX8974	R	22151.23	X	
XXXXXX6254	A	18461.52	X	

Page No. 2 of 16 Total this page only _____

182024.00

If first page, enter grand totals
of all pages _____

Contact information (see instructions)	Name	Daytime telephone number
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ACS8 29-Jun-2018 16:28 117350 1122

For office use only
Postmark

Received Date

Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return-Attachment**



61518711

Withholding identification number:

1

Employer legal name:

ACS SYSTEM ASSOCIATES INC.

Mark an X in the applicable box(es):

A. Original ☒ or Amended return

Jan 1 - Mar 31 ☐ Apr 1 - Jun 30 ☒ July 1 - Sep 30 ☐ Oct 1 - Dec 31 ☐ Year 18

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXXX4821	F	19558.31	X	
XXXXXX2048	R	8632.84		
XXXXXX6439	J	31136.13		
XXXXXX8837	S	3077.02		
XXXXXX8958	A	22211.53	X	
XXXXXX4831	G	2532.40		
XXXXXX9395	JA	12692.28	X	
XXXXXX8715	D	3851.55		
XXXXXX8512	M	101200.00	X	
XXXXXX3403	TO	10821.37		
XXXXXX4665	A	7214.00		
XXXXXX7090	A	12901.28		
XXXXXX3302	LN	1951.20		
XXXXXX2150	R	6584.24		
XXXXXX2025	E	3954.25		
XXXXXX3646	LN	29439.54		
Page No. 3 of 16		Total this page only	277757.94	

If first page, enter grand totals
of all pages

Contact information (see instructions)	Name	Daytime telephone number
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ACS8 29-Jun-2018 16:28 117350 1122

For office use only
Postmark

Received Date

Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return-Attachment**



Withholding identification number:

1

Employer legal name:

ACS SYSTEM ASSOCIATES INC.

Mark an X in the applicable box(es):

A. Original ☒ or Amended return

Jan 1 - Mar 31 ☐ Apr 1 - Jun 30 ☒ July 1 - Sep 30 ☐ Oct 1 - Dec 31 ☐ Year 18

B. Other wages only reported on this page

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Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle Initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXXX9620	I	2430.40		
XXXXXX5903	Y	1200.00	summer intern	
XXXXXX9200		1296.00		
XXXXXX5983	A	19681.51	X	
XXXXXX2322	LY	180.54		
XXXXXX6692	N	7788.93		
XXXXXX0487	S	64.80		
XXXXXX1110	A	18932.31	X	
XXXXXX5742	H	15027.94	X	
XXXXXX7112	B	6602.40		
XXXXXX1397	T	27945.26		
XXXXXX6884	M	19407.00		
XXXXXX7930	A	4210.75		
XXXXXX5133	S	360.00		
XXXXXX6968	D	6019.93		
XXXXXX7437	L	1086.80		
Page No. 4 of 16	Total this page only		132234.47	

If first page, enter grand totals
of all pages

Contact information (see instructions)	Name	Daytime telephone number
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For office use only
Postmark

Received Date

Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

ACS8 29-Jun-2018 16:28 117350 1122

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return-Attachment**



Withholding identification number:

1

Employer legal name:

ACS SYSTEM ASSOCIATES INC.

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A. Original ☒ or Amended return

Jan 1 - Mar 31 ☐ Apr 1 - Jun 30 ☒ July 1 - Sep 30 ☐ Oct 1 - Dec 31 ☐ Year 18
1 2 3 4 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXXX4966	S	340.56		
XXXXXX9851	N	18461.52	X	
XXXXXX8628	L	650.40		
XXXXXX5628	D	3251.70		
XXXXXX6513	N	8888.76		
XXXXXX1139	A	502.44		
XXXXXX8241	A	4903.85	X	
XXXXXX1349	N	25526.95	X	
XXXXXX0591	S	3065.04		
XXXXXX7684	A	17727.89	X	
XXXXXX4598	O	15480.00		
XXXXXX5356	N	12041.87		
XXXXXX3798	X	5532.80		
XXXXXX8978	D	10292.28	X	
XXXXXX8628	M	5301.78		
XXXXXX9346	R	1111.04		
Page No. 5 of 16		Total this page only	133078.88	

If first page, enter grand totals
of all pages

Contact information (see instructions)	Name	Daytime telephone number
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ACS8 29-Jun-2018 16:28 117350 1122

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Received Date

Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return-Attachment**



61518711

Withholding identification number:

1

Employer legal name:

ACS SYSTEM ASSOCIATES INC.

