

**NASSAU COUNTY INDUSTRIAL
DEVELOPMENT AGENCY**

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICATION OF:

NY Tempering LLC and 100 Wireless Property 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.

05-01-2021

DATE

PART I APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE:

Name: NY Tempering LLC

Address: 60-21 Flushing Ave, Maspeth, NY 11378

Fax: 718-326-8986

NY State Dept. of Labor Reg #: _____ Federal Employer ID #: _____

NAICS Code #: _____

Website: www.nytempering.com

Name of CEO or Authorized Representative Certifying Application: Haidong Weng

Title of Officer: Member

Phone Number: 9175789950 E-Mail: Harry@nytempering.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 _____ Subchapter C _____

501(c)(3) Corporation _____ Partnership _____

State and Year of Incorporation/Organization: NY/2012

Qualified to do Business in New York: Yes ^x _____ No _____ N/A _____

C. APPLICANT COUNSEL:

Firm name: Certilman Balin Adler & Hyman LLP

Address: 90 Merrick Avenue, 9th Floor

East Meadow, NY 11554

Primary Contact: Daniel J. Baker, Esq.

Phone: 516 296 7158

Fax: 516 296 7111

E-Mail: Dbaker@certilmanbalin.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>AA Family Inc.</u>	<u>40</u> %
<u>Xiu ALL Ko Enterprise Ir</u>	<u>20</u> %
<u>Huang Best Home Inc.</u>	<u>10</u> %
<u>I Queens Best Home Inc.</u>	<u>10%</u>
<u>Liking 87 Inc.</u>	<u>10%</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:

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

YES _____ NO X

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

N/A

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

YES _____

NO ☒ _____

- 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 ☒ _____

- J. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors? If YES, attach details at Schedule I.

YES _____

NO ☒ _____

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

YES _____

NO ☒ _____

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

YES _____

NO 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>Xia Ting Li</u>	<u>Manager</u>	_____
<u>Hai Pu Huang</u>	<u>Production Manager</u>	_____
<u>Haidong Weng</u>	<u>Partner</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: 60-21 Flushing Ave Maspeth NY 11354
- (b) Number of Employees: Full-Time: 7 Part-Time: 12
- (c) Annual Payroll, excluding benefits: \$398,000.00
- (d) Type of operation (e.g. manufacturing, wholesale, distribution, retail, etc.) and products or services: Manufacturing
- (e) Size of existing facility real property (i.e., acreage of land): 17,000 Sq. Ft.

(f) Buildings (number and square footage of each): 14,400 sq ft

(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 _____

NO X

3. Will the proposed Project result in the removal or abandonment of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the proposed Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the proposed Project, located within Nassau County? If YES, identify the location of the plant or facility and provide explanation.

YES _____

NO X

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

YES X

NO _____

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):

Fabrication of tempered glass and insulating glass

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

Name: 100 Wireless Property LLC

Relationship to Applicant: Real Estate Holding Company

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: 54,450
Square footage of existing facility: 54,450
- ☒ Acquisition of Land/Building
Acreage/square footage of land: 3.36 AC
Square footage of building: 54,450
- ☒ Acquisition of Furniture/Machinery/Equipment
List principal items or categories:
Cutting table; polish machine; Double edge Polish machine;
laminated machine; insulating machine; tempering furnace
- ☐ 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:

Expansion of existing company due to dynamic growth. Existing facility in Maspeth will continue. Obtaining
IDA benefits will allow for the acquisition of this necessary expansion.

- 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 _____

Applicant has looked at facilities in New Jersey and Suffolk County which have much

lower purchase prices and taxes, and will provide similar benefits to those requested herein.

- 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 will not proceed with the Project and Nassau County will lose out on job options and the presence of a growing company.

- F. Location of Project:

Street Address: 15 E Bethpage Rd

City/Village(s): Plainview

Town(s): Oyster Bay

School District(s): Plainview Old Bethpage

Tax Map Section: 13 Block: 88 Lot: 21

Census Tract Number: _____

- G. Present use of the Project site: Printing company

- 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: \$ 81,809.2
School: \$ 117,365.80
Village: \$ _____

- (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):
100 Wireless Property LLC - Real Estate holding company

- 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.)
Fabrication of tempering glass use at building wall and bathroom etc...

- 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:
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: Tribart Associates 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 14, 2021
- (b) Purchase price: \$ 9,220,000.00
- (c) Closing date: on or about August 27, 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

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

The Community is a mix of residential, commercial and industrial uses. The impact of the Project would be to improve the existing property while creating jobs which would lead to use of local stores, restaurants and other facilities.

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

Architect: TBD
Engineer: TBD
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 X 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	\$ 9,220,000.00
2.	Building Demolition	\$ _____
3.	Construction/Reconstruction/Renovation	\$ 2,600,000.00
4.	Site Work	\$ _____
5.	Infrastructure Work	\$ _____
6.	Architectural/Engineering Fees	\$ 80,000.00
7.	Applicant's Legal Fees	\$ _____
8.	Financial Fees	\$ _____
9.	Other Professional Fees	\$ _____
10.	Furniture, Equipment & Machinery Acquisition (not included in 3. above)	\$ 2,500,000.00
11.	Other Soft Costs (describe)	\$ 100,000.00
12.	Other (describe)	\$ _____
	Total	\$ 14,500,000.00

- B. Estimated Sources of Funds for Project Costs:

a.	Tax-Exempt IDA Bonds:	\$ _____
b.	Taxable IDA Bonds:	\$ _____
c.	Conventional Mortgage Loans:	\$ 8,000,000.00
d.	SBA or other Governmental Financing:	\$ _____
	Identify: _____	
e.	Other Public Sources (e.g., grants, tax credits):	\$ _____
	Identify: _____	

f.	Other Loans:	\$	_____
g.	Equity Investment:	\$	6,500,000.00
	(excluding equity attributable to grants/tax credits)		
TOTAL		\$	14,500,000.00

