

**NASSAU COUNTY INDUSTRIAL
DEVELOPMENT AGENCY**

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICATION OF:

CROSSWAYS INVESTORS LLC

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 \$1,500 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 \$4,500 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.

6/14/2021
DATE

PART I. APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE:

Name: Crossways Investors LLC

Address: c/o Total Fire Protection, 5322 Avenue N, Brooklyn, NY 11234

Fax: _____

NY State Dept. of
Labor Reg #: N/A Federal Employer ID #: 0623

NAICS Code #: 531190

Website: www.tfpl.com

Name of CEO or
Authorized Representative Certifying Application: Joseph Capone

Title of Officer: Manager

Phone Number: 718-951-7200 E-Mail: jcapone@tfpl.com

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

Sole Proprietorship ____ General Partnership ____ Limited Partnership ____

Limited Liability Company X Privately Held Corporation ____

Publicly Held Corporation ____ Exchange listed on _____

Not-for-Profit Corporation ____

Income taxed as: Subchapter S X Subchapter C ____

501(c)(3) Corporation ____ Partnership ____

State and Year of Incorporation/Organization: New York - 2021

Qualified to do Business in New York: Yes ____ No ____ N/A X

C. APPLICANT COUNSEL:

Firm name: Ruskin Moscou Faltischek, PC

Address: 1425 RXR Plaza
East Tower, 15th Floor
Uniondale, NY 11556

Primary
 Contact: Eric C. Rubenstein, Esq. & John D. Chillemi, Esq.
 Phone: 516-663-6513 516-663-6619
 Fax: 516-663-6713 516-663-6819
 E-Mail: erubenstein@rmfpc.com jchillemi@rmfpc.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
<u>Joseph Capone</u>	<u>50</u> %
<u>Robert Catalano</u>	<u>50</u> %
<u></u>	<u></u> %

- 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:

TFP1, Inc.; TFP2, Inc.; and 3 C Fire Protection LLC - each DBA Total Fire Protection

- 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:

None (other than as listed)

- 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 X

- 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 X

- 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 X

- 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 X

- 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>Joseph Capone</u>	<u>Manager</u>	<u>Entities listed in E above</u>
<u>Robert Catalano</u>	<u>Manager</u>	<u>Entities listed in E above</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 X

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 X

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

1. (a) Location: 2596 Sunrise Highway, Bellmore, NY 11710
- (b) Number of Employees: Full-Time: 5 Part-Time: N/A
- (c) Annual Payroll, excluding benefits: \$328,180.00
- (d) Type of operation (e.g. manufacturing, wholesale, distribution, retail, etc.) and products or services: fire and life safety services
- (e) Size of existing facility real property (i.e., acreage of land): Lcases 1,200sf

(f) Buildings (number and square footage of each): 1 - 2,500sf

(g) Applicant's interest in the facility

FEE Title: Lease: X 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 X

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 X

NO

Existing offices located in Brooklyn, NY and Bellmore, NY will be consolidated into the
Proposed Project for efficiency purposes and to keep operations and employees under the same roof.

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

YES X

NO

Applicant has explored relocation options in New Jersey.

- 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 X

- 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 X

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

Applicant is a real estate holding company. Applicant's operating entities perform fire and life safety services for numerous corporate and government clients across the United States. Proposed Project will be utilized for office and warehouse space.

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

Name: TFP1 Inc., TFP2 Inc. and 3 C Fire Protection LLC

Relationship to Applicant: Affiliates

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:

- ☐ Tax-Exempt Bonds
- ☐ Taxable Bonds
- ☐ Refunding Bonds
- ☒ Sales/Use Tax Exemption
- ☒ Mortgage Recording Tax Exemption
- ☒ Real Property Tax Exemption
- ☐ Other (specify): _____

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: Approx. 31,250 square feet
Square footage of existing facility: Approx. 31,250 square feet
- ☒ Acquisition of Land/Building
Acreage/square footage of land: Approx. 2.2624 acres
Square footage of building: Approx. 31,250 square feet
- ☒ Acquisition of Furniture/Machinery/Equipment
List principal items or categories:
Office fixtures, equipment, furniture, desks, chairs, etc.

- ☐ 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:

The purpose is to consolidate employees and expand Applicant's presence on Long Island.
Without the assistance being sought, Applicant will need to look outside of Nassau County to
accommodate growth.

- 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

The proposed Project is necessary in order to keep Applicant headquartered in New York and would relocate its headquarters to Nassau County. Without the Agency assistance, such is not economically feasible.

- 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.

Applicant has and would explore other options outside of Nassau County and/or New York. Applicant would not proceed with the proposed project without Agency assistance.

- F. Location of Project:

Street Address: 111 Crossways Park Drive West, Woodbury, NY

City/Village(s): N/A

Town(s): Oyster Bay

School District(s): Woodbury/Svosset CSD # 2-13

Tax Map Section: 15 Block: 183 Lot: 44

Census Tract Number: 5182.04

- G. Present use of the Project site: Office and professional space

- 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: \$ 108,025.41

School: \$ 129,556.25

Village: \$ N/A

- (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 X

NO

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

Applicant as a Real Estate Holding Company will own fee interest of the Project Site and will lease to its affiliates DBA Total Fire Protection.

- 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.)

Office and warehouse use

- 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:

N/A

- 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 X

NO

1. Describe present zoning/land use: 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: RXR 111 Crossways Park West Owner LLC

- 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: April 21, 2021, as amended

(b) Purchase price: \$ [REDACTED]

(c) Closing date: On or about August 6, 2021

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 X * Sales of Services: YES _____ NO X _____

* Sale of fire extinguishers may occasionally occur on site.

- 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):

Proposed Project is in an existing industrial park and will not have an negative or adverse affect on the community.