Mark an X in the applicable box(es):

A. Original ☒ or Amended return

Jan 1 - Mar 31 ☐ Apr 1 - Jun 30 ☒ July 1 - Sep 30 ☐ Oct 1 - Dec 31 ☐ Year 18 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXX7686	A	990.96		
XXXXX1794	D	3800.00		
XXXXX1135	A	7987.28		
XXXXX7143	H	2856.48		
XXXXX4904	ID	1444.32		
XXXXX1996	DN	6914.01		
XXXXX4280	A	23700.00	X	
XXXXX5767	W	1438.10		
XXXXX9337	H	13670.90		
XXXXX1203	Y	10096.17	X	
XXXXX3431	K	10273.76		
XXXXX6674	F	10384.62	X	
XXXXX6079	M	9952.89		
XXXXX5444	B	506.48		
XXXXX9685	N	27363.28		
XXXXX1541	A	13153.80	X	

Page No. 6 of 16 Total this page only 144533.05

If first page, enter grand totals
of all pages

Contact information (see instructions)	Name	Daytime telephone number
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Withholding identification number:

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Employer legal name:

ACS SYSTEM ASSOCIATES INC.

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Jan 1 - Apr 1 - July 1 - Oct 1 -
Mar 31 Jun 30 Sep 30 Dec 31 Year 18
1 2 3 4 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr)	e Total NYS, NYC, and Yonkers tax withheld
XXXXX5442	N	23076.90	X	
XXXXX5171	A	9074.88		
XXXXX0119	M	12692.28	X	
XXXXX3592	L	3995.41		
XXXXX8629	K	1987.97		
XXXXX6182	B	2925.12		
XXXXX3897	O	1463.40		
XXXXX2608	B	1266.20		
XXXXX2765	L	3748.00		
XXXXX3274	B	15486.57		
XXXXX3717	M	58127.28	X	
XXXXX2322	A	11224.20	X-e	
XXXXX0336	R	18461.52	X	
XXXXX7552	O	9952.45		
XXXXX6379	D	8923.04		
XXXXX2750	H	2250.00		summer intern
Page No. 7 of 16		Total this page only	184655.22	

If first page, enter grand totals
of all pages

Contact information (see instructions)	Name	Daytime telephone number
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Withholding identification number:

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B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle Initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXXX8549	E	2975.57		
XXXXXX3001	B	839.80		
XXXXXX9693	E	11856.00		
XXXXXX9617	A	30038.78	X	
XXXXXX0293	I	321.60		
XXXXXX4228	B	945.36		
XXXXXX9237	Y	11801.22		
XXXXXX5464	E	24471.28		
XXXXXX4602	M	15000.00	X	
XXXXXX2584	D	5814.27		
XXXXXX8785	R	3038.88		
XXXXXX7332	A	2604.05		
XXXXXX9556	L	3920.00		
XXXXXX8912	S	3499.99	X	
XXXXXX2797	A	23020.44	X	
XXXXXX2597	S	4264.71		

Page No. 8 of 16 Total this page only 144411.95

If first page, enter grand totals
of all pages

Contact information (see instructions)	Name	Daytime telephone number
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NYS-45-ATT
(2/13)

**Quarterly Combined Withholding, Wage Reporting,
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61518711

Withholding identification number:

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Employer legal name:

ACS SYSTEM ASSOCIATES INC.

