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NASSAU COUNTY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR FINANCIAL ASSISTANCE
(Straight Lease)

APPLICATION OF:

PPF SS 499 OCEAN AVENUE, 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 H to the Application. If an estimate is given, enter "EST" after the figure. One signed original and 9 copies of the Application (including all attachments) must be submitted.

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

2/27/15
DATE ORIGINAL APPLICATION FILED

6/2/15
UPDATED

PART I. APPLICANT

A. APPLICANT FOR FINANCIAL ASSISTANCE (If more than one applicant, copy application and complete for each applicant):

Name: PPF SS 499 Ocean Avenue, LLC

Address: 105 Maxess Road, Suite 125, Melville, New York 11747

Primary Contact: James Goonan

Phone: 631-539-0200 Fax: 631-539-0206

E-Mail: jgoonan@safeguardit.com

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

NAICS Code #: 531130

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 _X_

State and Year of Incorporation/Organization: Delaware, 2015

Qualified to do Business in New York: Yes _X_ No ___ N/A ___

C. ANY ENTITY PROPOSED TO BE A USER OF THE PROJECT:

Name: Safeguard Operations LLC

Relationship to Applicant: Entity responsible for operating all Safeguard facilities.

D. APPLICANT COUNSEL (subject to Agency approval):

Firm name: Sahn Ward Coschignano, PLLC

Address: 333 Earle Ovington Boulevard, Suite 601
Uniondale, New York 11553

Primary Contact: Chris J.Coschignano
Phone: 516-228-1300
Fax: 516-228-0038
E-Mail: ccoschignano@swcblaw.com

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

Name	Percentage owned
Prime Property Fund LLC	_____
_____	_____%
_____	_____%

F. 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:

Safeguard Properties II, LLC, is 100% owned by Prime Property Fund LLC. Prime Property Fund LLC is 100% owned by numerous entities, the beneficial owners of such entities comprise more than 5,000 individual owners, of which, no single owner holds more than a 5% beneficial interest in Prime Property Fund LLC.

G. 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_

_____

_____

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

None

_____

I. Is the Applicant (including any parent company, subsidiary 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.

YES ___ NO _X_

J. Has the Applicant (or any parent company, subsidiary 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.

YES ___ NO _X_

K. Has the Applicant (or any parent company, subsidiary or related entity or person) or any principal(s) of the Applicant or its related entities, ever been charged with or 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 charged or convicted of a felony or misdemeanor (other than minor traffic offenses)? If YES, attach details.

YES ___ NO _X_

L. Has the Applicant (or any parent company, subsidiary 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 pending proceeding or investigation with respect to) a 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.

YES ___ NO _X_

M. Is the Applicant (or any parent company, subsidiary 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.

YES ___ NO _X_

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

Name	Title	Other Business Affiliations
See attached report regarding Prime Property Fund		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the foregoing principals hold elected or appointive public positions? If YES, attach details.

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).

) (a) Location: See attached report _____

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

(c) Annual Payroll, excluding benefits: _____

(d) Type of operation (e.g. manufacturing, wholesale, distribution) and products or services: _____

(e) Size of existing facility real property

(i.e., acreage of land): _____

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

(g) Applicant's interest in the facility.

FEE TITLE (i.e. own) LEASE OTHER (describe below)

_____

(h) If Applicant leases, state annual rent
and lease expiration date: _____

2. If any of the facilities described above are located within the State of New York (other than in Nassau County), is it expected that any of the described facilities will be closed or be subject to reduced activity? If YES, complete the attached Anti-Raiding Questionnaire (Schedule D).

YES NO _X_

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

YES ___ NO _X_

_____

_____

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:

YES NO _X

S. Attach a brief history of the Applicant and its business/operations at Schedule H.

By signing this Application, the Applicant 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.

PART II. PROPOSED PROJECT

A. Description of proposed Project (check all that apply):

X New Construction
Addition to Existing Facility
Renovation of Existing Facility
Acquisition of Facility
X New machinery and equipment
Other (specify): _____

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

The proposed Project consists of demolishing the existing one story office building on the site and constructing a new, three-story approximately 70,977 sq. ft. state of the art Safeguard Self-Storage facility. Safeguard develops, owns and operates all of its self-storage facilities. Our business model is aggressive growth through developing new facilities. Without the Agency's financial assistance, the Applicant would be unable to bear the costs of the property taxes after construction is complete and the project would not be economically feasible.

C. If the Applicant is unable to obtain 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 financial assistance? Describe.

No, the applicant would be unable to proceed with the proposed Project without the Agency's financial assistance. The impact on Nassau County would be the loss of an approximately eleven million dollar ($11,000,000.00) total investment which would have otherwise provided construction jobs and several full time jobs after the completion of construction.

D. Location of Project (attach map showing the location):

Street Address:

499 Ocean Avenue

City/Village(s):

Incorporated Village of East Rockaway

Town(s):

Hempstead

School District(s):

East Rockaway-19

Section: 38 Block: E Lot: 4, 16, 22

Section: 38 Block: A Lot: 120

Census Tract Number: 4121

Size of proposed facility real property
(i.e., acreage of land): .61 acres (26,597 sq. ft.)

Square Footage of Existing Improvements: 13,210 sq. ft.

If exact street address is not available, please provide a survey and the most precise description available.

F Describe the present use of the Project site: Office building with vacancies and some accessory warehousing.

E. (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: $ 21,393.23
School: $ 59,196.45
Village: $ Unknown

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

YES ___ NO unknown

G Describe Project ownership structure (*i.e.*, Applicant or other entity):

Applicant to own land and facilities.

H. 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.)

Building will be a self-storage facility.

I. If any space in the Project is to be leased to or occupied by third parties, 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

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

N/A

K. List principal items or categories of equipment to be acquired as part of the Project:

New construction of a self-storage facility

L. Will Project meet zoning/land use requirements at proposed location?

YES NO _X__

1. Describe present zoning/land use: Commerical-Recreation

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:

Variances for building height and number of off-street parking spaces from Zoning Board of Appeals are necessary.

M. 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

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

YES ____ NO _X (contract vendee)

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: REXNORD INDUSTRIES, LLC

O. 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 and indicate:

(a) Date signed: _February 23, 2015_____

(b) Purchase price: $ 900,000.00_____

(c) Closing date: TBD – Contingent on outcome of IDA financial assistance and variances from Village.