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

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

YES _____ NO X _____

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

YES _____ NO _____ NOT APPLICABLE X _____

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

YES _____ NO _____ NOT APPLICABLE X _____

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

YES _____ NO _____ NOT APPLICABLE X _____

G. Construction Cost Breakdown:

Total Cost of Construction: \$ 2,600,000.00 (sum of 2-5 and 10 in Question A above)

Cost for materials: \$ 1,300,000.00
% Sourced in County: _____%

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

Cost for labor: \$ 1,000,000.00
% Sourced in County: _____%
% Sourced in State: _____% (incl. County)

Cost for "other": \$ 300,000.00
% 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:	\$0	\$ 700,000.00	\$ 875,000.00	\$ 900,000.00
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	45,000.00	
Professional	40,000.00	
Administrative	35,000.00	
Production	35,000.00	
Supervisor	40,000.00	
Laborer		

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		
Professional		
Administrative		
Production		
Supervisor		
Laborer		
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 _____ NO X

May need 2-3 experienced workers to come over to train new employees.

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

10

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

³ 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?

\$ 10,000,000.00

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

10 %

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)?

70 %

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

Ancillary sales tax resulting from employees use of local stores, restaurants, etc.

- 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>\$ 2,000,000.00</u>	<u>5%</u>	<u>10%</u>
Year 2	<u>\$ 2,500,000.00</u>	<u>6%</u>	<u>11%</u>
Year 3	<u>\$ 2,800,000.00</u>	<u>7%</u>	<u>12%</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:

- F. Estimated Value of Requested Financial Assistance:

Estimated Value of Sales Tax Benefit: \$ 327,750.00
(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: 60,000.00
(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: 199,175
(if so, please describe)

Term of PILOT Requested: 15

Existing Property Taxes on Land and Building: \$ 200,000.00

Estimated Property Taxes on completed Project: \$ TBD
(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:

Fees payable to Town of Oyster Bay and other agencies to obtain permits for

proposed addition to existing building.

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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	<input type="text"/> % complete
(b) Environmental Remediation	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	<input type="text"/> % complete
(c) Foundation	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	<input type="text"/> % complete
(d) Footings	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	<input type="text"/> % 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?

Appx Start: August 2021

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

Appx: six months

PART VI ENVIRONMENTAL IMPACT

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

None

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: NY Tempering LLC

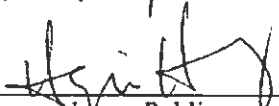
Signature: 

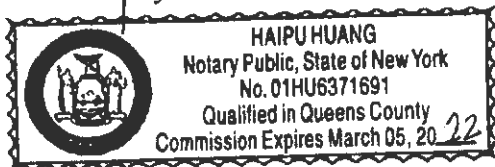
Name: Haidong Weng

Title: Member

Date: 05-01-2021

Sworn to before me this 18th
day of MAY, 20 21


Notary Public



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 ^X _____

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: NY Tempering LLC

By: _____

Name: Haidong Weng
Title: Member

**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:

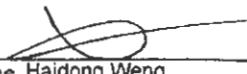
- (A) Taxable Bond Issues Six-tenths (6/10) of one percent (1%) for the first twenty million dollars (\$20,000,000) of total project costs and, if applicable, two-tenths (2/10) of one percent (1%) for any additional amounts in excess of twenty million dollars (\$20,000,000) of total project costs.
- (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.


Name: Haidong Weng
Title: Member

Subscribed and affirmed to me this 18th
day of MAY, 20 21

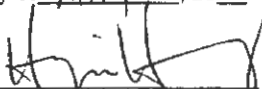

Notary Public



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

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

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

TOTAL

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

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

TOTAL

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

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

Finished product storage

Component parts of
goods manufactured at
the facility

Purchased component
parts

Other (specify)

TOTAL

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

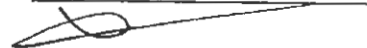
6. List finished product(s) which are produced at the facility to be financed.

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

Name of
Applicant:

NY Tempering LLC

Signature:



Name:

Haidong Weng

Title:

Member

Date:

05-01-2021

**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>NY Tempering LLC</u>
Signature:	<u></u>
Name:	<u>Haidong Weng</u>
Title:	<u>Member</u>
Date:	<u>05-01-2021</u>

GUIDELINES FOR ACCESS TO EMPLOYMENT OPPORTUNITIES**INITIAL 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: NY Tempering LLC
 Address: 15 E Bethpage Rd Plainview NY 11803
 Type of Business: Glass fabricator
 Contact Person: Haidong Weng Tel. No.: 9175789950

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>1</u>	<u>2</u>	<u>2</u>	<u>2</u>	
<u>Professional</u>	<u>0</u>	<u>2</u>	<u>2</u>	<u>2</u>	
<u>Administrative</u>	<u>0</u>	<u>2</u>	<u>2</u>	<u>2</u>	
<u>Production</u>	<u>0</u>	<u>6</u>	<u>6</u>	<u>6</u>	
<u>Supervisor</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	
<u>Laborer</u>	<u>0</u>	<u>9</u>	<u>12</u>	<u>15</u>	
<u>Independent Contractor</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</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: 12

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

Sep 2021

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:	<u>NY Tempering LLC</u>
Signature:	<u></u>
Name:	<u>Haidong Weng</u>
Title:	<u>Partner</u>
Date:	<u>05-01-2021</u>

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 _____

NO x _____

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: _____

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

- 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 _____

NO _____

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

Addresses of the to-be-abandoned plants or facilities: _____

Names of all current occupants of the to-be-abandoned plants or facilities: _____

- 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 _____

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 _____

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 _____

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:

NY Tempering LLC

Signature:

Name:

Haidong Weng

Title:

Member

Date:

05-01-2021

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 _____

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:

NY Tempering LLC

Signature:



Name:

Haidong Weng

Title:

Member

Date:

05-01-2021

Schedule F

APPLICANT'S FINANCIAL ATTACHMENTS

6:21 AM
04/12/21
Accrual Basis

NY TEMPERING LLC
Profit & Loss
January through March 2021

	<u>Jan - Mar 21</u>
Ordinary Income/Expense	
Income	
Sales	2,168,746.33
Total Income	<u>2,168,746.33</u>
Cost of Goods Sold	
Cost of Goods Sold	
Glass Material	559,685.11
Cost of Goods Sold - Other	18.42
Total Cost of Goods Sold	<u>559,703.53</u>
Freight and Shipping Costs	567.86
Parts-COG	616.86
Processing Charge	167,635.36
Total COGS	<u>728,523.61</u>
Gross Profit	1,440,222.72
Expense	
Automobile Expense	10,672.91
Bank Service Charges	50.00
Business Promotion	42.47
Commission	2,223.92
Computer and Internet Expenses	168.53
Contribution	165.00
Disability	0.00
Equipment Leasing	3,014.10
Filing Fee	3,000.00
Gift	1,792.22
Insurance Expense	
Worker's Compensation	1,976.43
Insurance Expense - Other	-371.95
Total Insurance Expense	<u>1,604.48</u>
Janitorial expense	3,756.18
Meals and Entertainment	3,718.33
Medical Expense	150.00
Merchant Account Fees	28,352.88
Office Equipment	2,661.71
Office Expense	
Water	499.29
Water Purification System	169.88
Office Expense - Other	316.30
Total Office Expense	<u>985.45</u>
Office Supplies	6,298.72
Park & Toll	500.00
Parts	1,439.20
Payroll Expenses	95,217.98
Penalties	346.00
Professional Fees	10,248.00
Rent Expense	69,656.10
Repairs and Maintenance	1,885.74
Security	897.92
Small Business lcpayment	250.00
Taxes	
Local	17,596.50
Payroll	10,696.36
Total Taxes	<u>28,292.86</u>
Telephone Expense	1,253.54
Tools	2,486.41

6:21 AM
04/12/21
Accrual Basis

NY TEMPERING LLC
Profit & Loss
January through March 2021

	<u>Jan - Mar 21</u>
Utilities	
Electricity	54,628.42
Gas	1,979.35
Water	2,039.71
Utilities - Other	1,207.53
Total Utilities	<u>59,855.01</u>
Total Expense	<u>340,985.66</u>
Net Ordinary Income	1,099,237.06
Other Income/Expense	
Other Expense	
Partner Guaranteed Pymt	1,100,000.00
Total Other Expense	<u>1,100,000.00</u>
Net Other Income	<u>-1,100,000.00</u>
Net Income	<u><u>-762.94</u></u>

6:24 PM
02/05/21
Accrual Basis

NY TEMPERING LLC

Balance Sheet

As of December 31, 2020

	Dec 31, 20
ASSETS	
Current Assets	
Checking/Savings	
Cash	126,438.93
Cash-Petty Cash	15,000.00
-Payroll-	23,309.46
	<u>62,315.09</u>
Total Checking/Savings	227,063.48
Accounts Receivable	
AR	-18,510.90
Total Accounts Receivable	<u>-18,510.90</u>
Other Current Assets	
Loans Receivable	161,637.39
Undeposited Funds	113,751.63
Total Other Current Assets	<u>275,389.02</u>
Total Current Assets	483,941.60
Fixed Assets	
Air Comp 2	
Acu Depre-Air Comp 2	-21,303.17
Air Comp 2 - Other	16,503.17
Total Air Comp 2	<u>-4,800.00</u>
Air Tank& Dry Air	
Acu Depre-Air Tank& Dry Air	-3,586.00
Air Tank& Dry Air - Other	3,586.00
Total Air Tank& Dry Air	<u>0.00</u>
Bottero cutting Line	
Acu Depre-Bottero cutting Line	185,181.02
Total Bottero cutting Line	<u>185,181.02</u>
Crane Jib	
Acu depre-Crane Jib	-1,092.00
Crane Jib - Other	1,142.00
Total Crane Jib	<u>50.00</u>
Enkong Polish	
Acu-Depre-Enkong Polish	-81,000.00
Enkong Polish - Other	81,000.00
Total Enkong Polish	<u>0.00</u>
Forklift	
Acu Depre-Forklift	-13,950.00
Forklift - Other	18,949.00
Total Forklift	<u>4,999.00</u>
Forlift Charger	
Acu Depre-Forlift Charger	-995.00
Forlift Charger - Other	995.00
Total Forlift Charger	<u>0.00</u>
Furniture & Fixture	
Acu Depre-Furniture & Fixture	-25,135.00
Furniture & Fixture - Other	25,911.00
Total Furniture & Fixture	<u>776.00</u>
Fushan Polish	
Acu Depre-Fushan Polish	-141,784.00
Fushan Polish - Other	255,600.00
Total Fushan Polish	<u>113,816.00</u>