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Jan 1 - Mar 31 ☐ Apr 1 - Jun 30 ☒ July 1 - Sep 30 ☐ Oct 1 - Dec 31 ☐ Year 18

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXX0173	B	7597.20		
XXXXX5807	K	8015.20		
XXXXX6209	M	10572.97		
XXXXX6348	A	650.40		
XXXXX3631	L	9600.00	X	
XXXXX2602	D	31972.10	X	
XXXXX7790	R	11851.95		
XXXXX7325	A	10868.75		
XXXXX2517	R	30895.28		
XXXXX3343	M	3545.36		
XXXXX2889	L	11538.48	X-e	
XXXXX3413	E	13295.10		
XXXXX5089	M	1778.40		
XXXXX1553	D	481.44		
XXXXX3865	M	24099.71	X	
XXXXX1833	R	1926.60		

Page No. 9 of 16 Total this page only

178688.94

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of all pages

Contact information (see instructions)	Name	Daytime telephone number
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NYS-45-ATT
(2/13)

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ACS SYSTEM ASSOCIATES INC.

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B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkerstax withheld
XXXXXX1395	R	17224.16		
XXXXXX2228	R	16659.00		
XXXXXX5685	R	18793.91		
XXXXXX9307	R	1059.95		
XXXXXX7349	Y	13569.00		
XXXXXX5909	O	15867.00		
XXXXXX7323	R	17076.90	X	
XXXXXX7637	T	22832.72		
XXXXXX0164	T	40267.10		
XXXXXX3306	O	8471.68		
XXXXXX9285	E	4254.75		
XXXXXX1893	M	8076.90	X	
XXXXXX7496	M	12000.00	X	
XXXXXX2826	N	27457.41	X	
XXXXXX6714	B	11538.42	X-e	
XXXXXX4283	K	7524.90		
		242673.80		

Page No. 10 of 16 Total this page only

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Contact information (see instructions)	Name	Daytime telephone number
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NYS-45-ATT
(2/13)

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Withholding identification number:

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B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXXX1083	D	28022.32		
XXXXXX8686	E	14715.44		
XXXXXX4655	E	10343.30		
XXXXXX6997	R	20540.28	X	
XXXXXX1489	Y	3252.00		
XXXXXX9531	E	19615.38	X	
XXXXXX6224	N	5335.11		
XXXXXX9900	E	1012.96		
XXXXXX5504	O	1456.12		
XXXXXX2570	Y	3748.00		
XXXXXX8421	J	1595.53		
XXXXXX1583	M	800.00		
XXXXXX5663	L	13755.99		
XXXXXX8804	IM	15696.09		
XXXXXX4702	A	2898.24		
XXXXXX6553	L	9230.76	X	
Page No. 11 of 16		Total this page only	152017.52	

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ACS SYSTEM ASSOCIATES INC.

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B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXXX0617	D	26304.00	X	
XXXXXX3705	A	33076.90	X	
XXXXXX3706	A	23076.90	X	
XXXXXX3309	N	7200.00	X	
XXXXXX5643	E	680.32		
XXXXXX8205	E	1950.08		
XXXXXX1653	E	27542.97	X	
XXXXXX2391	M	12700.00		
XXXXXX9162	J	12472.07		
XXXXXX2312	I	902.25		
XXXXXX9284	O	3712.00		
XXXXXX3238	Y	7113.60		
XXXXXX5400	N	20000.00	X	
XXXXXX1508	E	1440.00	X	
XXXXXX5079	G	45597.53	X	
XXXXXX2352	V	1610.76		
Page No. 12 of 16		Total this page only	225379.38	

If first page, enter grand totals of all pages

Contact information (see instructions)	Name	Daytime telephone number
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B. Other wages only reported on this page _____

C. Seasonal employer _____

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals if this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXXX8106	F LA	5880.00	X	
XXXXXX3199	O	2608.49		
XXXXXX4316	N	16153.80	X	
XXXXXX8076	L	17307.72	X	
XXXXXX0242	N	2758.40		
XXXXXX5348	O	5090.16		
XXXXXX8598	H	19225.26		
XXXXXX5162	J	15000.00	X	
XXXXXX7244	M	11532.00		
XXXXXX3332	E	14801.12		
XXXXXX9289	S	14346.08	X	
XXXXXX0652	S	19322.32		
XXXXXX7552	M	20479.80	X	
XXXXXX3920	H	25264.29	X	
XXXXXX2142	P	17532.07	X-e	
XXXXXX6463	F	24776.40		
Page No. 13 of 16 Total this page only		232077.91		