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

P. 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 _X_ NO ____ Sales of Services: YES _X_ NO ____

Q. 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):

A deteriorating, partially vacant office building with accessory warehousing will be demolished and replaced by a new, state of the art self-storage facility owned and operated by Safeguard. The facility will be approximately 70,977 sq. ft. and will produce a negligible amount of traffic, no impact to the local school district, and minimal impact to the local utilities and municipally-provided services.

R. Identify the following Project parties (if applicable):

Architect: NF Architectural Designs, PLLC
Engineer: TBD
Contractors: TBD

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

YES ____ NO X

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

YES ____ NO X

U. 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

PART III. PROJECT COSTS

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

	Item	Cost
1.	Land Acquisition	$ 900,000.00
2.	Building Acquisition	$ 0

3.	Construction or Renovation	$ 6,387,930.00
4.	Site Work	$ 300,000.00
5.	Infrastructure Work	$ 0
6.	Engineering Fees	$ 30,000.00
7.	Architectural Fees	$ 220,000.00
8.	Applicant's Legal Fees	$ TBD
9.	Financial Fees (incl. lender legal fees)	$ 0
10.	Other Professional Fees	$ 97,000.00
11.	Furniture, Equipment & Machinery (not included in 3. above)	$ 20,000.00
12.	Other Soft Costs (describe)	$ 373,500.00
13.	Other (describe)	$ 0
	Total	$ 8,328,430.00

B. Source of Funds for Project Costs:

a.	Bank Financing:	$
b.	Equity	$ 100%
	TOTAL	$ 8,328,430.00

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 _X – Initial due diligence and professional fees NO ____

D. Has the Applicant made any arrangement for the provision of third party financing? 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 _N/A

E. Construction Cost Breakdown:

Total Cost of Construction: $ 6,407,930 (sum of 3 and 11 in Question A above)

Cost for materials: $ 4,805,947.50

% Sourced in County: 50%

% Sourced in State: 75% (incl. County)

Cost for labor: $ 1,601,982.50

% Sourced in County: _____50%
% Sourced in State: _____75% (incl. County)

Cost for "other": $ 0_____
% Sourced in County: _____%
% Sourced in State: _____% (incl. County)

PART IV. COST/BENEFIT ANALYSIS

A. If the Applicant presently operates in Nassau County, provide the current annual payroll, excluding benefits. Estimate payroll, excluding benefits, in First Year, Second Year and Third Year after completion of the Project.

	Present	First Year	Second Year	Third Year
Full-time:	$ 0	$90,000.00	$92,700.00	$95,481.00
Part-time:	0	26,141.00	61,048.00	81,925.00
Seasonal:	0			
Total Annual Payroll:	$ 0	$116,141.00	$153,748.00	$177,406.00

What are the average wages of employees (excluding benefits) presently employed by the Applicant in Nassau County? $ 32,235 per employee

What is the average annual value of employee benefits paid per job, if any, for the employees presently employed by the Applicant in Nassau County? $4,916.00

What are the estimated average wages of the jobs (excluding benefits) to be created by the Applicant upon completion of the Project? $107,747 total annual wages

What is the estimated average annual value of employee benefits per job, if any, for jobs to be created upon completion of the Project? $4,916.00 per employee

Estimate the percentage of jobs to be created by the Applicant upon completion of the Project that will be filled by County residents: __100 %

Please note that 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 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_

(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:

60

C. What, if any, is the anticipated increase in the dollar amount of production, sales or services rendered as a result of the Project?

$890,216.00 in year four of operations.

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

100%

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

__None.

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):

	Amount	% Sourced in County	% Sourced in State
Year 1	$24,715	50%	100%
Year 2	$31,715	50%	100%
Year 3	$32,525	50%	100%

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:

The County will benefit from the demolition of a vacant, underutilized warehouse building with accessory offices. The building has been vacant for five years. The investment of more than ten million dollars

($10,000,000.00) to construct a new state of the art self storage facility which will generate approximately 60 temporary construction jobs and will generate approximately $125,000 in ancillary sales of packing materials annually which is subject to sales tax. Furthermore, the project will have zero impact on the local school district and negligible impact on traffic, utilities and municipal services as the use is low-intensive.

F. Costs to the County and affected municipalities:

Estimated Value of Sales Tax Exemption:	$414,512.97
Estimated Value of Mortgage Tax Exemption:	$ 0
Estimated Property Tax Exemption:	$ TBD
Existing Property Tax paid on the Land and/or Building: (please provide current tax bills)	$90,087.27 (See attached tax bills)
Estimated new Real Property Tax Revenue if the Project did **not** receive Real Property Tax exemption:	$ TBD
Estimated new Real Property Tax Revenue if the Project does receive Real Property Tax exemption:	$ TBD

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

Planning, Zoning and Building Department fees assessed by Village of East Rockaway.

PART V. PROJECT CONSTRUCTION SCHEDULE

A. Has construction work on the Project begun? If YES, indicate the percentage of completion:

1 (a) Site clearance	YES ___	NO X	___% complete
(b) Environmental Remediation	YES ___	NO X	___% complete
(c) Foundation	YES ___	NO X	___% complete
(d) Footings	YES ___	NO X	___% 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, renovation or acquisition of the Project?

TBD – Commencement is contingent on IDA financial assistance as well as relief from Village Zoning Board in the form of height and parking variances.

B. Provide an estimate of time schedule to complete the Project and when the first use of the Project is expected to occur (attach additional sheet if necessary):

Project should be completed within one year of commencement.

PART VI. ENVIRONMENTAL IMPACT

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

We believe that the Project will have minimal impact to the environment but we will comply with any/all mitigation efforts deemed necessary.