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

Architect: Spector Group

Engineer: CompuDraft

Contractors: TBD

- 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 X _____

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

YES _____ NO X _____

- 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 X _____

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

YES _____

NO X _____

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	\$ <u>5,150,000.00</u>
2.	Building Demolition	\$ _____
3.	Construction/Reconstruction/Renovation	\$ <u>600,000.00</u>
4.	Site Work	\$ <u>10,000.00</u>
5.	Infrastructure Work	\$ <u>50,000.00</u>
6.	Architectural/Engineering Fees	\$ <u>125,000.00</u>
7.	Applicant's Legal Fees	\$ <u>15,000.00</u>
8.	Financial Fees	\$ _____
9.	Other Professional Fees	\$ <u>2,500.00</u>
10.	Furniture, Equipment & Machinery Acquisition (not included in 3. above)	\$ <u>200,000.00</u>
11.	Other Soft Costs (describe)	\$ _____
12.	Other (describe)	\$ _____
	Total	\$ <u>6,152,500.00</u>

B. Estimated Sources of Funds for Project Costs:

a.	Tax-Exempt IDA Bonds:	\$ _____
b.	Taxable IDA Bonds:	\$ _____
c.	Conventional Mortgage Loans:	\$ <u>2,597,500.00</u>
d.	SBA or other Governmental Financing:	\$ <u>2,037,500.00</u>
	Identify: _____	
e.	Other Public Sources (e.g., grants, tax credits):	\$ _____
	Identify: _____	

G. Construction Cost Breakdown:

Total Cost of Construction: \$ 1,002,500.00 (sum of 2-5 and 10 in Question A above)

Cost for materials: \$ 601,500.00
% Sourced in County: _____%

% Sourced in State: _____% (incl. County)

Cost for labor: \$ 401,000.00
% Sourced in County: _____%
% Sourced in State: _____% (incl. County)

Cost for "other": \$ _____
% Sourced in County: _____%
% Sourced in County: _____% (incl. County)

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:

	<u>Present</u>	<u>First Year</u>	<u>Second Year</u>	<u>Third Year</u>
Full-time:	\$ <u>7,850,660.91</u>	\$ <u>8,237,573.36</u>	\$ <u>8,757,723.75</u>	\$ <u>9,311,436.80</u>
Part-time: ¹				

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	\$91,606.05	
Professional	\$57,862.05	
Administrative	\$49,883.49	
Production	\$34,855.60	
Supervisor	\$61,280.55	
Laborer	\$45,757.69	

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).

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>
Management	\$91,606.05	
Professional	\$57,862.05	
Administrative	\$49,883.49	
Production	\$34,855.60	
Supervisor	\$61,280.55	
Laborer	\$45,757.69	
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

5 employees - 2596 Sunrise Highway, Bellmore, NY 11710

128 employees (including 55 Field Service Technicians) - 5322 Avenue N, Brooklyn, NY 11234

- (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:

TBD

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

¹ As used in this chart, this category includes employees of independent contractors.

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

\$ N/A

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

N/A %

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)?

N/A %

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

N/A

- 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	\$ <u>N/A</u>	<u> </u>	<u> </u>
Year 2	\$ <u>N/A</u>	<u> </u>	<u> </u>
Year 3	\$ <u>N/A</u>	<u> </u>	<u> </u>

- 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:

N/A

- F. Estimated Value of Requested Financial Assistance:

Estimated Value of Sales Tax Benefit: \$ 69,129.38
(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: \$ 34,762.50
(i.e., principal amount of mortgage loans
multiplied by [0.75%])

Estimated Property Tax Benefit:

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

Term of PILOT Requested: 20 Years - 5 year freeze and 15 year phase-in

Existing Property Taxes on Land and Building: \$ 237,581.66

Estimated Property Taxes on completed Project: \$ 237,581.66
(without Agency financial assistance)

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:

Building Permit Fees

PART V. PROJECT SCHEDULE

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

1. (a) Site clearance	YES <u> </u>	NO <u>X</u>	<u> </u> % complete
(b) Environmental Remediation	YES <u> </u>	NO <u>X</u>	<u> </u> % complete
(c) Foundation	YES <u> </u>	NO <u>X</u>	<u> </u> % complete
(d) Footings	YES <u> </u>	NO <u>X</u>	<u> </u> % complete

- (e) Steel YES ____ NO X ____% complete
- (f) Masonry YES ____ NO X ____% complete
- (g) Interior YES ____ NO X ____% complete
- (h) Other (describe below): YES ____ NO X ____% 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?

Fall 2021

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

Q2 - 2022

PART VI. ENVIRONMENTAL IMPACT

- A. What is the expected environmental impact of the Project? (Complete the attached Environmental Assessment Form (Schedule G)).

There is no expected environmental impact of the Project

- 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: Crossway Investors LLC
Signature: [Signature]
Name: Joseph Capone
Title: Manager
Date: 6-14-21

Sworn to before me this 14
day of June, 2021
[Signature]
Notary Public

BETH SCARPATI
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SC4922874
Qualified in Kings County
Commission Expires May 2, 2022

**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 X

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 Crossways Investors LLC

By: 
Name Joseph Capone
Title Manager

**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, transaction/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, transaction/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 \$4,000.
- (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, but in accordance with the following schedule.
 - A basic Consent - \$750
 - A Transfer of Benefits
 - Basic - \$3,000
 - Complex - \$6,000
 - Extensions - \$1,000
- (H) Terminations - The Agency fee shall be determined on a case-by-case basis, but in accordance with the following schedule.
 - Basic - \$2,000
 - Complex - \$2,500

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

The Agency's transaction/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.

Guided by the above stated schedule amounts, 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/transaction 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.

Crossways Investors LLC

By:

Name Joseph Capone

Title: Manager

Subscribed and affirmed to me this 14
day of June, 2021

Notary Public



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
	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

NOT APPLICABLE

Schedule A

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:

SO. 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:

Crossway Investors LLC

Signature:

Name:

Joseph Capone

Title:

Manager

Date:

6-14-21

**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 be 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:	<u>Crossway Investors LLC</u>
Signature:	
Name:	<u>Joseph Capone</u>
Title:	<u>Manager</u>
Date:	<u>6-14-21</u>

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: Crossways Investors LLC
 Address: c/o Total Fire Protection, 5322 Avenue N, Brooklyn, NY 11234
 Type of Business: Owner and Lessor of Commercial Real Estate
 Contact Person: Joseph Capone Tel. No.: 718-951-7200

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 Occupations</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>	<u>32</u>	<u>0</u>	<u>1</u>	<u>0</u>	
<u>Professional</u>	<u>12</u>	<u>1</u>	<u>1</u>	<u>0</u>	
<u>Administrative</u>	<u>28</u>	<u>1</u>	<u>0</u>	<u>0</u>	
<u>Production</u>	<u>8</u>	<u>1</u>	<u>0</u>	<u>0</u>	
<u>Supervisor</u>	<u>8</u>	<u>1</u>	<u>1</u>	<u>1</u>	
<u>Laborer</u>	<u>45</u>	<u>4</u>	<u>6</u>	<u>10</u>	
<u>Independent Contractor</u>					
<u>Other (describe)</u>					

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.