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Contact information (see instructions)	Name	Daytime telephone number
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1 2 3 4 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXX4516	A	1267.60		
XXXXX2460	L	7151.76		
XXXXX8782	E	16859.56		
XXXXX5625	H	10480.50		
XXXXX5068	T	17708.70	X	
XXXXX6487	A	23110.41	X	
XXXXX5114	V	36365.30		
XXXXX3389	T	3952.00		
XXXXX7541	D	1111.04		
XXXXX3600	E	18230.76	X	
XXXXX5224	J	3072.12	X	
XXXXX4483	O	7673.29		
XXXXX8822		30198.00	X	
XXXXX8441	J	1360.00		
XXXXX7865	E	990.96		
XXXXX2022	E	18426.63		
Total this page only		197958.63		

Page No. 14 of 16
If first page, enter grand totals of all pages

Contact information (see instructions)	Name	Daytime telephone number
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ACS8 29-Jun-2018 16:28 117350 1122

NYS-45-ATT
(2/13)

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1 2 3 4 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			C. Seasonal employer Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXXX5819	L	18821.66	X	
XXXXXX9236	H	15000.00	X	
XXXXXX1666	N	8605.84		
XXXXXX6466	S	1666.56		
XXXXXX6751	I	26619.83	X	
XXXXXX8157	E	18153.80	X	
XXXXXX5609	Y	284.55		
XXXXXX7922	N	27920.21		
XXXXXX8466	B	68.04		
XXXXXX8589	N	18094.68		
XXXXXX0221	D	8173.44		
XXXXXX6797	P	15076.84	X	
XXXXXX0111	D	33999.96	X	
XXXXXX0614	A	5077.68		
XXXXXX0093	K	20505.76	X	
XXXXXX2592	J	10995.00		
Page No. 15 of 16		Total this page only	229063.85	

Contact information (see instructions)	Name	Daytime telephone number
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ACS 29-Jun-2018 16:28 117350 1122
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B. Other wages only reported on this page _____

C. Seasonal employer _____

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a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
XXXXXX0344		12199.14		
XXXXXX0411	D	2708.16		
XXXXXX9407	Y	1507.32		
XXXXXX1871	- J	20820.96		
XXXXXX3383	M	3645.60		
XXXXXX9771	I	889.20		
XXXXXX0142	Y	14423.10	X	
XXXXXX8391	A	1610.76		

Page No. 16 of 16 Total this page only _____

57804.24

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Contact information (see instructions)	Name CONNIE ACCARDO	Daytime telephone number (516) 9356767
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PO BOX 4119
BINGHAMTON NY 13902-4119

ACS8 29-Jun-2018 16:28 117350 1122

OTHER ATTACHMENTS

ACS has a public construction contract with Nassau County to replace the boiler at Nassau County Court, 262 Old Country Road, Mineola. ACS's competitive sealed qualified low-bid proposal was selected by Nassau County on January 11, 2016 with an executed contract dated as of April 27, 2016.

Contract #: B90611-06G

EXHIBIT A

Upon acceptance of the Application by the Agency for processing and completion of the Cost/Benefit Analysis, the Agency will attach a proposed PILOT Schedule hereto, together with an estimate of the net tax benefit/cost of the proposed PILOT Schedule.

EXHIBIT B

Fair Housing/Equal Housing Opportunity Policy to be adopted by Agency Applicants for Housing Projects

As part of our continuing effort to ensure compliance with federal, state, and local anti-discrimination laws, we would like to take this opportunity to remind you of our policies regarding equal housing opportunity. It is important for all employees to review his or her own actions in light of these requirements and for everyone to keep in mind the importance of treating all persons equally.