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

Name of Applicant: SAFEGUARD

Signature: _____

Name: JAMES GOONAN

Title: SVP

Date: 6-2-15

Sworn to before me this 2 day of June, 2015

Karen Weber

Notary Public

KAREN WEBER
Notary Public, State of New York
No. 01WE6014857
Qualified in Suffolk County
Commission Expires October 19, 2018

RULES AND REGULATIONS OF THE NASSAU COUNTY
INDUSTRIAL DEVELOPMENT AGENCY

The Nassau County Industrial Development Agency (the "Agency"), in order to better secure the integrity of the projects it sponsors, declares that it is in the public interest (i) to ensure the continuity of such projects and the jobs created by such projects, (ii) to prevent the conversion of the use of the premises upon which a sponsored project is to be constructed or renovated and (iii) to limit and prevent unreasonable profiteering or exploitation of a project, and does hereby find, declare and determine as follows:

FIRST:

Upon the approval of a sponsored project, the Agency shall take title to, or acquire a leasehold or other interest in, all premises upon which an Agency sponsored project is to be constructed or renovated, and shall lease, sublease, license, sell or otherwise transfer the premises to the Applicant for a term to be determined by the Agency.

At such time as, among other things, the Applicant fails to retain or create the jobs as represented in the Application or changes the use of the project or ownership of the project or the Applicant during the life of the project in a manner inconsistent with the Application, and such employment default or change of use or ownership does not meet with the prior written approval of the Agency, a recapture of benefits may be required to be paid by the Applicant to the Agency. The amount and sufficiency (with respect to a particular applicant) of the applicable recapture of benefits payment shall be determined by the Agency and shall be set forth in the straight lease documents.

SECOND:

At such time as a proposed Project is reviewed, the members of the Agency must disclose any blood, marital or business relationships they or members of their families have or have had with the Applicant (or its affiliates). The Applicant represents that no member, manager, principal, officer or director of the Applicant has any such relationship with any member of the Agency (or any member of the family of any member of the Agency).

THIRD:

All applicants must disclose whether they have been appointed, elected or employed by New York State, any political division of New York State or any other governmental agency.

FOURTH:

All proposed lenders, title companies and their respective attorneys must be satisfactory to and approved in writing by the Agency.

Understood and Agreed to:

Name of Applicant: SAFEGUARD

By: _____

Name/Title: JAMES GOONAN, SVP

CERTIFICATION AND AGREEMENT
WITH RESPECT TO FEES AND COSTS

The undersigned deposes and says: that I am an authorized representative of 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 and attachments thereto), and that said contents are true, correct and complete to my knowledge. Capitalized terms used but not otherwise defined in this Certification and Agreement shall have the meanings assigned to such terms in the Application.

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 and/or installation 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 counsel, economic development consultant, real property tax valuation consultant and other experts and consultants (if deemed necessary or advisable by the Agency), and (ii) all other expenses 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 is unable to secure 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 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 "straight lease" transaction, 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) 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) General Counsel Fee – One-tenth (1/10) of one percent (1%) of total project costs, with a minimum fee of $2,000.

(C) 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.

(D) Refinancings – The Agency fee shall be determined on a case-by-case basis.

(E) Assumptions – The Agency fee shall be determined on a case-by-case basis.

(F) Modifications – The Agency fee shall be determined on a case-by-case basis.

Transaction counsel fees and expenses are payable at closing and are based on the work performed in connection with the Project.

Upon the termination 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, transaction counsel, and all applicable recording, filing or other related fees, taxes and charges.

Name JAMES GOONAN
Title: SVP

Sworn to before me this 2
day of June, 2015

Notary Public

KAREN WEBER
Notary Public, State of New York
No. 01WE6014857
Qualified in Suffolk County
Commission Expires October 19, 2018

TABLE OF SCHEDULES:

Schedule	Title	Complete as Indicated Below
A.	Intentionally omitted	
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 Q.2. of Application
E.	Retail Questionnaire	If Applicant checked "YES" in Part II, Question P of Application (See Page 11)
F.	Applicant's Financial Attachments, consisting of:	All applicants

1. Applicant's audited 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.

5. Dun & Bradstreet report.

G.	Environmental Assessment Form	All applicants
H.	Other Attachments	As required

Schedule A

Intentionally omitted

Schedule B

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 on January 15. The Project documents will require the Applicant to provide such report to the Agency on or before January 1 of each 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. Please be advised that the New York State Industrial Development Agency Act imposes additional annual reporting requirements on the Agency, and the Applicant will be required to furnish information in connection with such reporting, as follows:

The following information must be provided for straight-lease transactions entered into or terminated 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.

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: SAFEGUARD

Signature:

Name: JAMES GOODMAN

Title: SVP

Date: 6-2-15

Schedule C

GUIDELINES FOR ACCESS TO EMPLOYMENT OPPORTUNITIES

INITIAL EMPLOYMENT PLAN

Prior to the granting of financial assistance, the Applicant shall complete the following employment plan:

Applicant Name: Safeguard Self Storage

Address: 105 Maxess Road, Suite 125, Melville, NY 11747

Type of Business: Self Storage

Contact Person: Jim Goonan Tel. No.: 631-539-0200

Please complete the following table describing the Applicant's projected employment plan following receipt of financial assistance:

Current and Planned Occupations (provide NAICS Code for each)	Current Number Full Time Equivalent Jobs Per Occupation		Estimated Number of Full Time Equivalent Jobs in the County After Completion of the Project:		
	County	Statewide	1 year	2 years	3 years
2 (531130)	8	54	10	10	10

Please indicate the number of temporary construction jobs anticipated to be created in connection with the acquisition, construction and/or renovation of the Project: Approximately sixty (60).

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

TBD – Dependent on outcome of IDA financial assistance application and relief from local zoning board.

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 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 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-MN) (first page only). 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: SAFEGUARD

Signature:

Name: JAMES GOONAN

Title: SVP

Date: 6.2.15

NYS-45-ATT (2/13) Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return - Attachment

ADP IS RESPONSIBLE FOR FILING THIS REPORT

Withholding identification number:

Employer legal name:

SAFEGUARD OPERATIONS LLC

Mark an X in the applicable box(es):

A. Original [X] or Amended return [ ]

Jan 1 - Mar 31 [ ] 1 | Apr 1 - Jun 30 [ ] 2 | July 1 - Sep 30 [ ] 3 | Oct 1 - Dec 31 [X] 4 | Year 14 (Y Y)

B. Other wages only reported on this page .... [ ]

C. Seasonal employer ..... [ ]

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC and Yonkers tax withheld
[redacted]				
[redacted]		7002.53	31162.33	932.44
[redacted]				
Page No. 2 of 7 Total this page only		99954.68	424455.42	22268.26
If first page, enter grand totals of all pages				

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

JQM / / 2014/4/03306

For office use only
Postmark | Received date

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

NYS-45-ATT (2/13) Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return - Attachment

ADP IS RESPONSIBLE FOR FILING THIS REPORT

Withholding identification number

Employer legal name:

SAFEGUARD OPERATIONS LLC

Mark an X in the applicable box(es).