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

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

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

YES _____

NO X

IF YES, Union Name and Local: _____

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:

Crossways Investors LLC

Signature:

Name:

Title:

Date:

Joseph Capone

Manager

10-14-21

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: 5322 Avenue N, Brooklyn, NY 11234

Names of all current users, occupants or tenants of the to-be-removed plant or facility: TFP1 Inc.; TFP2 Inc.; 3 C Fire Protection LLC

- 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: 5322 Avenue N, Brooklyn, NY 11234

Names of all current occupants of the to-be-abandoned plants or facilities: TFP1 Inc.; TFP2 Inc.; 3 C Fire Protection LLC

- 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:

Crosswicks Investors LLC

Signature:

Name:

Title:

Date:

Joseph Capone

Manager

6-14-21

SCHEDULE D – Attachment

The proposed Project is crucial to the Applicant's continued business growth and necessary to maintain competitive within the industry. Currently, Applicant operates out of two smaller locations which are leased. The proposed Project permits the Applicant to relocate its employees from the two locations into a single larger location, which will allow for greater efficiency and service to its customers.

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:

Crossways Investors LLC

Signature:

Name:

Joseph Capone

Title:

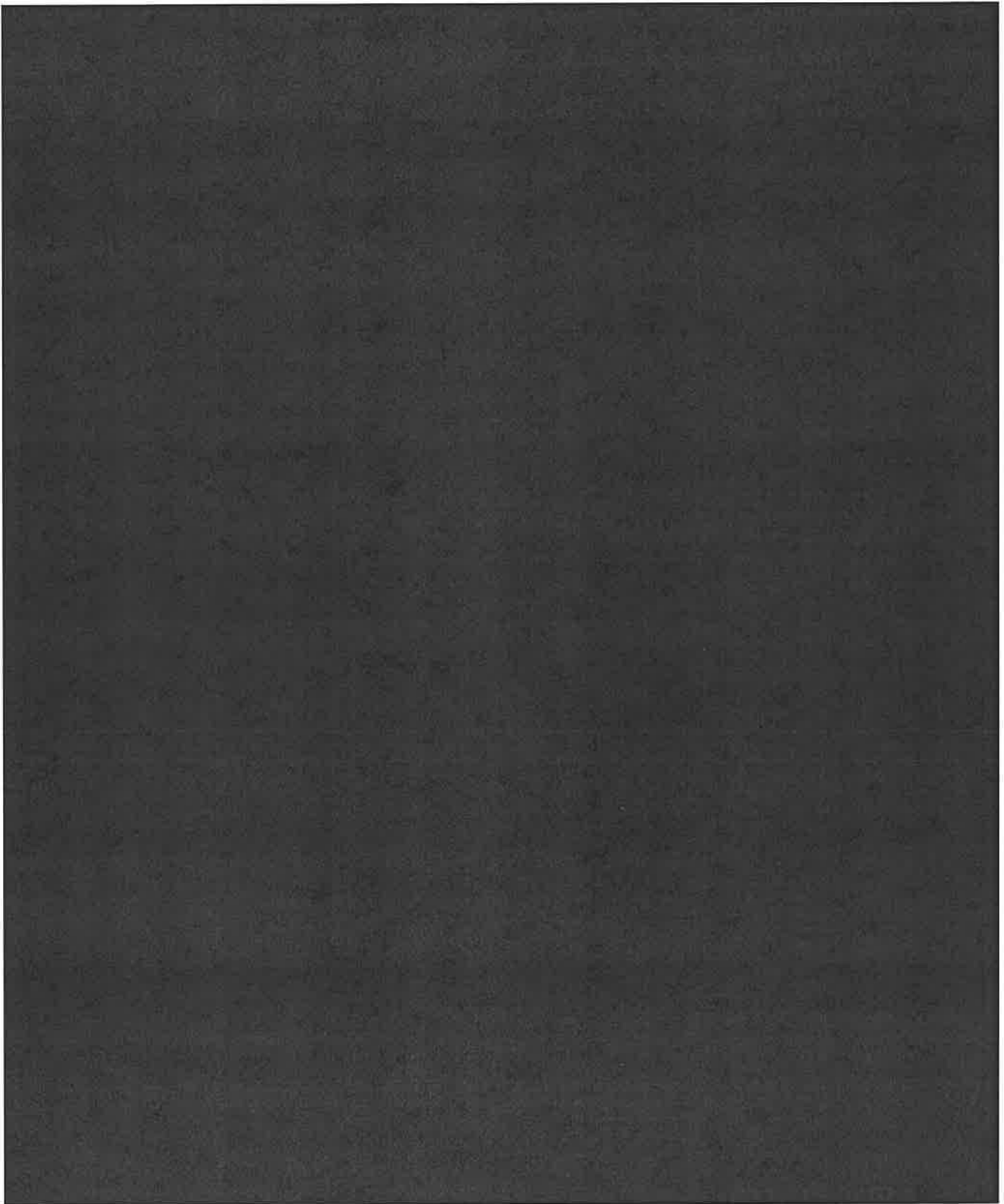
Manager

Date:

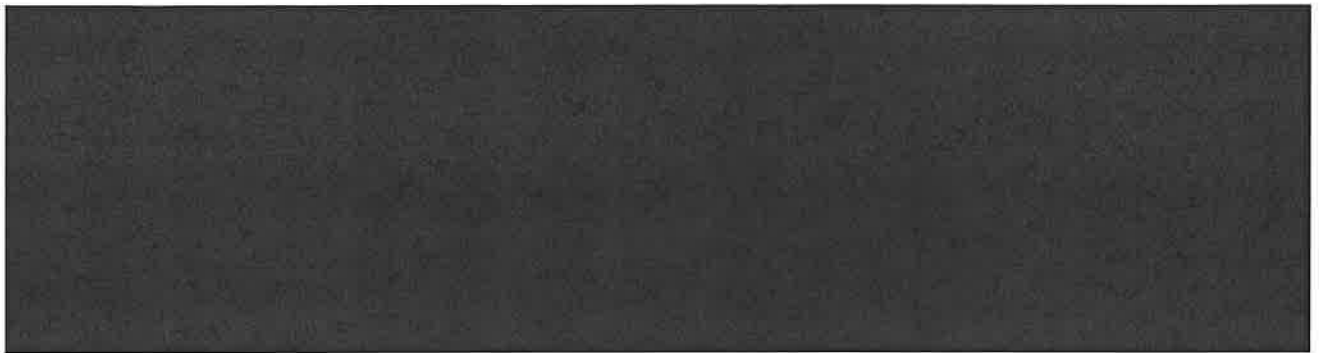
6-14-21

APPLICANT'S FINANCIAL ATTACHMENTS

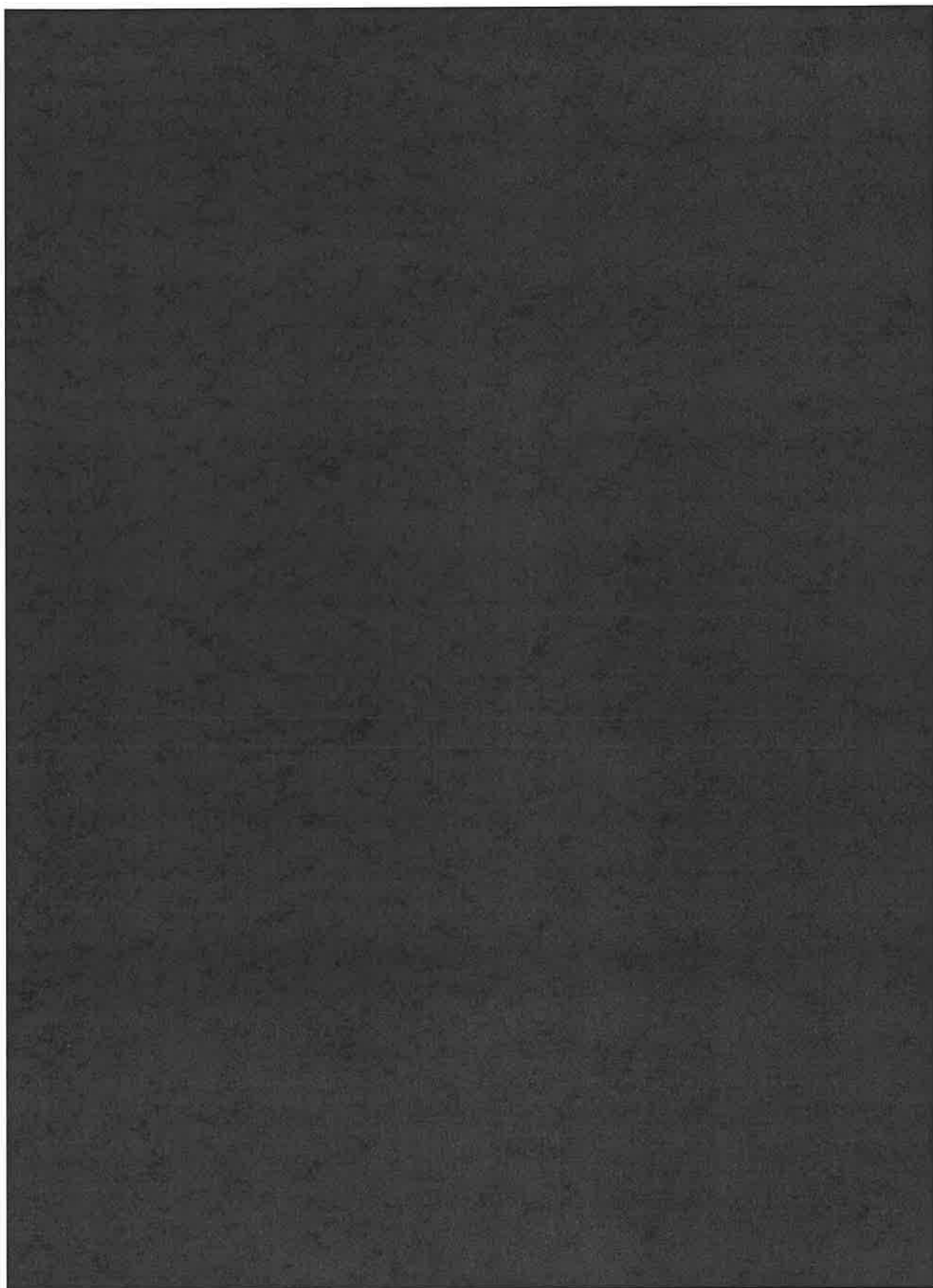
MEMBER AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
MEMBER NEW YORK STATE SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
MEMBER ASSOCIATION OF CERTIFIED FRAUD EXAMINERS



See accountant's compilation report



See accountant's compilation report



See accountant's compilation report

ENVIRONMENTAL ASSESSMENT FORM

Short Environmental Assessment Form

Part 1 - Project Information

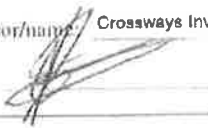
Instructions for Completing

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: Crossways Investors LLC / Total Fire Protection							
Project Location (describe, and attach a location map): 111 Crossways Park Drive West, Woodbury, NY							
Brief Description of Proposed Action: Applicant is requested financial assistance from the Nassau County Industrial Development Agency in connection with their acquisition of the Project Location and relocation/consolidation of existing locations.							
Name of Applicant or Sponsor: Crossways Investors LLC / Total Fire Protection		Telephone: 718-951-7200					
		E-Mail: jcapone@tfp1.com					
Address: 5322 Avenue N							
City/PO: Brooklyn		State: NY	Zip Code: 11234				
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%; text-align: center;"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><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 government Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; text-align: center;"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><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? <u>2.2624</u> acres b. Total acreage to be physically disturbed? <u>0</u> acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <u>2.2624</u> acres							
4. Check all land uses that occur on, are adjoining or 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							