It is the policy and practice of this company not to engage in or assist the efforts of others to engage in housing discrimination. Consistent with that policy, we remind you that the antidiscrimination laws of the United States, New York State, and local laws are quite specific in the area of housing, and in conformance with those laws, you must not engage in any of the following conduct during the course of your work for this company:

1. Refuse to show, rent, sell, negotiate for the rental or sale of, or otherwise make unavailable or deny, housing to any person because of race, color, religion, creed, sex/gender, familial status (having or expecting a child under 18), national origin, ethnicity, disability, marital status, age, sexual orientation, military status, source of income or status as survivor of domestic violence (each a "prohibited basis");
2. Discriminate against any person in the terms, conditions or privileges of a rental or sale or in the provision of services or facilities in connection therewith because of a prohibited basis;
3. Make any verbal or written statement with respect to the rental or sale of housing that indicates any preference, limitation or discrimination concerning a prohibited basis, or any statement indicating an intention to make any such preference, limitation or discrimination;
4. Represent to any person because of a prohibited basis that any housing or unit is not available for inspection, rental or sale when such apartment is in fact so available;
5. Steer persons into or away from certain areas of a building, development or neighborhood because of a prohibited basis;
6. Refuse to provide a reasonable accommodation in rules, policies, practices or services for tenants, buyers, or applicants with disabilities; and
7. Refuse to allow a reasonable modification to individual units or common areas for tenants, buyers, or applicants with disabilities.

We are firmly committed to the goal of fair housing. You should understand that any violation of this Fair Housing/Equal Housing Opportunity Policy will lead to discipline, up to and including discharge.

EXHIBIT C

Sample Fair Housing Posters

U. S. Department of Housing and Urban Development



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

- ☒ In the sale or rental of housing or residential lots
- ☒ In the provision of real estate brokerage services
- ☒ In advertising the sale or rental of housing
- ☒ In the appraisal of housing
- ☒ In the financing of housing
- ☒ Blockbusting is also illegal

Anyone who feels he or she has been
discriminated against may file a complaint of
housing discrimination:

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

www.hud.gov/fairhousing

U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410

Previous editions are obsolete

Form HUD-420.1 (5/2011)

HOUSING
DISCRIMINATION IS
SOMETIMES **BLATANT**,
SOMETIMES
BUT ALWAYS UNLAWFUL.

DO YOU SUSPECT YOU HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF YOUR AGE, RACE, DISABILITY, MARITAL STATUS, OR BECAUSE YOU ARE A MEMBER OF OTHER PROTECTED CLASSES? IF YOU WITNESS OR EXPERIENCE DISCRIMINATION, CONTACT THE NEW YORK STATE DIVISION OF HUMAN RIGHTS AT 1-888-392-3644 OR WWW.DHR.NYGOV

EXHIBIT D
Requirements for Affirmative Marketing Plans for Housing Projects

Affirmative marketing plans submitted by the Applicant shall be required only for affordable or "workforce" units and shall contain the following information:

1. Street address, village, town, zip code, and census tract number for the Project;
2. Number of affordable units to be marketed and whether they will be available for rent or purchase;
3. The number, if any, and location of market rate units included in the Project;
4. Whether the housing will be "housing for older persons", defined as at least 80% occupancy of units with at least one person 55 or older or 100% occupancy of persons age 62 or older;
5. A description of how units will be advertised for sale or rental prior to first occupancy, including whether Applicant will utilize its own website, commercial websites, print media outlets, social media outlets such as Facebook, a sign at the project site, mailings, leaflets/flyers, brochures, and other forms of advertising;
6. A statement that the Applicant will use fair housing logo or phrase "Equal Housing Opportunity" on all advertising described above;
7. A statement that the Applicant will distribute written information regarding the availability of affordable units at the project to a list of organizations provided to the Applicant by the Agency, which list may be updated annually;
8. Whether the Applicant will conduct the marketing and initial rent-up or sales itself or contract with a third-party;
9. A statement that an initial application period with a specific start and end date will be utilized for accepting applications for consideration for the initial rental of the units and that the period will last for at least thirty (30) days after the marketing described in this plan is commenced. In addition, a statement that following the initial application period, all the applications submitted during the initial application period will be considered through the use of a lottery and not on a first-come first-served basis, unless the number of applications received during the initial application period is less than the total number of units available for rental.
10. A statement that the Applicant will maintain records of the activities it undertakes to implement its marketing plan.