A. Original [X] or Amended return [ ]

Jan 1 - Mar 31 [ ] 1 | Apr 1 - Jun 30 [ ] 2 | July 1 - Sep 30 [ ] 3 | Oct 1 - Dec 31 [X] 4 | Year 14 (Y Y)

B. Other wages only reported on this page ..... [ ]

C. Seasonal employer ..... [ ]

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see inst.)	e Total NYS, NYC, and Yonkers tax withheld
[redacted]				
[redacted]		8372.88	35945.74	2251.59
[redacted]				
Page No. 3 of 7 Total this page only		74704.95	375761.46	17666.10
If first page, enter grand totals of all pages				

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

JQM / / 2014/4/03306

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Postmark | Received date

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

NYS-45-ATT (2/13) **Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment**

ADP IS RESPONSIBLE FOR FILING THIS REPORT

Withholding identification number

Employer legal name:

SAFEGUARD OPERATIONS LLC

Mark an *X* in the applicable box(es):

A. Original [X] or Amended return [ ]

Jan 1 - Mar 31 [ ] 1 | Apr 1 - Jun 30 [ ] 2 | July 1 - Sep 30 [ ] 3 | Oct 1 - Dec 31 [X] 4 | Year 14 YY

B. Other wages only reported on this page ..... [ ]

C. Seasonal employer ..... [ ]

Quarterly employee/payee wage reporting information (*Do not enter negative numbers in columns c, d, and e; see instructions*)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
[redacted]				
[redacted]	[redacted]	7624.38	9304.38	360.58
[redacted]				
[redacted]	[redacted]	8161.72	30365.87	1073.65
[redacted]				
[redacted]	[redacted]	7766.42	32997.46	1240.10
[redacted]				
Page No. 4 of 7 Total this page only		143970.80	560121.09	26334.05
If first page, enter grand totals of all pages				

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

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PO BOX 4119
BINGHAMTON NY 13902-4119

NYS-45-ATT (2/13) **Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return - Attachment**

ADP IS RESPONSIBLE FOR FILING THIS REPORT

Withholding identification number

Employer legal name:

SAFEGUARD OPERATIONS LLC

Mark an X in the applicable box(es):

A. Original [X] or Amended return [ ]

Jan 1 - Mar 31 [ ] 1 | Apr 1 - Jun 30 [ ] 2 | July 1 - Sep 30 [ ] 3 | Oct 1 - Dec 31 [X] 4 | Year 14 YY

B. Other wages only reported on this page ..... [ ]

C. Seasonal employer ..... [ ]

Quarterly employee/payee wage reporting information (*Do not enter negative numbers in columns c, d, and e, see instructions*)				Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see inst.)	e Total NYS, NYC, and Yonkers tax withheld	
[redacted]					
[redacted]		6601.00	7815.68	266.38	
[redacted]					
[redacted]		7327.58	33867.03	1787.56	
Page No. 5 of 7 Total this page only.....		231784.25	1346690.21	97083.51	
If first page, enter grand totals of all pages					

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

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Postmark | Received date

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PO BOX 4119
BINGHAMTON NY 13902-4119

NYS-45-ATT (2/13) **Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return - Attachment**

ADP IS RESPONSIBLE FOR FILING THIS REPORT

Withholding identification number

Employer legal name:

SAFEGUARD OPERATIONS LLC

Mark an X in the applicable box(es):

A. Original [X] or Amended return [ ]

Jan 1 - Mar 31 [ ] 1 | Apr 1 - Jun 30 [ ] 2 | July 1 - Sep 30 [ ] 3 | Oct 1 - Dec 31 [X] 4 | Year 14 (Y Y)

B. Other wages only reported on this page [ ]

C. Seasonal employer [ ]

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
[redacted]		[redacted]	[redacted]	[redacted]
[redacted]		8455.50	18194.24	777.03
[redacted]		[redacted]	[redacted]	[redacted]
[redacted]		2055.06	24336.32	1104.04
[redacted]		20355.38	46241.14	2317.39
[redacted]		[redacted]	[redacted]	[redacted]
Page No. 6 of 7 Total this page only		71329.37	368311.14	19284.36
If first page, enter grand totals of all pages				

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

JQM / / 2014/4/03306

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Postmark | Received date

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

NYS-45-ATT (2/13) Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return - Attachment

ADP IS RESPONSIBLE FOR FILING THIS REPORT

Withholding identification number

Employer legal name:

SAFEGUARD OPERATIONS LLC

Mark an X in the applicable box(es)

A. Original [X] or Amended return [ ]

Jan 1 - Mar 31 [ ] 1 | Apr 1 - Jun 30 [ ] 2 | July 1 - Sep 30 [ ] 3 | Oct 1 - Dec 31 [X] 4 | Year 14 YY

B. Other wages only reported on this page ..... [X]

C. Seasonal employer ..... [ ]

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
[redacted]				

Page No. 7 of 7 Total this page only 13374.00

If first page, enter grand totals of all pages .....

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

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Postmark
Received date

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

NYS-45-ATT (2/13) Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment

ADP IS RESPONSIBLE FOR FILING THIS REPORT

Withholding identification number:

Employer legal name:

SAFEGUARD OPERATIONS LLC REPORT TOTAL

Mark an X in the applicable box(es):

A. Original [X] or Amended return [ ]

Jan 1 - Mar 31 [ ] 1 | Apr 1 - Jun 30 [ ] 2 | July 1 - Sep 30 [ ] 3 | Oct 1 - Dec 31 [X] 4 | Year 14 YY

B. Other wages only reported on this page ..... [ ]

C. Seasonal employer ..... [ ]

Quarterly employee/payee wage reporting information (*Do not enter negative numbers in columns c, d, and e, see instructions*)			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (*see instr.*)	e Total NYS, NYC, and Yonkers tax withheld
[redacted]				
Page No. 1 of 7 Total this page only				
If first page, enter grand totals of all pages		635118.05	3075339.32	182636.28

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

JQM / / 2014/4/03306

For office use only
Postmark | Received date

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

Schedule D

ANTI-RAIDING QUESTIONNAIRE

(To be completed by Applicant if Applicant checked "YES" in Part I, Question O.2 of the Application for Financial Assistance)

A. Will the completion of the Project result in the removal of a plant or facility of Applicant, or of a proposed occupant 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: _____

_____

Names of all current occupants 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 occupant of the Project, located in an area of the State of New York other than in Nassau County?

