

LOUIS H. FIORE
PARTNER
LFIORE@FORCHELLILAW.COM

March 19, 2024

Nassau County Industrial Development Agency 1 West Street Fourth Floor Mineola, New York 11501

Attention:

Mr. Sheldon L. Shrenkel,

Chief Executive Officer/ Executive Director

Re: 155 First Street, Mineola, New York

Dear Mr. Shrenkel:

Please be advised that this firm is representing 155 Associates LLC ("Applicant") in connection with the proposed redevelopment of its existing commercial property located at 155 First Street, Mineola, New York to include the construction of a proposed thirty (30) unit multifamily apartment building and the renovation of the existing office space (the "Project").

Applicant.

The majority owner of Applicant is Mr. Michael Ambrosino. Mr. Ambrosino is the sole or majority owner of three (3) of the four companies that currently lease space at the premises: Ambrosino Consultant Corp. ("Ambrosino CC") an award winning provider of construction management, general contracting and owner's representation services, ACC Real Estate Services, Inc. ("ACC"), a full service building management and leasing company specializing in commercial buildings in the tri-state area and Combined Resources Consulting & Design, Inc. ("CRCD"), a design-build firm which provides clients with quality construction documentation, architectural design concepts and engineering services. Mr. Ambrosino has over forty (40) years of experience in the construction and real estate industries and has built and/or managed projects totaling six (6) million square feet. In addition, the fourth tenant, The Law Offices of Frank J. Cassisi, P.C. (the "FJCPC") is wholly owned by Frank J. Cassisi, a member of Applicant. FJCPC is a pre-eminent personal injury firm and Mr. Cassisi has practiced law for over thirty-nine (39) years.

The Project.

The new project consists of the demolition of 10,000 square feet portion of the existing 20,000 square foot office building and constructing a 30,000 square foot addition to the building containing thirty (30) residential apartment units. The balance of the office space will also be renovated. Ambrosino CC, ACC, CRCD and FJCPC (the "Tenants") will each lease one of the four (4) commercial/office units in the Project. Applicant is investing approximately \$11,455,289 in constructing the Project

Three (3) of the residential apartment units will be designated as affordable/workforce housing units at or below eighty (80%) percent of AMI.

The Project is a transit-oriented development located within a short walking distance to the Mineola train station and in close proximity to a number of bus lines. The proximity to the train station and bus lines will facilitate and encourage residents to use mass transit and ultimately reduce the demand for automobiles.

While the primary benefit to the Village and the County of the Project will be the construction of the transit-oriented apartments (including the affordable/workforce housing units), the Project will also have the benefit of ensuring that the Tenants remain in Nassau County. Collectively, the Tenants currently employ 40 full time employees and Applicant will covenant to maintain ninety (90%) percent of that number or thirty-six (36) full time positions. Additionally, Applicant will create one (1) administrative position to manage the residential portion of the Project.

Requested Financial Assistance

Given the high financing costs, volatile property taxes, high construction costs and high interest rates in Nassau County and taking into consideration the affordable housing requirement, the projects are not feasible without the Agency's financial assistance. Without the IDA's assistance in reducing the development costs and providing stability and predictability with respect to the real estate taxes, the projects would likely be developed with an alternative use not as beneficial to the Village and Nassau County as a transit-oriented multifamily development. Additionally, without moving forward with the Project it is possible that property would be sold and the Tenants relocated outside of Nassau County.

Accordingly, Applicants request the following financial assistance from the Agency:

- 1. Applicants are requesting a twenty (20) year Payment in Lieu of Taxes ("PILOT") agreement, upon terms to be negotiated with the Agency.
- Applicants request a sales tax exemption with respect to the costs of constructing and equipping the project.
- 3. Applicants request a mortgage recording tax exemption with respect to Applicants' financing of the acquisition and construction of the project.

Enclosed please find a draft Applications for Financial Assistance for the proposed project. We have also included a check for \$10,000.00 representing the \$1,500.00 Application Fee, the \$3,500.00 Counsel Fee Deposit, the \$4,500.00 Cost/Benefit Deposit and the \$500.00 for the Valuation Deposit.