6:24 PM

02/05/21

Accrual Basis

NY TEMPERING LLC
Balance Sheet
As of December 31, 2020

	Dec 31, 20
Fushang Washer	
Acu Depre-Fushang Washer	-74,700.00
Fushang Washer - Other	74,700.00
Total Fushang Washer	0.00
Glass Lifter Auto	
Acu Depre-Glass Lifter Auto	-20,586.00
Glass Lifter Auto - Other	21,548.00
Total Glass Lifter Auto	962.00
Glass Making Supplies	
Glass Making Materials	13,309.86
Low-valuable Consumables	6,148.49
Total Glass Making Supplies	19,458.35
glass rack with wheel	
Acu Depre-glass rack with wheel	-55,268.00
glass rack with wheel - Other	65,145.58
Total glass rack with wheel	9,877.58
Han Dong Washing Machine	
Acu Depre-Han Dong Washing Mach	-33,442.00
Han Dong Washing Machine - Other	35,000.00
Total Han Dong Washing Machine	1,558.00
Hot Melt Mashine	
Acu Depre-Hot Melt Mashine	-8,481.00
Hot Melt Mashine - Other	8,876.17
Total Hot Melt Mashine	395.17
IG LINE	
Acu Depre-Hot Melt Mashine	-267,512.00
IG LINE - Other	280,000.00
Total IG LINE	12,488.00
Laminate Machine	144,000.00
Leasehold Improvement	
Acu Depre-Leasehold Improvement	376,405.59
Leasehold Improvement - Other	-365,884.00
Total Leasehold Improvement	10,521.59
Locker	
Acu Depre	-1,234.10
Locker - Other	1,234.10
Total Locker	0.00
North Glass Furnace	
Acu Depre-North Glass Furnace	-425,156.00
North Glass Furnace - Other	445,000.00
Total North Glass Furnace	19,844.00
Overhead Crane	
Acu Depre-Overhead Crane	-19,009.00
Overhead Crane - Other	19,895.00
Total Overhead Crane	886.00
Polish Machine VE 500-11	
Acu Depre-Polish Machine VE 500	-84,816.00
Polish Machine VE 500-11 - Other	90,000.00
Total Polish Machine VE 500-11	5,184.00
Proliner-Digital Scanner	
Acu Depre-Proliner-Digital Scan	-16,174.00
Proliner-Digital Scanner - Other	22,717.14
Total Proliner-Digital Scanner	6,543.14

6:24 PM

02/05/21

Accrual Basis

NY TEMPERING LLC

Balance Sheet

As of December 31, 2020

	Dec 31, 20
Transformer	
Acu Depre-Transformer	-12,898.00
Transformer - Other	13,500.00
Total Transformer	602.00
Truck	
Acu-Depre-Truck	-190,588.00
Truck - Other	186,615.92
Total Truck	-3,972.08
Water Jet Cutting	
Acu Depre-Water Jet Cutting	-53,501.00
Water Jet Cutting - Other	56,000.00
Total Water Jet Cutting	2,499.00
Total Fixed Assets	530,868.77
TOTAL ASSETS	1,014,810.37
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
American Express	47,137.76
Credit Card	-8,457.37
Credit Card-chase	-457.13
Total Credit Cards	38,223.26
Other Current Liabilities	
Loan Payable	150,000.00
Other Payable	444.13
Sales Tax Paable	22,106.50
Total Other Current Liabilities	172,550.63
Total Current Liabilities	210,773.89
Long Term Liabilities	
Auto Loans	-1,431.71
Total Long Term Liabilities	-1,431.71
Total Liabilities	209,342.18
Equity	
Nondeductible expense	-1,912.00
Partner 1 Equity	1,386,543.38
Partner 2 Draws	-1,399,903.25
Retained Earnings	727,369.02
Net Income	93,371.04
Total Equity	805,468.19
TOTAL LIABILITIES & EQUITY	1,014,810.37

ENVIRONMENTAL ASSESSMENT FORM

Short Environmental Assessment Form

Part 1 - Project Information


Instructions for Completing

Part I – Project Information. The applicant or project sponsor is responsible for the completion of Part I. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part I 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 I. 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 I – Project and Sponsor Information			
Name of Action or Project: NY Tempering LLC and 100 Wireless Property LLC			
Project Location (describe, and attach a location map): 15 E Bethpage Road, Plainview, New York 11803			
Brief Description of Proposed Action: Applicant is the owner and operator of a tempered glass manufacturing facility in Maspeth, New York. As a result of Applicant's dynamic growth, it now seeks to expand its operations into Nassau County by purchasing and renovating (as well as adding an additional 10,000 square feet of manufacturing space to) the premises referenced hereinabove, which would create at least (10) new full-time positions so Applicant can meet its commercial, industrial, and residential customers growing demand for tempered glass.			
Name of Applicant or Sponsor: NY Tempering LLC and 100 Wireless Property LLC		Telephone: 917-578-9950 E-Mail: harry@nytempering.com	
Address: 60-21 Flushing Avenue			
City/PO: Maspeth		State: New York	Zip Code: 11378
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.			NO <input checked="" 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:			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			3.36 acres xxxx acres 3.36 acres
4. Check all land uses that occur on, are adjoining or near the proposed action: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Urban</div> <div style="width: 50%;"><input type="checkbox"/> Rural (non-agriculture)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Industrial</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> Residential (suburban)</div> <div style="width: 50%;"><input type="checkbox"/> Forest</div> <div style="width: 50%;"><input type="checkbox"/> Agriculture</div> <div style="width: 50%;"><input type="checkbox"/> Aquatic</div> <div style="width: 50%;"><input type="checkbox"/> Other(Specify):</div> <div style="width: 50%;"><input type="checkbox"/> Parkland</div> </div>			

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input 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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input 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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>Haidong Weng</u> Date: <u>May 20, 2021</u> Signature: <u></u> Title: <u>Member</u>		

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.