YES ____ NO __X__

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 _N/A__

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 occupant of the Project, in its industry?

YES ____ NO ____

E. Is the Project reasonably necessary to discourage the Applicant, or a proposed occupant 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.

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: SAFEGUARD

Signature:

Name: JAMES GOODMAN

Title: SVP

Date: 6.1.17

Schedule E

RETAIL QUESTIONNAIRE

(To be completed by Applicant if Applicant checked either "YES" in Part II, Question F 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 other sources) consist of facilities or property that are or will be primarily used in making retail sales to customers who personally visit the Project?

YES _X_ 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 other sources) 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?

_____1.34____%

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. Will the Project be operated by a not-for-profit corporation?

YES ____ NO ____

2. Is the Project likely to attract a significant number of visitors from outside the economic development region (i.e., Long Island) in which the Project is or will be located?

YES ____ NO ____

3. Would the Project occupant, but for the contemplated financial assistance from the Agency, locate the related jobs outside the State of New York?

YES ____ NO ____

4. 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 ____

5. Will the Project be located in one of the following: (a) an area designed as an economic development 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 5 of Question C is YES, attach details.

D. If the answer to any of the subdivisions 3 through 5 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: SAFEGUARD

Signature:

Name: JAMES GOONAN

Title: SVP

Date: 6.1.15

Schedule F

APPLICANT'S FINANCIAL ATTACHMENTS

Property Assumptions

Average Rate per Unit	$ [illegible]
Potential Rent Income	$ [illegible]
Potential Rents per Unit	$ 2,6[illegible]
Leasable Sq. Ft.	[illegible]
Office Square Feet	[illegible]
Efficiency Ratio	[illegible]
Total Number of Units	[illegible]
Expense Growth And RE Tax	[illegible]
Replacement Reserve Yr.	$ [illegible]

Project Schedule

Contract Date	[illegible]
Due Diligence Period (Days)	[illegible]
Closing Date	[illegible]
Start of Construction	[illegible]
End of Construction	[illegible]
Pre Development Period	[illegible]
Construction Period	[illegible]
Year Built	[illegible]

Project Cost

Site Development Costs	$ [illegible]
Land Cost	$ [illegible]
Remarketing Signage	$ [illegible]
Construction Costs	$ [illegible]
Equity Costs	$ [illegible]
Reserve Expense	$ [illegible]
Total	$ [illegible]
Total Project Cost (100%)	$ [illegible]
Total Cost per Unit	$ [illegible]

Financing Assumptions

Loan Advance Rate	[illegible]
Equity Acquired	$ [illegible]
Equity Required	$ [illegible]
Total Capital	$ [illegible]
Equity Split	[illegible]
Partner	[illegible]
Debt Coverage Acceptance	
Term Debt Loan to Value	[illegible]
Term Debt Interest Rate	[illegible]
Term Debt Period	[illegible]
Sell at Operating Month	[illegible]
Total Term Debt	$ [illegible]

Project Returns

Return on Cost	[illegible]
Cash on Cash	[illegible]
Equity Value Upon Sale	$ [illegible]
Revenue Cap Rate	[illegible]
Total Rental Yr. IRR Calc	[illegible]
Value/unit per square foot	$ [illegible]

Absorption Assumptions (s)

Lease Up Monthly Rentals	[illegible]
Stabilized Monthly Rentals	30.00
Lease Up Duration	[illegible]
Abs. Rentals to achieve Stab.	[illegible]
Average Lease Size	[illegible]
Vacant Rate	[illegible]
Capacity at Stabilization	[illegible]
3 Year Performance Growth	[illegible]

Absorption Comp Info

Comp avg Monthly Absorption	[illegible]
Historical Absorption	[illegible]

	Operating Years					SSS Comps
Revenues	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**12 Months Trailing**
Average SF Occupancy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Peak Occupancy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Rent Income	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	
Other Income	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	
Promotional (period)	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	
Total	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	
Expenses						
Administration	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]
Marketing	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]
Capital Reserves	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	
Insurance	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]
Maintenance	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]
Off-Site Management	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]
On-Site Management	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]
Real Estate Taxes	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]
Utilities	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]
Total Expenses	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	
Net Operating Income	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	

Schedule G

ENVIRONMENTAL ASSESSMENT FORM

Full Environmental Assessment Form
Part 1 - Project and Setting

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Sponsor Information.

Name of Action or Project: Safeguard Self Storage 499 Ocean Avenue East Rockaway		
Project Location (describe, and attach a general location map): 499 Ocean Avenue East Rockaway, NY		
Brief Description of Proposed Action (include purpose or need): Safeguard proposes to build a +/- 70,000 square foot self storage facility. Demand in the self storage industry is measured by square feet of self-storage divided by population or square foot per capita. The lower the number the greater the demand. The National square foot per capita is 7.35, New York State is 3.43. The trade market for this site has an existing supply of 2.73 square feet per capita indicating a strong demand for additional self storage facilities.		
Name of Applicant/Sponsor: Safeguard Properties III, LLC	Telephone: 631-539-0200 E-Mail: sbonilla@sageguardll.com	
Address: 109 Marcus Rd. Suite 123		
City/PO: Melville	State: NY	Zip Code: 11747
Project Contact (if not same as sponsor; give name and title/role): Stan Bonilla	Telephone: 631-539-0200 E-Mail: sbonilla@sageguardll.com	
Address: 109 Marcus Rd. Suite 123		
City/PO: Melville	State: NY	Zip Code: 11747
Property Owner (if not same as sponsor): Ellwood Industries, LLC	Telephone: 914-943-2528 E-Mail: ken.wilder@record.com	
Address: [illegible]		
City/PO: [illegible]	State: NY	Zip Code: [illegible]