After you review the enclosed, please do not hesitate to contact the undersigned

Very truly yours,

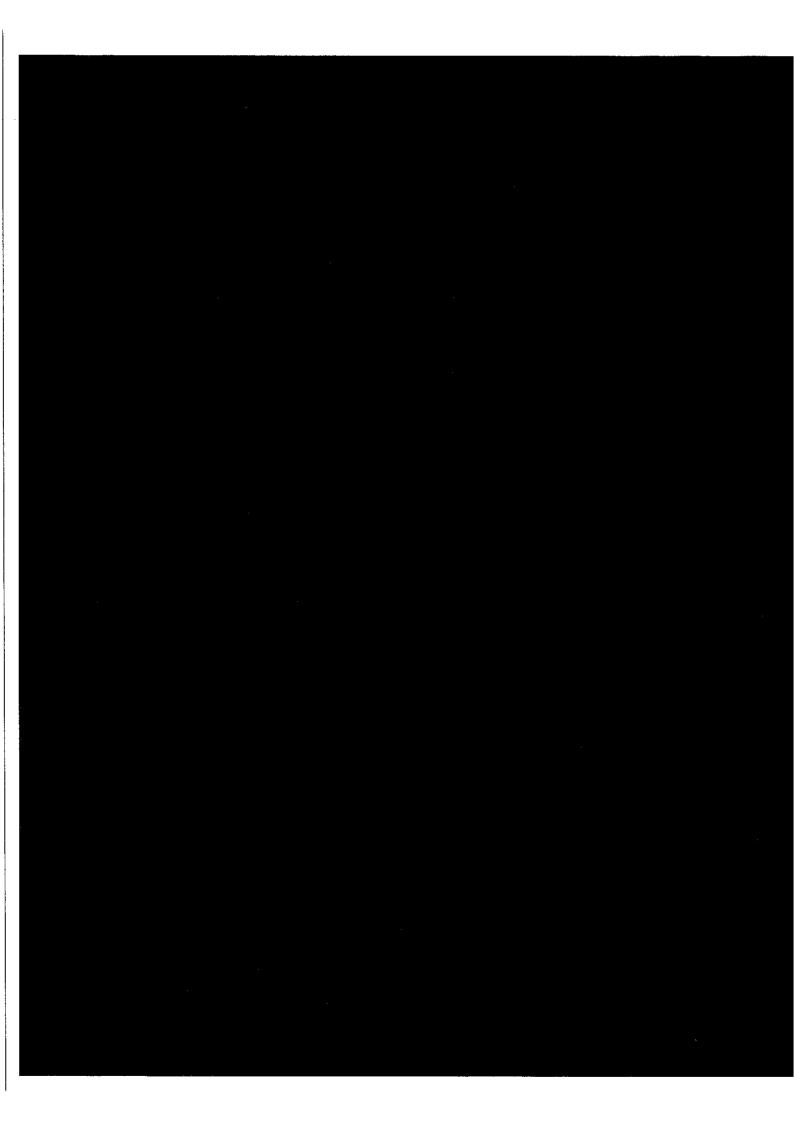
FORCHELLI DEEGAN TERRANA LLP

By:

Louis H. Fiore

LOUIS H. FIORE

Enclosure



NASSAU COUNTY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICATION OF:

155 Associates LLC, its affiliates and/or successors				
	APPLICANT NAME			

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

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

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

The following amounts are payable to the Nassau County Industrial Development Agency (the "Agency") at the time this Application is submitted to the Agency: (i) a \$1,500 nonrefundable application fee (the "Application Fee"); (ii) a \$3,500 expense deposit for the Agency's Transaction/Bond Counsel fees and expenses (the "Counsel Fee Deposit"), (iii) a \$4,500 expense deposit for the cost/benefit analysis with respect to the project contemplated by this Application (the "Cost/Benefit Deposit"), and (iv) a \$500 expense deposit for the real property tax valuation analysis, if applicable, with respect to the project contemplated by this Application (the "Valuation Deposit"). The Application Fee will not be credited against any other fees or expenses which are or become payable to the Agency in connection with this Application or the project contemplated herein (the "Project"). In the event that the subject transaction does not close for any reason, the Agency may use all or any part of the Counsel Fee Deposit, the Cost/Benefit Deposit and/or the Valuation Deposit to defray the cost of Transaction/Bond Counsel fees and expenses, the cost of obtaining a cost/benefit analysis and/or the cost of obtaining a real property tax valuation with respect to the Project. In the event that the subject transaction does close, the Counsel Fee Deposit, the Cost/Benefit Deposit and the Valuation Deposit shall be credited against the applicable expenses incurred by the Agency with respect to the Project.

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

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

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

March 15 2024	
DATE	

PART I. APPLICANT

A.	APPLICANT FOR FINANCIAL ASSISTANCE:				
	Name:155 Associates LLC, its affiliates and/or successors				
	Address: 155 First Street, Suite 103, Mineola, New York 11501				
	Fax: 516.644.2226				
	NY State Dept. of Labor Reg #:N/A Federal Employer ID #:				
	NAICS Code #:				
	Website: None				
	Name of CEO or Authorized Representative Certifying Application: Michael Ambrosino				
	Title of Officer: Member				
	Phone Number:E-Mail:				
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: New York; 2018				
	Qualified to do Business in New York: Yes X No No N/A				
C.	APPLICANT COUNSEL:				