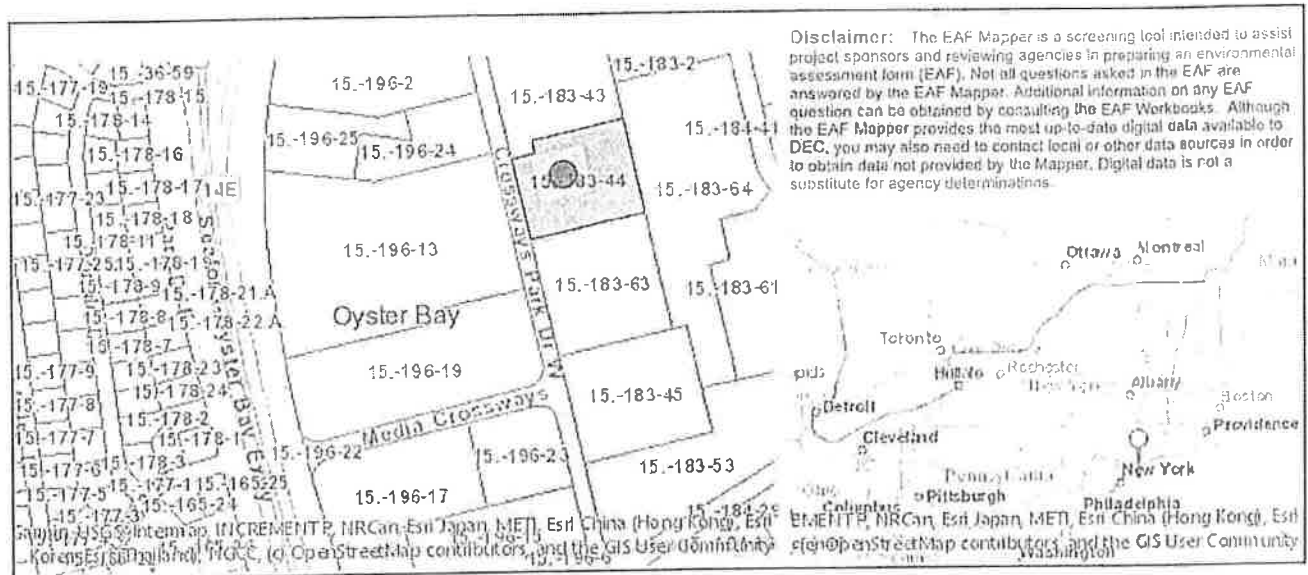
5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the 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 checked="" type="checkbox"/>	<input 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 project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<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 type="checkbox"/>	<input checked="" 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 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? If Yes,	NO	YES
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____ _____	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 CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>Crossways Investors LLC - By Joseph Capone</u> Date: <u>6-14-21</u> Signature:  Title: <u>Manager</u>		

PRINT FORM

EAF Mapper Summary Report

Thursday, June 10, 2021 10:24 AM



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No

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 (1/19) Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return - Attachment
ORIGINAL FILED ELECTRONICALLY**

<BCCBBDACADADACBBIC>
61938816

Withholding Identification number

Employer legal name:

TFP1 INC

Mark an X in the applicable box(es):

A. Original ☒ or Amended return

Jan 1- Mar 31 ☒ 1 Apr 1- Jun 30 ☐ 2 July 1- Sep 30 ☐ 3 Oct 1- Dec 31 ☐ 4 Year 21 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c paid this quarter Total UI reimbursement	d distribution (see instr.) Gross federal wages or	e Yonkers tax withheld Total NYS, NYC, and
		3990 24	3990 24	253 51
		15300 00	14517 92	1162 58
		10820 21	10038 13	680 85
		10171 15	9835 36	686 06
		13750 49	7250 49	449 41
		15282 79	15196 99	1253 30
		11678 27	11678 27	871 78
		8307 69	8307 69	765 06
		13858 15	13858 15	1087 46
		15532 00	14761 10	1210 69
		18257 66	16562 68	717 94
		6031 03	5315 27	380 40
		10511 88	10511 88	768 98
		6996 00	6996 00	456 02
		14000 00	13960 00	651 07
		14136 50	13429 67	1053 54
Page No. 1 of 9	Total this page only.....	188624 06	176209 84	12448 65
If first page, enter grand totals of all pages		2457421 20	2364222 59	166924 90

Contact Information
(see instructions)

Name

Daytime telephone number
()

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Received date

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

NYS-45-ATT
(1/19)

Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return - Attachment
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<B00BDA0ADACBB0>
61938816

Withholding Identification number

[REDACTED]

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TFP1 INC

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A. Original ☒ or Amended return

Jan 1- ☒ Apr 1- ☐ July 1- ☐ Oct 1- ☐ Year 21
Mar 31 1 Jun 30 2 Sep 30 3 Dec 31 4 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c Paid this quarter Total UI remuneration		d Distribution (see instr.) Gross federal wages or		e Withheld tax withheld Total NYS, NYC, and	
		20212	05	19441	15	964	51
		18007	50	18007	50	1523	57
		19854	92	19854	92	1093	78
		15392	28	15137	20	1247	55
		12409	50	12409	50	710	75
		14858	95	14076	87	1035	96
		26961	64	24265	52	2169	57
		7920	00	7920	00	522	17
		18856	88	17060	89	763	06
		7885	00	7885	00	341	02
		13262	45	13262	45	1057	66
		41678	00	41293	00	2548	08
		18613	15	17817	16	1427	89
		11375	00	11375	00	488	15
		13414	51	10731	60	750	65
		21707	86	10114	75	1459	68
Page No. of	Total this page only.....	282409	69	269652	51	18104	05
If first page, enter grand totals of all pages							

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[REDACTED]

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BINGHAMTON NY 13902-4119

NYS-45-ATT
(1/19)

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

61938816

Withholding Identification number

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Employer legal name:

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Jan 1- Mar 31 ☒ 1 Apr 1- Jun 30 ☐ 2 Jul 1- Sep 30 ☐ 3 Oct 1- Dec 31 ☐ 4 Year **21**
Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c Paid this quarter Total UI remuneration		d Distribution (see instructions) Gross federal wages or		e Withholding Total NYS, NYC, and	
		19332	70	18550	62	1005	06
PART TIME		4635	05	4635	05	31	97
		28000	00	23200	00	1883	64
		10042	50	10042	50	819	50
		33653	83	33653	83	3200	33
		11162	50	10380	42	435	50
		15077	41	14295	33	580	34
		14821	61	14039	53	1120	29
		18423	10	18423	10	917	54
		22048	38	22048	38	1532	02
		11360	00	10687	28	818	68
		24230	78	24230	78	1256	71
		14606	54	14606	54	1193	38
		39576	95	37993	90	3657	64
		17299	36	16217	89	1583	30
		9428	89	8854	97	602	44
Page No. of	Total this page only.....	293699	60	281860	12	20718	34
If first page, enter grand totals of all pages							

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(see instructions)

Name

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

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting
(1/19) **And Unemployment Insurance Return - Attachment**
ORIGINAL FILED ELECTRONICALLY

<BCCBRIAADAIDACBRIAC>
61938816

Withholding Identification number



Employer legal name:
TFP1 INC

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Jan 1- Mar 31 ☒ 1 Apr 1- Jun 30 ☐ 2 July 1- Sep 30 ☐ 3 Oct 1- Dec 31 ☐ 4 Year 21 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c Total this quarter Total UI remuneration		d distribution (see instr.) Gross federal wages or		e Yonkers tax withheld Total NYS, NYC, and	
		18244	81	17473	91	1344	42
		12336	75	12299	45	960	06
		17625	88	17625	88	1524	85
		12691	85	11149	53	801	73
		10725	62	10344	59	762	08
		21000	00	20739	32	1767	92
		11885	25	11885	25	904	64
		14973	46	14973	46	1212	32
		27834	38	27748	58	2083	43
		1926	38	1926	38	129	22
		4326	93	4326	93	201	63
		1645	00	1645	00	69	86
		8783	25	8783	25	355	36
		9498	43	7951	69	494	61
		18927	61	18927	61	1630	00
		11849	75	10768	28	804	98
Page No. 1	of 9	Total this page only.....		204275	35	198569	11
If first page, enter grand totals of all pages							