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)		
Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Council, Town Board, or Village Board of Trustees ☐Yes☑No		
b. City, Town or Village Planning Board or Commission ☐Yes☑No		
c. City Council, Town or Village Zoning Board of Appeals ☑Yes☐No	Village Zoning Board: Use Variance, Height Variance, Parking Variance	June 1, 2015
d. Other local agencies ☐Yes☑No		
e. County agencies ☐Yes☑No		
f. Regional agencies ☐Yes☑No		
g. State agencies ☐Yes☑No		
h. Federal agencies ☐Yes☑No		

i. Coastal Resources.
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? ☐Yes☑No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? ☐Yes☑No
iii. Is the project site within a Coastal Erosion Hazard Area? ☐Yes☑No

C. Planning and Zoning

C.1. Planning and zoning actions.

Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? ☑Yes☐No

- If Yes, complete sections C, F and G.
- If No, proceed to question C.2 and complete all remaining sections and questions in Part I.

C.2. Adopted land use plans.

a. Do any municipally-adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? ☐Yes☐No
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? ☐Yes☐No

b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) ☐Yes☐No
If Yes, identify the plan(s):

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? ☐Yes☐No
If Yes, identify the plan(s):

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☑ Yes ☐ No
If Yes, what is the zoning classification(s) including any applicable overlay district?

b. Is the use permitted or allowed by a special or conditional use permit? ☐ Yes ☑ No

c. Is a zoning change requested as part of the proposed action? ☐ Yes ☑ No
If Yes,
i. What is the proposed new zoning for the site?

C.4. Existing community services.

a. In what school district is the project site located? East Rockaway

b. What police or other public protection forces serve the project site?
Nassau County Police

c. Which fire protection and emergency medical services serve the project site?
East Rockaway Fire Department

d. What parks serve the project site?

D. Project Details

D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Industrial- Self Storage warehousing

b. a. Total acreage of the site of the proposed action? 0.842 acres
b. Total acreage to be physically disturbed? 0.679 acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 0.842 acres

c. Is the proposed action an expansion of an existing project or use? ☐ Yes ☑ No
i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? %; Units:

d. Is the proposed action a subdivision, or does it include a subdivision? ☐ Yes ☑ No
If Yes,
i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)

ii. Is a cluster conservation layout proposed? ☐ Yes ☐ No
iii. Number of lots proposed?
iv. Minimum and maximum proposed lot sizes? Minimum Maximum

e. Will proposed action be constructed in multiple phases? ☐ Yes ☑ No
i. If No, anticipated period of construction: 12 months
ii. If Yes:
- Total number of phases anticipated
- Anticipated commencement date of phase 1 (including demolition) month year
- Anticipated completion date of final phase month year
- Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases:

f. Does the project include new residential uses? ☐ Yes ☑ No

If Yes, show numbers of units proposed.

	One Family	Two Family	Three Family	Multiple Family (four or more)
Initial Phase:				
At completion of all phases:				

g. Does the proposed action include new non-residential construction (including expansions)? ☑ Yes ☐ No

If Yes,

i. Total number of structures 1

ii. Dimensions (in feet) of largest proposed structure: 47.5' height; 180' width; and 140 length

iii. Approximate extent of building space to be heated or cooled: 70 000 square feet

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? ☐ Yes ☑ No

If Yes,

i. Purpose of the impoundment:

ii. If a water impoundment, the principal source of the water: ☐ Ground water ☐ Surface water streams ☐ Other specify:

iii. If other than water, identify the type of impounded contained liquids and their source:

iv. Approximate size of the proposed impoundment. Volume: million gallons; surface area: acres

v. Dimensions of the proposed dam or impounding structure: height; length

vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete):

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) ☐ Yes ☑ No

If Yes,

i. What is the purpose of the excavation or dredging? Minimal grading for foundation preparation

ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?

- Volume (specify tons or cubic yards):
- Over what duration of time?

iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them.

iv. Will there be onsite dewatering or processing of excavated materials? ☐ Yes ☑ No

If yes, describe:

v. What is the total area to be dredged or excavated? acres

vi. What is the maximum area to be worked at any one time? acres

vii. What would be the maximum depth of excavation or dredging? feet

viii. Will the excavation require blasting? ☐ Yes ☑ No

ix. Summarize site reclamation goals and plan:

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? ☐ Yes ☑ No

If Yes:

i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description):

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

No impact anticipated

iii. Will proposed action cause or result in disturbance to bottom sediments? ☐ Yes ☑ No

If Yes, describe:

iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation? ☐ Yes ☐ No

If Yes:

- acres of aquatic vegetation proposed to be removed:
- expected acreage of aquatic vegetation remaining after project completion:
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access):
- proposed method of plant removal:
- if chemical/herbicide treatment will be used, specify product(s):

v. Describe any proposed reclamation/mitigation following disturbance:

c. Will the proposed action use, or create a new demand for water? ☐ Yes ☑ No

If Yes:

i. Total anticipated water usage/demand per day: _____ gallons/day

ii. Will the proposed action obtain water from an existing public water supply? ☐ Yes ☐ No

If Yes:

- Name of district or service area:
- Does the existing public water supply have capacity to serve the proposal? ☐ Yes ☐ No
- Is the project site in the existing district? ☐ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☐ No
- Do existing lines serve the project site? ☐ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project? ☐ Yes ☐ No

If Yes:

- Describe extensions or capacity expansions proposed to serve this project:
- Source(s) of supply for the district:

iv. Is a new water supply district or service area proposed to be formed to serve the project site? ☐ Yes ☐ No

If Yes:

- Applicant/sponsor for new district:
- Date application submitted or anticipated:
- Proposed source(s) of supply for new district:

v. If a public water supply will not be used, describe plans to provide water supply for the project:

vi. If water supply will be from wells (public or private), maximum pumping capacity: minimal gallons/minute.

d. Will the proposed action generate liquid wastes? ☑ Yes ☐ No

If Yes:

i. Total anticipated liquid waste generation per day: _____ minimal gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each):

sanitary wastewater from facility lavatories

iii. Will the proposed action use any existing public wastewater treatment facilities? ☑ Yes ☐ No

If Yes:

- Name of wastewater treatment plant to be used: East Rockaway
- Name of district:
- Does the existing wastewater treatment plant have capacity to serve the project? ☐ Yes ☐ No
- Is the project site in the existing district? ☐ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☐ No

- Do existing sewer lines serve the project site? ☑ Yes ☐ No
- Will line extension within an existing district be necessary to serve the project? ☐ Yes ☑ No

  If Yes:
  - Describe extensions or capacity expansions proposed to serve this project: _____

iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? ☐ Yes ☑ No

If Yes:
- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- What is the receiving water for the wastewater discharge? _____

v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge, or describe subsurface disposal plans): _____

vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____

e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction? ☐ Yes ☑ No

If Yes:

i. How much impervious surface will the project create in relation to total size of project parcel?