	Firm name:	Forchelli Deegan Terrana LLP			
	Address:	333 Earle Ovington Bo	oulevard, Suite 1010		
		Uniondale, New York	11553		
	Primary Contact:	Daniel P. Deegan, Esq	•		
	Phone:	516.248.1700			
	Fax:	516.248.1729 DDeegan@Forchellila	w com		
	E-Mail:	DDeegan@Forenenna	tw.com		
Э.		kholders, members or par rights in Applicant):	rtners, if any (i.e., owners of 10% or me	ore of	
	Name		Percentage owned		
	Micha	ael Ambrosino	<u>75 %</u>		
	Frank	J. Cassisi	<u>25</u> %		
Ξ.	said persons,	owns more than a 50% ir	esponse to the preceding Question, or a atterest in the Applicant, list all other enter such persons having more than a 50%	tities which	
	Ambrosino Cons	sultant Corporation, ACC Real Es	state Services, Inc., Combined Resources Consulting	and Design, Inc., Excel Interior	
	Finishes, MSD2	HWY 49 LLC, MSD2 Prosperity	Church LLC, MSD2 Dixie River LLC, MSD2 Airp	oort Blvd LLC, MSD2 Pacific Blvd	
	LLC, MSD2 Wa	ike Forest LLC			
₹.			ntity by reason of more than 50% commelated entity and relationship:	non	
		YES	NO x		
			·		
G.	List parent co	orporation, sister corporat	tions and subsidiaries, if any:		
	None (ot	her than those listed in So	ection E above)		

H.	Has the Applicant (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing in the municipality in which this Project is located, whether by the Agency or another issuer, or in a contiguous municipality? ("Municipality" herein means city, town or village, or, if the Project is not in an incorporated city or village, Nassau County.) If YES, describe:			
	YES	NO X		
I.	or any principal(s) of the Applicant or aware of any threatened litigation that	ny, subsidiary, affiliate or related entity orpers its related entities involved in any litigation of would have a material adverse effect on the financial condition of said principal(s)? If YE	r	
	YES	NO X		
J.	person) or any principal(s) of the Appl concern with which such entities, person	eany, subsidiary, affiliate or related entity or icant or its related entities, or any other busingons or principal(s) have been connected, ever ditors rights or receivership proceedings or so ach details at Schedule I.	been	
	YES	NO X		
K.	person) or any principal(s) of the Appl any felony or misdemeanor (other than persons or principal(s) held positions of that has been convicted of a felony or	pany, subsidiary, affiliate or related entity or icant or its related entities, ever been convicted minor traffic offenses), or have any such related or ownership interests in any firm or corporation misdemeanor (other than minor traffic offenses a pending criminal proceeding or investigation	ated ion es), or	
	YES	NO X		
L.	person) or any principal(s) of the Appl concern with which such entities, pers for (or is there a pending proceeding o federal, state or local laws or regulatio	pany, subsidiary, affiliate or related entity or licant or its related entities, or any other busin ons or principal(s) have been connected, been r investigation with respect to) a civil violatio ns with respect to labor practices, hazardous ion, or other operating practices? If YES, atta	n cited on of	

	YES		NO X			
M.	Is the Applicant (or any pare or any principal(s) of the Ap with which such entities, per any of the foregoing persons or local tax obligations within	plicant or its related sons or principal(s) or entities been del	entities, or have been of inquent on	any other busine connected, deling any New York St	ss or concern quent or have ate, federal	
	YES		NO _	<u>X</u>		
N.	Complete the following info officers and members of the company, members and man	board of directors a	nd, in the ca			
	Name Michael Ambrosino	Title President	Other I Ambro	Business Affiliati sino Consultant C	ons Corporation	
	Frank J. Cassisi	Member	Law O	ffices of Frank J.	Cassisi P.C.	
	Do any of the foregoing prin State, any political division of YES, attach details at Sched	of New York State of		governmental ag		
	Are any of the foregoing pri- or any agency, authority, del governmental or quasi-governmental	partment, board, or o	y any federa commission	al, state or local n		
	YES		NO Z	<u> </u>		
O.	Operation at existing location location):	n(s) (Complete sepa	arate Section	n O for each exist	ting	
	1. (a) Location:155	First Street, Mineol	la, New Yor	rk 11501		
	(b) Number of Empl			Part-Time:		
	(c) Annual Payroll,	excluding benefits:	\$0 (see her tenants)	ein and Schedule	e I for payroll of existing	5
	(d) Type of operatio	n (e.g. manufacturir roducts or services:			etail, etc.)	
	(e) Size of existing to (i.e., acreage	facility real property of land):6204 a	acres			
		-				

	(f) Buildings (number and square footage of each):
	(g) Applicant's interest in the facility
_	FEE Title: X Lease: Other (describe below):
2	Will the completion of the proposed Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the Project, from one area of the State of New York (but outside of Nassau County) to a location in Nassau County or in the abandonment of such a plant or facility located in an area of the State of New York outside of Nassau County? If YES, complete the attached Anti-Raiding Questionnaire (Schedule D).
	YES NO X
3	Will the proposed Project result in the removal or abandonment of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the proposed Project, or a relocation of any employee of the Applicant, or any employee of a proposed user, occupant or tenant of the proposed Project, located within Nassau County? If YES, identify the location of the plant or facility and provide explanation.
	YES NO X
	as the Applicant considered moving to another state or another location within New ork State? If YES, explain circumstances.
	ork State? If YES, explain circumstances.
	ork State? If YES, explain circumstances. YES_X NO
- - Q. 1	ork State? If YES, explain circumstances. YES_X NO The project does not proceed, Applicant will likely sell the parcel and move its current busin