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return****NYS-45 WEB****Reference these numbers in all correspondence:**UI Employer
registration number Withholding
identification number **Employer legal name:**

NY TEMPERING LLC

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.Jan 1 - Mar 31 ☒ 1 Apr 1 - Jun 30 ☐ 2 July 1 - Sep 30 ☐ 3 Oct 1 - Dec 31 ☐ 4 Year **20** YYDo you offer dependent health insurance benefits to any employee? Yes ☒ No ☐If seasonal employer, mark an **X** in the box ☐**Number of employees**

Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month	b. Second month	c. Third month
20	21	21

Disaster relief ☐**Part A - Unemployment insurance (UI) information****Part B - Withholding tax (WT) information**

1. Total remuneration paid this quarter **107,139.00**
2. Remuneration paid this quarter to in excess of the UI wage base since January 1 **0.00**
3. Wages subject to contribution (subtract line 2 from line 1) **107,139.00**
4. UI contributions due
UI rate **1.725** % **1,848.15**
5. Re-employment service fund (multiply line 3 x .00075) **80.35**
- 6a. Interest on contributions **0.00**
- 6b. UI previously underpaid with interest **0.00**
7. Total of lines 4, 5, 6a and 6b **1,928.50**
8. Enter UI previously overpaid **0.00**
9. Total UI amounts due (if line 7 is greater than line 8, enter difference) ... **1,928.50**
10. Total UI overpaid (if line 8 is greater than line 7, enter the difference) * **0.00**

12. New York State tax withheld **3,426.66**
13. New York City tax withheld **2,364.32**
14. Yonkers tax withheld **0.00**
15. Total tax withheld (add lines 12, 13, and 14) **5,790.98**
16. WT credit from previous quarter's return (see instr.) **0.00**
17. Form NYS-1 payments made for quarter **5,790.98**
18. Total payments (add lines 16 and 17) **5,790.98**
19. Total WT amounts due (if line 15 is greater than line 18, enter difference) ... **0.00**
20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an **X** in 20a or 20b) * **0.00**
- 20a. Apply to outstanding liabilities and/or refund ☐
- 20b. Credit to next quarter withholding tax ☐
21. Total payment due (add lines 9 and 19) **1,928.50**

*** An overpayment of either tax cannot be used to offset the amount due on the other tax.****Part C - Wage Reporting Summary**

- C Total UI total remuneration/gross wages paid this quarter **107,139.00**
- D Total gross wages or distribution **107,138.75**
- Total number of employees **34**
- E Total tax withheld **5,790.98**

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature

Signer's name

Title

Date

04/29/2020 13:41:44

Telephone number

Withholding
identification number

Part D - Form NYS-1 corrections/additions

Web filed not applicable

Part E - Change of business information

23. If you permanently ceased paying wages, enter the date (MMDDYY) of the final payroll

24. Did you sell or transfer all or part of your business? ☐ Yes ☒ No

If Yes, indicate if sale or transfer was in ☐ Whole or ☐ Part

Paid preparer's use	Preparer's signature	Telephone number	Date	Mark an X if self-employed	Preparer's SSN or PTIN
	Preparer's firm name (or yours, if self-employed)	Address		Preparer's EIN	
Payroll service name				Payroll service's EIN	

Unemployment insurance (UI) payment details (Account saved ☒)

Payment date	Account type Business checking
Bank name	Bank routing number
Account holder NY TEMPERING LLC	Account number
Amount due (\$)	Payment amount (\$)

Withholding tax (WT) payment details (Account saved ☐)

Payment date	Account type
Bank name	Bank routing number
Account holder	Account number
Amount due (\$) 0.00	Payment amount (\$)

Transaction details

Confirmation number	Transaction date/time
Submitted by H Aidan Weng	

Part C

Employee Wage and Withholding

(04/21) V3

Employer legal name: NY TEMPERING LLC	Withholding identification number
---	-----------------------------------

(Showing 1 - 34 of 34 employees)

Quarterly employee/payee wage reporting information

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instructions)	e Total tax withheld
		4,500.00	4,500.00	174.32
		6,309.75	6,309.75	354.47
		3,780.00	3,780.00	119.86
		7,170.00	7,170.00	427.24
		5,040.00	5,040.00	239.78
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		3,960.00	3,960.00	141.94
		3,600.00	3,600.00	252.36
		5,268.01	5,268.01	285.36
		9,322.50	9,322.50	662.58
		0.00	0.00	0.00
		1,925.55	1,925.55	98.12
		7,060.75	7,060.75	429.32
		5,760.00	5,760.00	265.30
		1,800.00	1,800.00	66.90
		8,621.05	8,621.05	589.99
		5,226.72	5,226.72	291.49
		7,129.97	7,129.97	436.29
		0.00	0.00	0.00
		6,300.00	6,300.00	341.22
		0.00	0.00	0.00
		4,770.00	4,770.00	222.52
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		3,780.00	3,780.00	119.86
		2,124.45	2,124.45	136.44
		1,890.00	1,890.00	39.78
		1,800.00	1,800.00	95.84
Totals (see instructions)		107,139.00	107,138.75	5,790.98

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return****NYS-45 WEB**

Reference these numbers in all correspondence:

UI Employer
registration number Withholding
identification number

Employer legal name:

NY TEMPERING LLC

Mark an X in only one box to indicate the quarter (a separate
return must be completed for each quarter) and enter the year.Jan 1 - Mar 31 ☐ 1 Apr 1 - Jun 30 ☒ 2 July 1 - Sep 30 ☐ 3 Oct 1 - Dec 31 ☐ 4 Year **20**
YYDo you offer dependent health insurance benefits to any employee? Yes ☒ No ☐If seasonal employer, mark an X in the box ☐**Number of employees**Enter the number of full-time and part-time covered employees
who worked during or received pay for the week that includes
the 12th day of each month.

a. First month

b. Second month

c. Third month

0

24

22

Disaster relief ☐**Part A - Unemployment insurance (UI) information**

1. Total remuneration paid this quarter **144,598.00**
2. Remuneration paid this quarter to
in excess of the UI wage base
since January 1 **22,841.00**
3. Wages subject to contribution
(subtract line 2 from line 1) **121,757.00**
4. UI contributions due
UI rate **1.725 %** **2,100.31**
5. Re-employment service fund
(multiply line 3 x .00075) **91.32**
- 6a. Interest on contributions **0.00**
- 6b. UI previously underpaid with
interest **0.00**
7. Total of lines 4, 5, 6a and 6b **2,191.63**
8. Enter UI previously overpaid **0.00**
9. Total UI amounts due (if line 7
is greater than line 8, enter difference) ... **2,191.63**
10. Total UI overpaid (if line 8 is greater
than line 7, enter the difference) * **0.00**