____ Square feet or ____ acres (impervious surface)

____ Square feet or ____ acres (parcel size)

ii. Describe types of new point sources. _____

iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)? _____

- If to surface waters, identify receiving water bodies or wetlands: _____
- Will stormwater runoff flow to adjacent properties? ☐ Yes ☑ No

iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? ☑ Yes ☐ No

f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? ☐ Yes ☑ No

If Yes, identify:

i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) _____

ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) _____

iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____

g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? ☐ Yes ☑ No

If Yes:

i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) ☐ Yes ☐ No

ii. In addition to emissions as calculated in the application, the project will generate:

- _____ Tons/year (short tons) of Carbon Dioxide (CO_2)
- _____ Tons/year (short tons) of Nitrous Oxide (N_2O)
- _____ Tons/year (short tons) of Perfluorocarbons (PFCs)
- _____ Tons/year (short tons) of Sulfur Hexafluoride (SF_6)
- _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)
- _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? ☐Yes ☑No

If Yes:

i. Estimate methane generation in tons/year (metric): _____

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? ☐Yes ☑No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? ☐Yes ☑No

If Yes:

i. When is the peak traffic expected (Check all that apply): ☐ Morning ☐ Evening ☐Weekend ☐ Randomly between hours of _____ to _____

ii. For commercial activities only, projected number of semi-trailer truck trips/day: _____

iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____

iv. Does the proposed action include any shared use parking? ☐Yes ☐No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____

vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? ☐Yes ☐No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? ☐Yes ☐No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? ☐Yes ☐No

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? ☐Yes ☑No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: _____

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____

iii. Will the proposed action require a new, or an upgrade to, an existing substation? ☐Yes ☐No

l. Hours of operation. Answer all items which apply:

i. During Construction:

- Monday - Friday: 8 to 6
- Saturday: _____
- Sunday: _____
- Holidays: _____

ii. During Operations:

- Monday – Friday: 8-6
- Saturday: 8-6
- Sunday: 8-6
- Holidays: 8-6

m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? ☐Yes ☑No

If yes:

i. Provide details including sources, time of day and duration:

_____

ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen? ☐Yes ☐No

Describe: _____

n. Will the proposed action have outdoor lighting? ☐Yes ☑No

If yes:

i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:

_____

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? ☐Yes ☐No

Describe: _____

o. Does the proposed action have the potential to produce odors for more than one hour per day? ☐Yes ☑No

If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____

p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? ☐Yes ☑No

If Yes:

i. Product(s) to be stored _____

ii. Volume(s) _____ per unit time _____ (e.g., month, year)

iii. Generally describe proposed storage facilities: _____

q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? ☐Yes ☑No

If Yes:

i. Describe proposed treatment(s):

_____

ii. Will the proposed action use Integrated Pest Management Practices? ☐Yes ☐No

r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? ☐Yes ☑No

If Yes:

i. Describe any solid waste(s) to be generated during construction or operation of the facility:

- Construction: _____ tons per _____ (unit of time)
- Operation: _____ tons per _____ (unit of time)

ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:

- Construction: _____
- Operation: _____

iii. Proposed disposal methods/facilities for solid waste generated on-site:

- Construction: _____
- Operation: _____

c. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☑ No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____

ii. Anticipated rate of disposal/processing:

- _____ Tons/month, if transfer or other non-combustion thermal treatment, or
- _____ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: _____ years

f. Will proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☐ Yes ☑ No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____

ii. Generally describe processes or activities involving hazardous wastes or constituents: _____

iii. Specify amount to be handled or generated _____ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: _____

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☐ Yes ☐ No

If Yes: provide name and location of facility: _____

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: _____

E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site:

☐ Urban ☑ Industrial ☐ Commercial ☐ Residential (suburban) ☐ Rural (non-farm)
☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): _____

ii. If mix of uses, generally describe: _____

b. Land uses and covertypes on the project site.

Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces			
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: _____			

c. Is the project site presently used by members of the community for public recreation? ☐ Yes ☑ No

i. If Yes, explain _____

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? ☐ Yes ☑ No

If Yes,

i. Identify Facilities: _____

e. Does the project site contain an existing dam? ☐ Yes ☑ No

If Yes:

i. Dimensions of the dam and impoundment:

- Dam height: _____ feet
- Dam length: _____ feet
- Surface area: _____ acres
- Volume impounded: _____ gallons OR acre-feet

ii. Dam's existing hazard classification: _____

iii. Provide date and summarize results of last inspection: _____

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? ☐ Yes ☑ No

If Yes:

i. Has the facility been formally closed? ☐ Yes ☐ No

- If yes, cite sources/documentation: _____

ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____

iii. Describe any development constraints due to the prior solid waste activities: _____

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? ☐ Yes ☑ No

If Yes:

i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? ☐ Yes ☑ No

If Yes:

i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: ☐ Yes ☐ No

☐ Yes – Spills Incidents database — Provide DEC ID number(s): _____

☐ Yes – Environmental Site Remediation database — Provide DEC ID number(s): _____

☐ Neither database

ii. If site has been subject of RCRA corrective activities, describe control measures: _____

iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? ☐ Yes ☐ No

If yes, provide DEC ID number(s): _____

iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): _____

e. Is the project site subject to an institutional control limiting property uses? ☐ Yes ☑ No