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 suchentities, persons or principal(s) have been connected, have any contractual or other relationship with the Agency or the County of Nassau? If YES, attach details at Schedule I.			
	YES NO X			
S.	Nature of Applicant's business (e.g., description of goods to be sold, products manufactured, assembled or processed, services rendered):			
	Applicant's affiliate Ambrosino Consultant Corporation and other related tenants are engaged i construction management, real estate management, architectural design and legal services In addition, Applicant plans on constructing thirty (30) apartments on the site.			
T.	ANY RELATED PARTY PROPOSED TO BE A USER OF THE PROJECT: Name: Ambrosino Consultant Corporation			
	Relationship to Applicant: Solely owned by Michael Ambrosino			
	Provide the information requested in Questions A through S above with respect to			

each such party by attachment at Schedule I.

Name: The Law Offices of Frank J. Cassisi, P.C.

Relationship to Applicant: Solely owned by Frank J. Cassisi. Name: ACC Real Estate, Inc.

Relationship to Applicant: Solely owned by Michael Ambrosino

Name: Combined Resources Consulting & Design, Inc.

Relationship to Applicant: Majority owned by Michael Ambrosino.

PART II, PROPOSED PROJECT

A.	Туре	s of Financial Assistance Requested:
		Tax-Exempt Bonds Taxable Bonds Refunding Bonds Sales/Use Tax Exemption Mortgage Recording Tax Exemption Real Property Tax Exemption Other (specify):
B.	Type	of Proposed Project (check all that apply and provide requested information):
		New Construction of a Facility Square footage:
	X	Addition to Existing Facility Square footage of existing facility: 20,000 sq. ft. (of which 10,000 sq.ft. will be demolished) Square footage of addition: 30,000 sq.ft.
	Ľo	Renovation of Existing Facility Square footage of area renovated: Square footage of existing facility: 20,000 sq.ft. (of which 10,000 sq.ft. will be demolished)
		Acquisition of Land/Building Acreage/square footage of land: Square footage of building:
	X 0	Acquisition of Furniture/Machinery/Equipment List principal items or categories: building equipment, appliances, furniture and other trade fixtures for office use and residentuial use
		Other (specify):
C.	neces	ly describe the purpose of the proposed Project, the reasons why the Project is sary to the Applicant and why the Agency's financial assistance is necessary, and ffect the Project will have on the Applicant's business or operations:

The purpose of the proposed project is to renovate the existing office space in the building (demolishing a 10,000 sq.ft.

portion thereof and to construct a four (4) story multifamily apartment addition above a new one (1) story parking garage. In total, thirty (30) new apartments will be constructed. The cost of maintaining offices in Nassau County has become prohibitive and without the additional income from the new residential units it is likely that income from the new residential units, it is likely that Ambrosio Consultant Corporation and the other related tenants would vacate the building and move to a new location, potentially outside of Nassau County. In such case, Applicant would likely sell the premises. In such event, it is possible that the residential units would not be constructed.

D.	Is there a likelihood that the proposed Project would not be undertaken by the Applicant but for the granting of the financial assistance by the Agency? (If yes, explain; if no, explain why the Agency should grant the financial assistance with respect to the proposed Project)				
	YES_X				
	Due to the high costs of construction, labor and general costs of doing business in Nassau County as				
	well as due to the high property taxes, the project would not be undertaken without financial assistance from the Agency.				
Е.	If the Applicant is unable to arrange Agency financing or other Agency financial assistance for the Project, what will be the impact on the Applicant and Nassau County? Would the Applicant proceed with the Project without Agency financing or other Agency financial assistance? Describe.				
	In such event, the project would not proceed and Mineola and the County would be deprived of the				
	thirty (30) new apartment units (which include 3 affordable units at 80% of AMI) and Ambrosino Consultant Corporation would likely relocate outside of Nassau County.				
F.	Location of Project:				
	Street Address: 155 First Street				
	City/Village(s): Mineola				
	Town(s):North Hempstead				
	School District(s): Mineola Union Free School District				
	Tax Map Section: 9 Block: 420 Lot: 26-29, 122, 124 & 125				
	Census Tract Number: 0303600				
G.	Present use of the Project site: Office Building				
H.	(a) What are the current real estate taxes on the Project site? (If amount of current taxes is not available, provide assessed value for each):				
	General: \$\\ \frac{21,675.34}{83,644.93}\$ Village: \$\\ \frac{16,506.33}{16,506.33}\$				
	(b) Are tax certiorari proceedings currently pending with respect to the Project real property? If YES, attach details at Schedule I including copies of pleadings, decisions, etc.				