Contact Information (see instructions)	Name	Daytime telephone number ()
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Received date

Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
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BINGHAMTON NY13902-4119

**NYS-45-ATT (1/19) Quarterly Combined Withholding, Wage Reporting,
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<BCCBBDACDADACBNC>
61938816

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B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c paid this quarter Total UI remuneration		d distribution (see instr.) Gross federal wages or		e Workers tax withheld Total NYS, NYC, and	
		14437	67	13078	13	1038	70
		10687	23	10687	23	644	97
		15000	05	14250	08	681	46
		16750	11	15537	73	1248	91
		15900	04	13515	06	1082	90
		22884	75	22347	29	1932	28
		18068	82	18068	82	1522	50
		15500	03	15500	03	1258	53
		11784	63	11784	63	857	20
		4899	00	4899	00	408	49
		2363	63	2363	63	173	48
		13514	96	12077	67	937	46
		11660	52	11563	54	836	95
		10716	00	10716	00	886	94
		7249	00	7249	00	536	44
		16615	39	16615	39	1412	28
Total this page only.....		208031	83	200253	23	15459	49
If first page, enter grand totals of all pages							

Page No. 5 of 9

Contact Information
(see instructions)

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BINGHAMTON NY 13902-4119

**NYS-45-ATT (1/19) Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return - Attachment
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<BCCBDDACDADACBIC>
61938816

Withholding Identification number

Employer legal name:

TFP1 INC

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A. Original ☒ or Amended return

Jan 1- Mar 31 ☒ 1 Apr 1- Jun 30 ☐ 2 July 1- Sep 30 ☐ 3 Oct 1- Dec 31 ☐ 4 Year **21**
Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c paid this quarter Total UI remuneration	d distribution (see instr.) Gross federal wages or	e Withholding Total NYS, NYC, and
		21272 99	21272 99	1971 76
		15105 13	14690 03	1180 41
		13430 12	12745 02	991 61
		12957 67	12309 79	960 95
		5427 50	4012 00	352 82
		12239 70	12239 70	717 29
		18961 56	18961 56	1472 27
		27596 17	27596 17	1393 91
		13008 95	11186 16	847 24
		12500 02	12435 02	933 40
		36782 70	35086 60	1916 07
		9525 75	9525 75	372 65
		12517 57	11436 10	872 56
		16542 74	16542 74	1559 70
		9572 82	8419 59	567 29
		15750 02	16750 02	1233 18
Page No. 6 of 9	Total this page only.....	253191 41	245009 92	17343 11
If first page, enter grand totals of all pages				

Contact Information
(see instructions)

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NYS-45-ATT
(1/19)

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return - Attachment**
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<B0C0B0A0A0A0A0B0C>
61938816

Withholding Identification number

[REDACTED]

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TFP1 INC

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Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c <small>paid this quarter</small> Total UI remuneration	d <small>distribution (see instr.)</small> Gross federal wages or	e <small>Yonkers taxwithhold</small> Total NYS, NYC, and
		21350 02	21350 02	1105 23
		45096 16	45096 16	2781 93
		203499 99	201465 00	14547 09
		18346 17	16753 87	1347 13
		16824 37	16544 37	1367 63
		18375 11	17456 40	872 82
		25576 95	24850 07	1295 49
		30961 63	28875 14	1548 96
		12002 26	10361 66	763 81
		9523 62	9523 62	665 25
		10554 50	9783 60	716 28
		20192 34	20192 34	1023 12
		13492 50	13492 50	1103 87
		13318 25	12937 22	999 22
		14673 76	14673 76	1111 52
		9908 51	8024 03	329 48
Page No. 7 of 12	Total this page only.....	483696 14	471379 76	31578 83
If first page, enter grand totals of all pages				

Contact Information
(see instructions)

Name

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BINGHAMTON NY13902-4119

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting,
(1/19) **And Unemployment Insurance Return - Attachment**
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<B0CUBBDA/CID/MDA/CBB/C>
61938816

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TFP1 INC

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C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c paid this quarter Total UI remuneration		d distribution (see instr.) Gross federal wages or		e Year's tax withheld Total NYS, NYC, and	
		12060	63	12060	63	910	44
		4034	27	3946	34	289	99
		15527	09	14906	00	1224	04
		12700	00	12700	00	894	17
		203499	99	201465	00	14547	09
		8476	00	7335	77	458	09
		11692	30	11692	30	711	76
		10595	13	10595	13	774	21
		14906	90	13071	30	611	01
		16625	09	14845	45	1148	64
		23038	24	21043	44	1708	43
		18000	05	17648	33	1613	76
		20999	94	19783	40	1720	94
		10142	50	10142	50	421	26
		9036	50	9036	50	607	79
		21250	08	18176	08	915	85
Page No. 2 of 9	Total this page only.....	412584	69	398448	17	28557	47
If first page, enter grand totals of all pages							

Contact Information
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Name

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C. Seasonal employer

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Jan 1- Mar 31 ☐ 1 Apr 1- Jun 30 ☐ 2 July 1- Sep 30 ☐ 3 Oct 1- Dec 31 ☒ 4 Year **20**
Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c <small>paid this quarter</small> Total UI remuneration	d <small>distribution (see instr.)</small> Gross federal wages or	e <small>Yonkers tax withheld</small> Total NYS, NYC, and
		4615 40	15575 05	382 32
		8615 56	8615 56	587 47
		15175 00	14375 42	1198 60
		11950 84	11265 96	825 89
		9301 99	9224 50	642 26
		1218 75	1218 75	65 94
		17250 49	10750 49	934 99
		524 00	470 69	26 00
		14586 22	14485 34	1208 94
		12169 63	12169 63	945 29
		24730 76	24730 76	2303 57
		14207 28	14207 28	1154 83
		13246 97	12365 95	966 36
		15000 05	13324 30	603 08
		13524 33	12406 56	989 71
		6050 00	6050 00	461 53
Page No. 1 of 15	Total this page only	182167 27	181236 24	13296 78
If first page, enter grand totals of all pages		2017922 21	1944215 43	143934 18

Contact Information
(see instructions)

Name

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PO BOX 4119
BINGHAMTON NY 13902-4119