Part B - Withholding tax (WT) information

12. New York State tax withheld **6,841.42**
13. New York City tax withheld **4,568.79**
14. Yonkers tax withheld **0.00**
15. Total tax withheld
(add lines 12, 13, and 14) **11,410.21**
16. WT credit from previous
quarter's return (see instr.) **0.00**
17. Form NYS-1 payments made
for quarter **11,410.21**
18. Total payments
(add lines 16 and 17) **11,410.21**
19. Total WT amounts due (if line 15 is
greater than line 18, enter difference) ... **0.00**
20. Total WT overpaid (if line 18 is
greater than line 15, enter difference
here and mark an X in 20a or 20b) * **0.00**
- 20a. Apply to outstanding
liabilities and/or refund ☐
- 20b. Credit to next quarter
withholding tax ☐
21. Total payment due
(add lines 9 and 19) **2,191.63**

*** An overpayment of either tax cannot be used to offset the amount due on the other tax.****Part C - Wage Reporting Summary**

- C Total UI total remuneration/gross
wages paid this quarter **144,598.00**
- D Total gross wages or distribution **144,598.49**
- Total number of employees **32**
- E Total tax withheld **11,410.21**

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature

Signer's name

Title

Date

Telephone number

Withholding
identification number

Part D – Form NYS–1 corrections/additions

Web filed not applicable

Part E – Change of business information

23. If you permanently ceased paying wages, enter the date (MMDDYY) of the final payroll

24. Did you sell or transfer all or part of your business? ☐ Yes ☒ No

If Yes, indicate if sale or transfer was in ☐ Whole or ☐ Part

Paid preparer's use	Preparer's signature	Telephone number	Date	Mark an X if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Preparer's firm name (or yours, if self-employed)	Address			Preparer's EIN
Payroll service name				Payroll service's EIN	

Unemployment insurance (UI) payment details (Account saved ☒)

Payment date 07/27/2020	Account type Business checking
Bank name	Bank routing number
Account holder NY TEMPERING LLC	Account number
Amount due (\$) 2,191.63	Payment amount (\$) 2,191.63

Withholding tax (WT) payment details

(Account saved ☐)

Payment date	Account type
Bank name	Bank routing number
Account holder	Account number
Amount due (\$) 0.00	Payment amount (\$)

Transaction details

Confirmation number	Transaction date/time
Submitted by HAIDAN WENG	

Part C

Employee Wage and Withholding

(07/20) V3

Employer legal name: NY TEMPERING LLC	Withholding identification number
---	-----------------------------------

(Showing 1 - 32 of 32 employees)

Quarterly employee/payee wage reporting information

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instructions)	e Total tax withheld
		375.00	375.00	14.54
		5,042.50	5,042.50	345.76
		7,325.46	7,325.46	575.04
		6,290.89	6,290.89	476.39
		7,487.60	7,487.60	605.72
		7,663.90	7,663.90	624.12
		9,550.28	9,550.28	815.20
		3,027.08	3,027.08	236.93
		255.45	255.45	7.84
		2,447.04	2,447.04	177.81
		0.00	0.00	0.00
		0.00	0.00	0.00
		6,359.04	6,359.04	482.17
		5,709.40	5,709.40	422.53
		5,471.41	5,471.41	411.48
		7,956.65	7,956.65	642.55
		8,376.81	8,376.81	705.63
		6,450.67	6,450.67	491.68
		4,950.30	4,950.30	408.69
		0.00	0.00	0.00
		2,316.60	2,316.60	172.18
		0.00	0.00	0.00
		0.00	0.00	0.00
		6,843.85	6,843.85	538.96
		0.00	0.00	0.00
		8,441.46	8,441.46	698.31
		0.00	0.00	0.00
		9,733.92	9,733.92	825.43
		996.38	996.38	54.75
		5,299.73	5,299.73	409.61
		8,163.07	8,163.07	615.00
		8,064.00	8,064.00	651.89
Totals (see instructions)		144,598.00	144,598.49	11,410.21

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return****NYS-45 WEB****Reference these numbers in all correspondence:**UI Employer
registration numberWithholding
identification number

Employer legal name:

NY TEMPERING LLC

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

Jan 1 - Mar 31 ☐ 1 Apr 1 - Jun 30 ☐ 2 July 1 - Sep 30 ☒ 3 Oct 1 - Dec 31 ☐ 4 Year **20** YYDo you offer dependent health insurance benefits to any employee? Yes ☒ No ☐If seasonal employer, mark an X in the box ☐**Number of employees**

Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month

b. Second month

c. Third month

20**20****19**Disaster relief ☐**Part A - Unemployment insurance (UI) information**

1. Total remuneration paid this quarter **124,134.00**

2. Remuneration paid this quarter to in excess of the UI wage base since January 1 **88,223.00**

3. Wages subject to contribution (subtract line 2 from line 1) **35,911.00**

4. UI contributions due
UI rate **1.725** % **619.46**

5. Re-employment service fund (multiply line 3 x .00075) **26.93**

6a. Interest on contributions **0.00**

6b. UI previously underpaid with interest **0.00**

7. Total of lines 4, 5, 6a and 6b **646.39**

8. Enter UI previously overpaid **0.00**

9. Total UI amounts due (if line 7 is greater than line 8, enter difference) ... **646.39**

10. Total UI overpaid (if line 8 is greater than line 7, enter the difference) * **0.00**

Part B - Withholding tax (WT) information

12. New York State tax withheld **4,212.96**

13. New York City tax withheld **2,894.16**

14. Yonkers tax withheld **0.00**

15. Total tax withheld (add lines 12, 13, and 14) **7,107.12**

16. WT credit from previous quarter's return (see instr.) **0.00**

17. Form NYS-1 payments made for quarter **7,107.12**

18. Total payments (add lines 16 and 17) **7,107.12**

19. Total Wt amounts due (if line 15 is greater than line 18, enter difference) ... **0.00**

20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b) * **0.00**

20a. Apply to outstanding liabilities and/or refund ☐

20b. Credit to next quarter withholding tax ☐

21. Total payment due (add lines 9 and 19) **646.39**

*** An overpayment of either tax cannot be used to offset the amount due on the other tax.****Part C - Wage Reporting Summary**