	YES NO _X
Desc	cribe proposed Project site ownership structure (i.e., Applicant or other entity):
Ap	plicant owns fee simple title to the Premises.
be us mani	what purpose will the building or buildings to be acquired, constructed or renovated sed by the Applicant? (Include description of goods to be sold, products to be ufactured, assembled or processed and services to be rendered.) office building will be renovated and will continue to be used by the Ambrosino Consultant Corporation and the related tenants. Ambrosino Consultant Corporation and the related tenants provides construction agement services, real estate management services, architectural design services and legal services. The ad provide thirty (30) apartment units including three (3) affordable units.
If an relate remainding	y space in the Project is to be leased to or occupied by third parties (i.e., parties not ed to the Applicant), or is currently leased to or occupied by third parties who will as tenants, provide the names and contact information for each such tenant, eate total square footage of the Project to be leased to each tenant, and describe osed use by each tenant:
N/	-
Prov and (ride, to the extent available, the information requested, in Part I, Questions A, B, D O, with respect to any party described in the preceding response. Is the proposed Project meet zoning/land use requirements at proposed location?
Prov and (ride, to the extent available, the information requested, in Part I, Questions A, B, D O, with respect to any party described in the preceding response.
Prov and (ride, to the extent available, the information requested, in Part I, Questions A, B, D O, with respect to any party described in the preceding response. Is the proposed Project meet zoning/land use requirements at proposed location?
Prov and (ride, to the extent available, the information requested, in Part I, Questions A, B, D O, with respect to any party described in the preceding response. Is the proposed Project meet zoning/land use requirements at proposed location? YES_X
Prov and 0 N/A Does	ride, to the extent available, the information requested, in Part I, Questions A, B, D O, with respect to any party described in the preceding response. Is the proposed Project meet zoning/land use requirements at proposed location? YES_X

N.				currently hold a lease or li a copy of the lease/license	
O.	Ambrosino Does the App the Project sit		on currently leas	NOses the office building. currently hold fee title to ((i.e. own)
		YES_X		NO	
	If YES, indica	ite:			
	(a)	Date of purchase:07	//30/2019		
	(b)	Purchase price: \$_\$4	,140,000		
	(c)	Balance of existing m		9	
	(d)	-		and the second s	
	(e)	Special conditions:	None.		
	If NO, indicat	e name of present own	er of Project site	e:	
P.		licant or any related pe Project site and/or any l		ave an option or a contract Project site?	et to
		YES		NO X	
	If YES, attach	copy of contract or op	tion at Schedul	e I and indicate:	
	(a)	Date signed:	Section 1		
	(b)	Purchase price:	\$		
	(c)	Closing date:			
		d/or its principals) and		on control or ownership be Project (and/or its princi	
		VES		NO	

Q.	Will customers personally visit the Project site for either of the following economic activities? If YES with respect to either economic activity indicated below, complete the attached Retail Questionnaire (Schedule E).
	Sales of Goods: YESNOX Sales of Services: YESNOX
R.	Describe the social and economic conditions in the community where the Project site is or will be located and the impact of the proposed Project on the community (including impact on infrastructure, transportation, fire and police and other government-provided services):
	The Premises is currently underutilized as a 2 story office building. Due to the modest number of units
	being constructed and the new parking garage being built, there is not likely to be a substantial impact
	on infrastructure, transportation, fire, police and other governmental-provided services.
S.	Identify the following Project parties (if applicable):
Т.	Architect: Combined Resources Consulting and Design, Inc. Engineer: North Coast Civil Contractors: Ambrosino Consultant Corporation Will the Project be designed and constructed to comply with Green Building Standards? (if YES, describe the LEED green building rating that will be achieved):
	YES NO _X
U.	Is the proposed Project site located on a Brownfield? (if YES, provide description of contamination and proposed remediation)
	YES NO _X
V.	Will the proposed Project produce a unique service or product or provide a service that is not otherwise available in the community in which the proposed Project site is located?
	YESNO X