C. Seasonal employer

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C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c and this quarter Total UI contribution		distribution (see instr.) Gross federal wages or		e Total NYS, NYC, and	
		12000	04	11074	91	840	62
		9740	00	9740	00	435	50
		14134	17	11407	33	841	62
		13499	98	10052	37	645	57
		17533	60	17315	82	876	59
		11046	81	11046	81	883	02
PART TIME		752	76	752	76	22	14
		21000	00	17400	00	1424	19
		29846	14	29672	14	2888	50
		11017	50	10189	22	441	43
		12000	04	11819	56	511	36
		1903	84	1903	84	88	56
		15174	74	14323	56	1193	30
		15600	00	15600	00	1150	90
		26249	56	26249	56	1297	38
		6743	26	6743	26	548	83
Page No. 3 of 15	Total this page only.....	218242	44	205291	14	14089	51
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 NY13902-4119

Withholding Identification number

Employer legal name:

TFP1 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 X Year 20
1 2 3 4 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a	Social Security number	b	Last name, first name, middle initial	c		d		e	
				paid this quarter Total UI remuneration		distribution (see instr.) Gross federal wages or		Yonkers tax withheld Total NYS, NYC, and	
				14352	50	13658	52	1123	37
				16615	39	16615	39	869	14
				14701	47	14701	47	1231	97
				48923	10	47566	20	5249	40
				14659	92	13886	71	934	25
				15078	32	14831	84	1212	56
				17259	00	16585	30	1412	03
				2268	00	2268	00	164	53
				22275	03	22275	03	1911	30
				15285	56	13487	30	963	61
				12247	55	12042	38	952	39
				33000	00	32768	26	3608	09
				11684	00	11684	00	889	41
				7374	51	7374	51	575	01
				30917	53	30817	33	1603	41
				2332	50	2332	50	97	46
Total this page only.....				278974	38	272894	74	22797	93

Page No. of
15

If first page, enter grand totals

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 NY13902-4119

**NYS-45-ATT (1/19) Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return - Attachment**
ORIGINAL FILED ELECTRONICALLY

<BCCBBDACDADA0BBK>
61938816

Withholding Identification number

Employer legal name:
TFP1 INC

Mark an X in the applicable box(es):

A. Original ☒ or Amended return

Jan 1- Mar 31 ☐ 1 Apr 1- Jun 30 ☐ 2 July 1- Sep 30 ☐ 3 Oct 1- Dec 31 ☒ 4 Year **20**
Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c paid this quarter Total UI remuneration	d distribution (see instr.) Gross federal wages or	e Yonkers tax withheld Total NYS, NYC, and
		1818 00	1818 00	83 34
		10264 36	8930 09	609 94
		19627 61	19553 01	1736 88
		11792 00	10372 73	784 70
		15437 67	13945 83	1170 95
		11600 65	11600 65	755 20
		15950 05	15200 08	781 30
		17750 11	16671 83	1410 85
		16550 04	14090 46	1173 00
		20115 50	20038 72	1780 05
		16137 56	15883 71	1379 58
		16250 03	16250 03	1372 18
		12366 88	12366 88	938 11
		13481 16	12119 27	974 85
		12389 65	12367 27	960 44
		11153 85	11153 85	916 40
Total this page only.....		222685 12	212362 41	16827 77
If first page, enter grand totals of all pages				

Page No. 5 of 15

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 NY13902-4119

**NYS-45-ATT (1/19) Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return - Attachment
ORIGINAL FILED ELECTRONICALLY**

<BCCBBDACADAMCBBC>
61938816

Withholding Identification number

Employer legal name:
TFP1 INC

Mark an X in the applicable box(es):

A. Original ☒ or Amended return

Jan 1- Mar 31 ☐ 1 Apr 1- Jun 30 ☐ 2 July 1- Sep 30 ☐ 3 Oct 1- Dec 31 ☒ 4 Year **20**
Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c Total UI remuneration	d Gross federal wages or	e Total NYS, NYC, and
		17847 00	17847 00	1460 42
		6923 10	6923 10	561 66
		14186 21	13347 09	1078 36
		13256 25	12619 68	1017 89
		15347 50	15105 39	1268 06
		13500 00	13500 00	1088 97
		10903 86	10903 86	880 44
		24553 86	23581 86	1237 12
		14161 90	12286 77	978 90
		2880 00	2399 28	130 07
		13100 02	12979 02	1016 56
		32000 00	29007 70	2726 99
		6097 50	6097 50	252 46
		12924 52	12141 85	964 45
		14782 59	14782 59	1040 95
		9102 66	8543 43	593 22
Page No. 6 of 15	Total this page only.....	221566 97	212066 12	16296 52
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 NY13902-4119

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

<BCCBBDACADAACBUC>
61938816

Withholding Identification number



Employer legal name:
TFP1 INC

Mark an X in the applicable box(es):

A. Original ☒ or Amended return

Jan 1- Mar 31 1 Apr 1- Jun 30 2 July 1- Sep 30 3 Oct 1- Dec 31 ☒ 4 Year 20 Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c paid this quarter Total UI remuneration		d distribution (see note) Gross federal wages or		e Yankins tax withheld Total NYS, NYC, and	
		16350	02	16350	02	1325	76
		20384	40	20384	40	1073	24
		37307	72	37307	72	2327	20
		15600	00	15600	00	1312	20
		14877	28	14565	43	1256	90
		19075	11	18154	90	952	42
		21923	10	21819	26	1156	17
		31538	54	29625	12	1819	13
		11742	50	10205	20	766	08
		10815	26	10319	46	768	74
		11467	50	11296	20	901	83
		18007	72	18007	72	957	08
		15532	00	15143	59	1247	87
		14771	91	14771	91	1175	00
		10234	75	7915	97	334	34
		12661	88	12661	88	992	09
Page No. 7 of 15	Total this page only.....	282289	69	274128	78	18366	05
If first page, enter grand totals of all pages							

Contact Information
(see instructions)

Name

Daytime telephone number
()

For office use only
Postmark

Received date

Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
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BINGHAMTON NY13902-4119

Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return - Attachment
ORIGINAL FILED ELECTRONICALLY

<BCCBBDACADADA CBBEC>
61938816

Withholding Identification number

[REDACTED]

Employer legal name:

TFP1 INC

Mark an X in the applicable box(es):