- If yes, DEC site ID number: _____
- Describe the type of institutional control (e.g., deed restriction or easement): _____
- Describe any use limitations: _____
- Describe any engineering controls: _____
- Will the project affect the institutional or engineering controls in place? ☐ Yes ☐ No
- Explain _____

E.2. Natural Resources On or Near Project Site

a. What is the average depth to bedrock on the project site? >50 feet

b. Are there bedrock outcroppings on the project site? ☐ Yes ☑ No
If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %

c. Predominant soil type(s) present on project site: sand 100 %
_____ %
_____ %

d. What is the average depth to the water table on the project site? Average: 5 feet

e. Drainage status of project site soils: ☑ Well Drained: 100 % of site
☐ Moderately Well Drained: ____ % of site
☐ Poorly Drained ____ % of site

f. Approximate proportion of proposed action site with slopes: ☑ 0-10%: 100 % of site
☐ 10-15%: ____ % of site
☐ 15% or greater: ____ % of site

g. Are there any unique geologic features on the project site? ☐ Yes ☑ No
If Yes, describe: _____

h. Surface water features

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? ☐ Yes ☑ No

ii. Do any wetlands or other waterbodies adjoin the project site? ☑ Yes ☐ No

If Yes to either *i* or *ii*, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? ☑ Yes ☐ No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name _____ Classification _____
- Lakes or Ponds: Name _____ Classification _____
- Wetlands: Name _____ Approximate Size _____
- Wetland No. (if regulated by DEC) _____

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? ☐ Yes ☑ No

If yes, name of impaired water body/bodies and basis for listing as impaired: _____

i. Is the project site in a designated Floodway? ☑ Yes ☐ No

j. Is the project site in the 100 year Floodplain? ☑ Yes ☐ No

k. Is the project site in the 500 year Floodplain? ☐ Yes ☐ No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? ☑ Yes ☐ No
If Yes:

i. Name of aquifer: Nassau Suffolk Sole Source Aquifer

m. Identify the predominant wildlife species that occupy or use the project site: _____

n. Does the project site contain a designated significant natural community? ☐ Yes ☑ No

If Yes:

i. Describe the habitat/community (composition, function, and basis for designation): _____

ii. Source(s) of description or evaluation: _____

iii. Extent of community/habitat:

- Currently: _____ acres
- Following completion of project as proposed: _____ acres
- Gain or loss (indicate "+" or "-"): _____ (acres)

o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? ☐ Yes ☑ No

p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? ☐ Yes ☑ No

q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? ☐ Yes ☑ No

If yes, give a brief description of how the proposed action may affect that use: _____

E.3. Designated Public Resources On or Near Project Site

a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? ☐ Yes ☑ No

If Yes, provide county plus district name/number: _____

b. Are agricultural lands consisting of highly productive soils present? ☐ Yes ☑ No

i. If Yes: acreage(s) on project site? _____

ii. Source(s) of soil rating(s): _____

c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? ☐ Yes ☑ No

If Yes:

i. Nature of the natural landmark: ☐ Biological Community ☐ Geological Feature

ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____

d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? ☐ Yes ☑ No

If Yes:

i. CEA name: _____

ii. Basis for designation: _____

iii. Designating agency and date: _____

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places? ☐ Yes ☑ No

If Yes:

i. Nature of historic archaeological resource: ☐ Archaeological Site ☐ Historic Building or District

ii. Name: _____

iii. Brief description of attributes on which listing is based: _____

f. 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? ☐ Yes ☑ No

g. Have additional archaeological or historic site(s) or resources been identified on the project site? ☐ Yes ☑ No

If Yes:

i. Describe possible resource(s): _____

ii. Basis for identification: _____

h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? ☐ Yes ☑ No

If Yes:

i. Identify resource: _____

ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____

iii. Distance between project and resource _____ miles.

i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? ☐ Yes ☑ No

If Yes:

i. Identify the name of the river and its designation: _____

ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? ☐ Yes ☐ No

F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize the m.

G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name: [illegible] Date: 4/09/15

Signature: [illegible] Title: VP Development

PRINT FORM

Schedule H

OTHER ATTACHMENTS

A few salient points

- Safeguard Storage Properties is wholly-owned by a fund managed by
- Safeguard's parent has assets under management of over and shareholder equity of over $
- Safeguard's parent has investable cash well in excess of what would be required for this transaction
- Safeguard has zero debt (no lender authorization or covenants to consider)

Company Overview

- Headquartered in Atlanta, Georgia, Safeguard is a national developer, acquiror and operator of premium-branded self storage facilities in major urban infill markets
  - The Company's facilities are located in underserved, densely-populated urban markets, including the New York metropolitan area, Chicago, Florida, Louisiana, Philadelphia and New Jersey
  - Safeguard's properties are strategically situated on major thoroughfares characterized by high traffic counts and excellent access
- Safeguard's portfolio totals over 3.2 million square feet of storage space, comprising 60 wholly-owned operating facilities and with seven facilities currently in various stages of development
- The Company has fully integrated in-house capabilities to operate, develop and acquire self storage properties
  - Safeguard's platform supports existing operations by employing industry best practices and customized information technology
  - The Company has the expertise and team in place to continue to execute an aggressive growth strategy through in-house development and through targeted acquisitions
- The Company's premium asset quality, amenities, security and branding strategy allow it to differentiate itself in a highly fragmented industry
- The executive team has combined experience of over 125 years in real estate.

Premium facility quality, best-in-class customer service and a focus on technology come together within a fully integrated platform to deliver superior operating results

Integrated Platform

Proven integrated and scalable platform

Operations

- Demonstrated historical revenue and operating income growth
- Properties located in high-barrier-to-entry urban markets with strong self-storage demand
- Significant brand awareness and customer loyalty
- Exceptional leadership at the executive, regional and store levels
- Customized information systems that optimize property performance
- Dedicated call center that allows for centralized customer service and leasing

Developments

- Experienced in-house development team
- Proven ability to deliver
- Expertise in urban locations with extensive land and building constraints
- Innovative and branded facility design

Acquisitions

- Dedicated team with significant local market knowledge and sourcing capabilities
- Ability to close on deals quickly (ten days) with all-cash
- Strategy focused on individual and portfolio acquisitions of Class A properties in urban markets