PART III. CAPITAL COSTS OF THE PROJECT Provide an estimate of cost of all items listed below: Ltem			YESN	10 <u>X</u>	
Provide an estimate of cost of all items listed below: Item	-		PART III. CAPITAL COSTS OF TH	E PROJI	ECT
1. Land and/or Building Acquisition 2. Building Demolition 3. Construction/Reconstruction/Renovation 4. Site Work 5. Infrastructure Work 6. Architectural/Engineering Fees 7. Applicant's Legal Fees 8. Financial Fees 9. Other Professional Fees 10. Furniture, Equipment & Machinery Acquisition (not included in 3. above) 11. Other Soft Costs (describe) * 12. Other (describe) *third party reports, title, temporary utilities, interest, taxes, insurance, supervision, permit fees, contingency Total Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: b. Taxable IDA Bonds: c. Conventional Mortgage Loans: \$ 0 8,542,500 \$ 8,542,500 \$ 10. In Item 3. 165,000 \$ 25,000 \$ 220,000 \$ n/a \$ 2,502,789 \$ 11,455,289	Pro	vide an e			il-Death.
1. Land and/or Building Acquisition 2. Building Demolition 3. Construction/Reconstruction/Renovation 4. Site Work 5. Infrastructure Work 6. Architectural/Engineering Fees 7. Applicant's Legal Fees 8. Financial Fees 9. Other Professional Fees 10. Furniture, Equipment & Machinery Acquisition (not included in 3. above) 11. Other Soft Costs (describe) * 12. Other (describe) *third party reports, title, temporary utilities, interest, taxes, insurance, supervision, permit fees, contingency Total Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: b. Taxable IDA Bonds: c. Conventional Mortgage Loans: \$ 0 8,542,500 \$ 8,542,500 \$ 10. In Item 3. 165,000 \$ 25,000 \$ 220,000 \$ n/a \$ 2,502,789 \$ 11,455,289			Item		Cost
2. Building Demolition 3. Construction/Reconstruction/Renovation 4. Site Work 5. Infrastructure Work 6. Architectural/Engineering Fees 7. Applicant's Legal Fees 8. Financial Fees 9. Other Professional Fees 10. Furniture, Equipment & Machinery Acquisition (not included in 3. above) 11. Other Soft Costs (describe)* 12. Other (describe) 12. Other (describe) 13. Other (describe) 14. Other Soft Costs (describe) 15. Taxable IDA Bonds: 16. Soft Costs 16. Soft		1.		\$	
3. Construction/Reconstruction/Renovation 4. Site Work 5. Infrastructure Work 6. Architectural/Engineering Fees 7. Applicant's Legal Fees 8. Financial Fees 9. Other Professional Fees 10. Furniture, Equipment & Machinery Acquisition (not included in 3. above) 11. Other Soft Costs (describe) 12. Other (describe) 13. Other (describe) 14. Other Soft Costs (describe) 15. Other (describe) 16. Total 17. Total 18. Tax-Exempt IDA Bonds: 19. Taxable IDA Bonds: 10. Furniture, Equipment & Machinery Acquisition (not included in 3. above) 11. Other Soft Costs (describe) 12. Other (describe) 13. Total 14. Styles 15. Taxable IDA Bonds: 16. Architectural/Engineering Fees 17. Application of the Architectural/Engineering Fees 17. Application of the Architectural/Engineering Fees 17. Architectural/Engineering Fees 17. Architectural/Engineering Fees 17. Architectur					0
5. Infrastructure Work 6. Architectural/Engineering Fees 7. Applicant's Legal Fees 8. Financial Fees 9. Other Professional Fees 10. Furniture, Equipment & Machinery Acquisition (not included in 3. above) 11. Other Soft Costs (describe) 12. Other (describe) *third party reports, title, temporary utilities, interest, taxes,insurance, supervision, permit fees, contingency Total Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: b. Taxable IDA Bonds: c. Conventional Mortgage Loans: sincl. in Item 3. incl. in Item 25,000 incl. in Item 3. incl. in Item 25,000 incl. in Item 2			0	_	
5. Infrastructure Work 6. Architectural/Engineering Fees 7. Applicant's Legal Fees 8. Financial Fees 9. Other Professional Fees 10. Furniture, Equipment & Machinery Acquisition (not included in 3. above) 11. Other Soft Costs (describe)* 12. Other (describe) 13. Other (describe) 14. Other Soft Costs (describe) 15. Other (describe) 16. Taxable IDA Bonds: 17. Taxable IDA Bonds: 18. Taxable IDA Bonds: 19. Total Solution (Incl. in Item 3. 165,000 16. 165,000 17. 25,000 18. 165,000 19. 220,000 10. 220,000 10. 220,000 11. 10. 4 12. 11. 455,289 11. 455,289 11. 455,289		125.00		55 U.S.	
6. Architectural/Engineering Fees \$\frac{165,000}{7}\$. Applicant's Legal Fees \$\frac{25,000}{8}\$. Financial Fees \$\frac{220,000}{9}\$. Other Professional Fees \$\frac{10.}{220,000}\$ Furniture, Equipment & Machinery Acquisition (not included in 3. above) 11. Other Soft Costs (describe) *\frac{1}{2}\$. Other (describe) \$\frac{1}{2}\$. Other (describe) \$\frac{1}{2}\$. Total \$\frac{11,455,289}{11,455,289}\$ Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: \$\frac{1}{2}\$ \frac{1}{2}\$ \frac{1}{2				\$	incl. in Item 3.
7. Applicant's Legal Fees \$\frac{25,000}{8}\$. Financial Fees \$\frac{220,000}{9}\$. Other Professional Fees \$\frac{1}{20,000}\$ 9. Other Professional Fees \$\frac{1}{20,000}\$ 10. Furniture, Equipment & Machinery \$\frac{1}{20,000}\$ Acquisition (not included in 3. above) 11. Other Soft Costs (describe) \$\frac{1}{20,000}\$ *third party reports, title, temporary utilities, interest, taxes, insurance, supervision, permit fees, contingency Total \$\frac{1}{20,000}\$ Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: \$\frac{1}{20,000}\$ Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: \$\frac{1}{20,000}\$ b. Taxable IDA Bonds: \$\frac{1}{20,000}\$ \$\frac{1}{20,000					
8. Financial Fees \$\frac{220,000}{9}\$. Other Professional Fees \$\frac{10}{10}\$. Furniture, Equipment & Machinery \$\frac{10}{10}\$. Other Soft Costs (describe) *\frac{11}{10}\$. Other Soft Costs (describe) *\frac{11}{10}\$. Other (describe) \$\frac{11}{10}\$. Other (describe) \$\frac{11}{10}\$. Other (describe) \$\frac{11}{10}\$. Other (describe) \$\frac{11}{10}\$. Total \$\frac{11}{10}\$. Taxable IDA Bonds: a. Tax-Exempt IDA Bonds: b. Taxable IDA Bonds: c. Conventional Mortgage Loans: \$\frac{11}{10}\$. Soft Costs (describe) \$\frac{11}{10}\$. Soft Costs: \$\frac{11}{10}\$. Taxable IDA Bonds: \$\frac{11}{10}\$. Soft Costs: \$\frac{11}{10}\$. Soft C				-	
9. Other Professional Fees 10. Furniture, Equipment & Machinery Acquisition (not included in 3. above) 11. Other Soft Costs (describe)* 12. Other (describe) *third party reports, title, temporary utilities, interest, taxes,insurance, supervision, permit fees, contingency Total Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: b. Taxable IDA Bonds: c. Conventional Mortgage Loans: \$ n/a				_	
10. Furniture, Equipment & Machinery Acquisition (not included in 3. above) 11. Other Soft Costs (describe)* 12. Other (describe) *third party reports, title, temporary utilities, interest, taxes, insurance, supervision, permit fees, contingency Total Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: b. Taxable IDA Bonds: c. Conventional Mortgage Loans: \$ n/a 9,500,000				500 L	
Acquisition (not included in 3. above) 11. Other Soft Costs (describe)* 12. Other (describe) *third party reports, title, temporary utilities, interest, taxes,insurance, supervision, permit fees, contingency Total Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: b. Taxable IDA Bonds: c. Conventional Mortgage Loans: \$ 2,502,789 \$ 11,455,289 \$ 11,455,289					
11. Other Soft Costs (describe) * \$		10.		Φ_	
*third party reports, title, temporary utilities, interest, taxes,insurance, supervision, permit fees, contingency Total Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: b. Taxable IDA Bonds: c. Conventional Mortgage Loans: \$ 11,455,289		11		\$	2,502,789
*third party reports, title, temporary utilities, interest, taxes, insurance, supervision, permit fees, contingency Total \$\] Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: b. Taxable IDA Bonds: c. Conventional Mortgage Loans: \$\] \[\begin{array}{cccccccccccccccccccccccccccccccccccc				¢_	
Estimated Sources of Funds for Project Costs: a. Tax-Exempt IDA Bonds: b. Taxable IDA Bonds: c. Conventional Mortgage Loans: \$\frac{11,455,289}{\text{11}}\$\$ \$\frac{11,455,289}{\text{11}}\$	*third now			Ψ_	
a. Tax-Exempt IDA Bonds: \$\frac{n}{a}\$ b. Taxable IDA Bonds: \$\frac{n}{a}\$ c. Conventional Mortgage Loans: \$\frac{9,500,000}{9}\$				\$_	11,455,289
b. Taxable IDA Bonds: c. Conventional Mortgage Loans: s	Esti	mated S	Sources of Funds for Project Costs:		
b. Taxable IDA Bonds: c. Conventional Mortgage Loans: s	a	Тач	Evennt IDA Bonds	\$	n/a
c. Conventional Mortgage Loans: \$ 9,500,000				-	
c. Conventional Wortgage Loans.					
O SOM OF OTHER CHOVERHINE HISTORIAN OF A 11/4					
	d.		atify:	-	