A. Original ☒ or Amended return

Jan 1- Mar 31 ☐ 1 Apr 1- Jun 30 ☐ 2 July 1- Sep 30 ☐ 3 Oct 1- Dec 31 ☒ 4 Year **20**
Y Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c and this quarter Total: UI remuneration	d distribution (see instr.) Gross federal wages or	e Total: NYS, NYC, and
		15179 04	14593 47	1220 53
		5200 00	5200 00	225 81
		50000 00	49500 00	5607 89
		8946 00	7855 37	524 00
		48846 14	48846 14	3345 34
		13446 89	13446 89	1083 73
		16246 66	15249 21	766 95
		16225 09	14428 75	1205 91
		21711 36	20384 12	1708 12
		17200 05	17200 05	1361 41
		22199 94	20400 90	1842 26
		8585 00	8585 00	359 36
		9268 00	9268 00	667 24
		22050 06	18113 38	953 34
		22992 50	19334 62	978 73
		13928 60	13740 12	683 43
Page No. 8 of 15	Total this page only.....	312025 33	296154 32	22534 05
If first page, enter grand totals of all pages				

Contact Information
(see instructions)

Name

Daytime telephone number
()

For office use only
Postmark

[REDACTED]

Received date

[REDACTED]

Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY13902-4119

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 X Year 20
1 2 3 4 Y Y

13. Other wages only reported on this page

C. Seasonal employer

[illegible]

Contact information
(see instructions)

Name

Daytime telephone number
()

For office use only
Postmark

Received date

Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES
PO BOX 4119
BINGHAMTON NY13902-4119

Schedule 1

OTHER ATTACHMENTS

PART I. APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE:

Name: TFP1 Inc.; TFP2 Inc.; 3 C Fire Protection LLC

Address: c/o Total Fire Protection, 5322 Avenue N, Brooklyn, NY 11234

Fax: _____

TFP1 Inc. [REDACTED]

TFP2 Inc. - [REDACTED]

NY State Dept. of

Labor Reg #: N/A Federal Employer ID #: 3 C Fire Protection LLC - [REDACTED]

NAICS Code #: 531190

Website: www.tfp1.com

Name of CEO or

Authorized Representative Certifying Application: Joseph Capone

Title of Officer: Manager/President

Phone Number: 718-951-7200 E-Mail: jcapone@tfp1.com

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

Sole Proprietorship ____ General Partnership ____ Limited Partnership ____

Limited Liability Company X Privately Held Corporation X

Publicly Held Corporation ____ Exchange listed on _____

Not-for-Profit Corporation ____

Income taxed as: Subchapter S X Subchapter C ____

501(c)(3) Corporation ____ Partnership ____

New York - TFP1 Inc.: 2010; TFP2 Inc.: 2011

State and Year of Incorporation/Organization: 3 C Fire Protection LLC: 2020

Qualified to do Business in New York: Yes ____ No ____ N/A X

C. APPLICANT COUNSEL:

Firm name: Ruskin Moscou Faltischek, PC

Address: 1425 RXR Plaza
East Tower, 15th Floor
Uniondale, NY 11556

Primary
Contact: Eric C. Rubenstein, Esq. & John D. Chillemi, Esq.
Phone: 516-663-6513 516-663-6619
Fax: 516-663-6713 516-663-6819
E-Mail: erubenstein@rmfpc.com jchillemi@rmfpc.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
<u>Joseph Capone</u>	<u>50</u> %
<u>Robert Catalano</u>	<u>50</u> %
<u></u>	<u></u> %

- 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:

TFP1 Inc.; TFP2 Inc.; and 3 C Fire Protection LLC - each DBA Total Fire Protection

- 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:

None (other than as listed)

- 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 X

- 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 X

- 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 X

- 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 X

- 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:

Name	Title	Other Business Affiliations
Joseph Capone	Co-Manager/ Co-President	Entities listed in E above
Robert Catalano	Co-Manager/ Co-President	Entities listed in E above
_____	_____	_____
_____	_____	_____

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 X

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 X

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

1. (a) Location: See Application
- (b) Number of Employees: Full-Time: _____ Part-Time: _____
- (c) Annual Payroll, excluding benefits: _____
- (d) Type of operation (e.g. manufacturing, wholesale, distribution, retail, etc.) and products or services: _____
- (e) Size of existing facility real property (i.e., acreage of land): _____

(f) Buildings (number and square footage of each): _____

(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 X

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 X

NO _____

Existing offices located in Brooklyn, NY and Bellmore, NY will be consolidated into the Proposed Project for efficiency purposes and to keep operations and employees under the same roof.

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

YES X

NO _____

Affiliates have explored relocation options in New Jersey.

- 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:

(f) Buildings (number and square footage of each): _____

(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 X

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 X

NO ____

Existing offices located in Brooklyn, NY and Bellmore, NY will be consolidated into the Proposed Project for efficiency purposes and to keep operations and employees under the same roof.

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

YES X

NO ____

Affiliates have explored relocation options in New Jersey.

- 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 X

- 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 X

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

Applicant is a real estate holding company. Applicant's operating entities perform fire and life safety services for numerous corporate and government clients across the United States. Proposed Project will be utilized for office and warehouse space.

SCHEDULE I

Part I Paragraph O

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

1. (a) Location: 5322 Avenue N. Brooklyn, NY 11234
- (b) Number of Employees: Full Time: 128 Part: Time: N/A
- (c) Annual Payroll, excluding benefits: \$7,522,480.91
- (d) Type of operation (e.g. manufacturing, whole, distribution, retail, etc.) and product services: fire and life safety services
- (e) Size of existing facility real property (i.e., acreage of land): Leases 10,000sf
- (f) Building (number and square footage of each): 1 - 12,000sf
- (g) Applicant's interest in the facility
- FEE Title: _____ Lease: X 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 on area of State of New York (but outside 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 X 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 X NO _____

SCHEDULE I

Part II Paragraph H(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 X

NO

The 2021/2022 tax year is settled with a new assessment of 30,216.

Proceedings for the 2022/2023 tax year are pending.

SCHEDULE I

Part II Paragraph P

Executed Purchase and Sale Agreement

[TO FOLLOW]

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**

- | | |
|--|--|
| <input checked="" type="checkbox"/> In the sale or rental of housing or residential lots | <input checked="" type="checkbox"/> In the provision of real estate brokerage services |
| <input checked="" type="checkbox"/> In advertising the sale or rental of housing | <input checked="" type="checkbox"/> In the appraisal of housing |
| <input checked="" type="checkbox"/> In the financing of housing | <input checked="" type="checkbox"/> 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-925.1 (6/2011)

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

Do you suspect you have been discriminated against because of your age, race, disability, familial 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 1-888-492-3644 or WWW.DHR.NY.GOV.

Division of Human Rights
JANUARY 2012
NY
HUMAN RIGHTS




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.