C Total UI total remuneration/gross wages paid this quarter **124,134.00**

D Total gross wages or distribution **124,133.58**

Total number of employees **33**

E Total tax withheld **7,107.12**

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature

Signer's name

Title

Date

Telephone number

Withholding
identification number

Part D - Form NYS-1 corrections/additions

Web filed not applicable

Part E - Change of business information

23. If you permanently ceased paying wages, enter the date (MMDDYY) of the final payroll

24. Did you sell or transfer all or part of your business? ☐ Yes ☒ No

If Yes, indicate if sale or transfer was in ☐ Whole or ☐ Part

Paid preparer's use	Preparer's signature	Telephone number	Date	Mark an X if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Preparer's firm name (or yours, if self-employed)	Address		Preparer's EIN	
Payroll service name				Payroll service's EIN	

Unemployment insurance (UI) payment details (Account saved <input checked="" type="checkbox"/>)	
Payment date 10/27/2020	Account type Business checking
Bank name	Bank routing number
Account holder NY TEMPERING LLC	Account number
Amount due (\$) 646.39	Payment amount (\$) 646.39

Withholding tax (WT) payment details (Account saved <input type="checkbox"/>)	
Payment date	Account type
Bank name	Bank routing number
Account holder	Account number
Amount due (\$) 0.00	Payment amount (\$)

Transaction details	
Confirmation number	Transaction date/time 10/27/2020 00:01 AM
Submitted by H Aidan Weng	

Part C

Employee Wage and Withholding

(10/20) V3

Employer legal name: NY TEMPERING LLC	Withholding identification number
---	-----------------------------------

(Showing 1 - 33 of 33 employees)

Quarterly employee/payee wage reporting information				
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instructions)	e Total tax withheld
		3,975.00	3,975.00	149.57
		8,154.17	8,154.17	517.03
		0.00	0.00	0.00
		8,214.84	8,214.84	523.50
		6,000.00	6,000.00	358.80
		5,460.00	5,460.00	260.00
		0.00	0.00	0.00
		4,290.00	4,290.00	153.92
		3,825.00	3,825.00	268.43
		0.00	0.00	0.00
		1,593.90	1,593.90	96.14
		10,527.09	10,527.09	762.56
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		7,548.75	7,548.75	455.48
		6,240.00	6,240.00	287.69
		4,680.00	4,680.00	173.94
		4,680.00	4,680.00	173.94
		9,067.14	9,067.14	603.38
		3,360.00	3,360.00	172.28
		7,828.52	7,828.52	483.52
		6,825.00	6,825.00	369.98
		0.00	0.00	0.00
		1,440.00	1,440.00	59.18
		0.00	0.00	0.00
		0.00	0.00	0.00
		2,730.00	2,730.00	57.46
		0.00	0.00	0.00
		8,626.98	8,626.98	666.66
		0.00	0.00	0.00
		4,095.00	4,095.00	130.00
		4,972.19	4,972.19	383.66
Totals (see instructions)		124,134.00	124,133.58	7,107.12



New York State Department of Taxation and Finance

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return****NYS-45 WEB**

Reference these numbers in all correspondence:

UI Employer
registration number Withholding
identification number

Employer legal name:

NY TEMPERING LLC

Mark an X in only one box to indicate the quarter (a separate
return must be completed for each quarter) and enter the year.

Jan 1 - Mar 31	<input type="checkbox"/>	Apr 1 - Jun 30	<input type="checkbox"/>	July 1 - Sep 30	<input type="checkbox"/>	Oct 1 - Dec 31	<input checked="" type="checkbox"/>	Year	20
	1	2	3	4				YY	

Do you offer dependent health insurance benefits to any employee? Yes ☒ No ☐If seasonal employer, mark an X in the box ☐**Number of employees**Enter the number of full-time and part-time covered employees
who worked during or received pay for the week that includes
the 12th day of each month.

a. First month	b. Second month	c. Third month
19	19	18

 Disaster relief ☐**Part A - Unemployment insurance (UI) information**

1. Total remuneration paid this quarter	<input type="text"/>	122,643.00
2. Remuneration paid this quarter to in excess of the UI wage base since January 1	<input type="text"/>	107,748.00
3. Wages subject to contribution (subtract line 2 from line 1)	<input type="text"/>	14,897.00
4. UI contributions due UI rate 1.725 %	<input type="text"/>	256.97
5. Re-employment service fund (multiply line 3 x .00075)	<input type="text"/>	11.17
6a. Interest on contributions	<input type="text"/>	
6b. UI previously underpaid with interest	<input type="text"/>	0.00
7. Total of lines 4, 5, 6a and 6b	<input type="text"/>	268.14
8. Enter UI previously overpaid	<input type="text"/>	0.00
9. Total UI amounts due (if line 7 is greater than line 8, enter difference) ...	<input type="text"/>	268.14
10. Total UI overpaid (if line 8 is greater than line 7, enter the difference) *	<input type="text"/>	

Part B - Withholding tax (WT) information

12. New York State tax withheld	<input type="text"/>	4,020.93
13. New York City tax withheld	<input type="text"/>	2,763.69
14. Yonkers tax withheld	<input type="text"/>	0.00
15. Total tax withheld (add lines 12, 13, and 14)	<input type="text"/>	6,784.62
16. WT credit from previous quarter's return (see instr.)	<input type="text"/>	0.00
17. Form NYS-1 payments made for quarter	<input type="text"/>	6,784.62
18. Total payments (add lines 16 and 17)	<input type="text"/>	6,784.62
19. Total WT amounts due (if line 15 is greater than line 18, enter difference) ...	<input type="text"/>	0.00
20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b) *	<input type="text"/>	0.00
20a. Apply to outstanding liabilities and/or refund <input type="checkbox"/>	20b. Credit to next quarter withholding tax <input type="checkbox"/>	
21. Total payment due (add lines 19 and 20)	<input type="text"/>	268.14

* An overpayment of either tax cannot be used to offset the amount due on the other tax.