	f. g.	Other Loans: Equity Investment: (excluding equity attributable	e to grants/tax	\$ \$ credits)	n/a 1,955,289
			TOTAL	\$	11,455,289
	What p	percentage of the total project l/financed from public sector s	costs are sources: 0	%	
C.	purcha	any of the above costs been passe orders) as of the date of this te sheet.			
		YES		NO X	_
D.		ems of working capital, movir ed in the proposed uses of the ::			
		YES	NO	N	OT APPLICABLE X
	-				
Е.	applic	ny of the funds to be borrower able, be used to repay or refin nding bond issue? If YES, pro	ance an existin		
		YES	NO	NOT AP	PLICABLE X
F.	or the whom	ne Applicant made any arrange provision of other third party (subject to Agency approval) issued with respect to such fin	financing (if ag and provide a	pplicable)?	If YES, indicate with
		YES	NO	NOT AP	PLICABLE X

G. Constituction Cost Dicardov	G.	Construction	Cost	Breakdow	n
--------------------------------	----	--------------	------	----------	---

Total Cost of Construction: \$\\\\ 8,542,500 \qquad \text{(sum of 2-5 and 10 in Question A above)}

Cost for materials: \$\,\ 5,125,500 \\
% Sourced in County: 90 \%

% Sourced in State: 90 % (incl. County)

% Sourced in State: 90 % (incl. County)

Cost for "other": \$______%

% Sourced in County: ______% (incl. County)