Part C - Wage Reporting Summary

C Total UI total remuneration/gross wages paid this quarter	<input type="text"/>	122,643.00	Total number of employees	<input type="text"/>	25
D Total gross wages or distribution	<input type="text"/>	122,643.34	E Total tax withheld	<input type="text"/>	6,784.62

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature	Signer's name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date <input type="text"/>	Telephone number <input type="text"/>	

Withholding
identification number

Part D - Form NYS-1 corrections/additions

Web filed not applicable

Part E - Change of business information

23. If you permanently ceased paying wages, enter the date (MMDDYY) of the final payroll

24. Did you sell or transfer all or part of your business? ☐ Yes ☒ No

If Yes, indicate if sale or transfer was in ☐ Whole or ☐ Part

Paid preparer's use	Preparer's signature	Telephone number	Date	Mark an X if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Preparer's firm name (or yours, if self-employed)	Address		Preparer's EIN	
Payroll service name				Payroll service's EIN	

Unemployment insurance (UI) payment details (Account saved <input checked="" type="checkbox"/>)	
Payment date	Account type Business checking
Bank name	Bank routing number
Account holder NY TEMPERING LLC	Account number
Amount due (\$) 268.14	Payment amount (\$) 268.14

Withholding tax (WT) payment details (Account saved <input type="checkbox"/>)	
Payment date	Account type
Bank name	Bank routing number
Account holder	Account number
Amount due (\$) 0.00	Payment amount (\$)

Transaction details	
Confirmation number	Transaction date/time 01/19/2021 03:53 PM
Submitted by HAIDAN WENG	

(01/21) V3

Withholding identification number

(Showing 1 - 25 of 25 employees)

Totals (see instructions)

Schedule I

OTHER ATTACHMENTS

PART I. APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE:

Name: 100 Wireless Property LLC

Address: 60-21 Flushing Ave, Maspeth, NY 11378

Fax: 718-326-8986

NY State Dept. of Labor Reg #: _____ Federal Employer ID #: _____

NAICS Code #: _____

Website: _____

Name of CEO or Authorized Representative Certifying Application: Haidong Weng

Title of Officer: Member

Phone Number: 9175789950 E-Mail: Harry@nytempering.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 _____ Subchapter C _____

501(c)(3) Corporation _____ Partnership _____

State and Year of Incorporation/Organization: NY/2012

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

C. APPLICANT COUNSEL:

Firm name: Certilman Balin Adler & Hyman LLP

Address: 90 Merrick Avenue, 9th Floor

East Meadow, NY 11554

Primary Contact: Daniel J. Baker, Esq.

Phone: 516 296 7158

Fax: 516 296 7111

E-Mail: Dbaker@certilmanbalin.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>Haidong Weng</u>	<u>45</u> %
<u>Chi Keung Ko</u>	<u>20</u> %
<u>Haidan Weng</u>	<u>10</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:

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

YES _____ NO X _____

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

N/A

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

YES _____

NO ☒ _____

- 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 ☒ _____

- J. Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors? If YES, attach details at Schedule I.

YES _____

NO ☒ _____

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

YES _____

NO ☒ _____

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

NO X

- YES_____

NO X

- | <u>Name</u> | <u>Title</u> | <u>Other Business Affiliations</u> |
|--------------|--------------|------------------------------------|
| Haidong Weng | Partner | |
| Chi Keung | Partner | |
| Haipu Huang | Controller | |
| Haidan Weng | Partner | |

YES_____

NO X

YES_____

NO X

1. (a) Location: 60-21 Flushing Ave Maspeth NY 11354

(b) Number of Employees: Full-Time: 0 Part-Time: 0

(c) Annual Payroll, excluding benefits: 0

(d) Type of operation (e.g. manufacturing, wholesale, distribution, retail, etc.)
and products or services: Real Estate Holding

(c) 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 ☒

NO _____

3. Will the proposed Project result in the removal or abandonment of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the proposed Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the proposed Project, located within Nassau County? If YES, identify the location of the plant or facility and provide explanation.

YES _____

NO ☒

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

YES ☒

NO _____

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 ☒

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

YES _____

NO ☒ _____

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

Real Estate Holding Company

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

Name: 100 Wireless Property LLC

Relationship to Applicant: _____

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

EXHIBIT A

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

EXHIBIT B

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

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

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

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

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

EXHIBIT C

Sample Fair Housing Posters

U. S. Department of Housing and Urban Development



EQUAL HOUSING
OPPORTUNITY

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

(The Fair Housing Amendments Act of 1988)

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

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

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

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

www.hud.gov/fairhousing

U.S. Department of Housing and
Urban Development

Assistant Secretary for Fair Housing and
Equal Opportunity

Washington, D.C. 20410

Posters 45400 are obsolete

Form HUD-423.1 (6/2011)

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

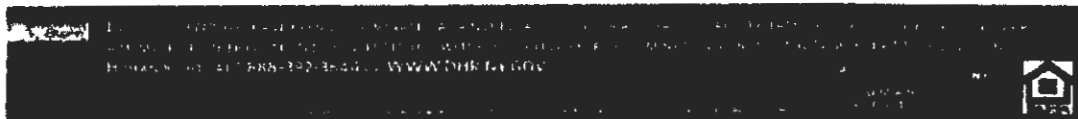


EXHIBIT D
Requirements for Affirmative Marketing Plans for Housing Projects

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.