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

PART IV. COST/BENEFIT ANALYSIS

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

	Present	First Year	Second Year	Third Year
Full-time:	\$_3,683,869	\$ 3,683,869	\$_3,683,869	\$3,683,869
Part-time:1				

* includes Ambrosino Consultant Corp., ACC Real Estate Services, Inc., Combined Resources Consulting & Design, Inc. and The Law Offices of Frank I. Cassisi, P.C. List the average salaries or provide ranges of salaries for the following categories of jobs (on a full-time equivalency basis) projected to be retained/created in Nassau County as a result of the proposed Project:

Category of Jobs	Average Salary or Range	Average Fringe Benefits or
to be Retained:	of Salary:	Range of Fringe Benefits
Management	\$216,841	\$15,805
Professional	\$93,888	\$10,718
Administrative	\$45,771	\$7,893
Production	\$0	\$0
Supervisor	\$0	\$0
Laborer	\$59,050.08	\$9,600.00

* includes Ambrosino Consultant Corp., ACC Real Estate Services, Inc., Combined Resources Consulting & Design, Inc. and The Law Offices of Frank J. Cassisi, P.C.

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

Independent Contractor ²	\$0	\$0
Other	\$0	\$0

Category of Jobs	Average Salary or Range	Average Fringe Benefits or
to be Created:	of Salary:	Range of Fringe Benefits
Management	\$0	\$0
Professional	\$0	\$0
Administrative	\$45,771	\$5000.00
Production	\$0	\$0
Supervisor	\$0	\$0
Laborer	\$0	\$0
Independent		27
Contractor ³	\$0	\$0
Other	\$0	\$0

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

В.	(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:

40	

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

 $[\]frac{3}{2}$ As used in this chart, this category includes employees of independent contractors.

		s n/a	
		Ψ	
What perce	ntage of the foregoing	amount is subject to New Yor	k sales and use tax?
(including)	production, sales or ser	c's total dollar amount of productivices rendered following componomic development region (i.	pletion of the Project) ar
		n/a%	
above and	ny other municipal revalury PILOT payments) Permit Application Fee		Project (excluding the
Laurence and the same and the s			
the Applica	int for each year after	innual amount of goods and se completion of the Project and	what portion will be
the Applica	int for each year after	nnual amount of goods and se completion of the Project and in the County and the State (in	what portion will be
the Applica	int for each year after	completion of the Project and	what portion will be
the Applica sourced fro	ant for each year after of m businesses located in Amount	completion of the Project and in the County and the State (in	what portion will be cluding the County):
the Applica	ant for each year after on businesses located in	completion of the Project and in the County and the State (in % Sourced in County	what portion will be cluding the County):

Please note that incentives from the NCIDA are considered "public funds" unless otherwise excluded under Section 224-a(3) of the New York Labor Law. Other than the estimates of incentives if awarded pursuant hereto, NCIDA makes no representations or covenants with respect to the total sources of "public funds" received by you in connection with your project.

By completing this Section of the Application, Applicant (i) acknowledges that the estimated sales tax exemption benefit, the estimated mortgage recording tax benefit and the estimated PILOT benefit amount, if any, as so identified in this Application and if awarded constitute "public funds" unless otherwise excluded under Section 224-a(3) of the New York Labor Law (ii) confirms that it has received notice from the Agency pursuant to Section 224-a(8)(d) of the New York Labor Law and (iii) acknowledges its obligations pursuant to Section 224-a(8)(a) of the New York

Labor Law. F. Estimated Value of Requested Financial Assistance: 442,074.38 Estimated Value of Sales Tax Benefit: (i.e., gross amount of cost of goods and services that are subject to state and local sales and use taxes multiplied by 8.625%) 71,250 Estimated Value of Mortgage Tax Benefit: (i.e., principal amount of mortgage loans loans multiplied by [0.75%]) Estimated Property Tax Benefit: Will the proposed Project utilize a property tax No exemption benefit other than from the Agency: (if so, please describe) Term of PILOT Requested: _20 years 121,825 Existing Property Taxes on Land and Building: \$ 616,826 Estimated Property Taxes on completed Project: \$ (without Agency financial assistance) NOTE: Upon receipt of this Application by the Agency, the Agency's staff will create a PILOT schedule and estimate the amount of PILOT Benefit/Cost utilizing anticipated tax rates and assessed valuation, and attach such information as Exhibit A hereto. Describe and estimate any other one-time municipal revenues (not including fees payable G. to the Agency) that the Project will create:

Building Permit Application Fees.

PART V. PROJECT SCHEDULE

A.	If applicable, has construction/reconstruction/renovation work on the Project begun? If YES, indicate the percentage of completion:									
	1.	(a) Site clearance	YES	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_	<u>X</u>	% complete				
		(g) Masonry	YES	NO_	X	% complete				
		(h) Interior	YES	NO_	<u>X</u>	% complete				
		(i) Other (describe below):	YES	NO_	X	% complete				
	2. If NO to all of the above categories, what is the proposed date of construction, reconstruction, renovation, installation or equippin Project?									
		August, 2024								
	·									
B.		Provide an estimate of time schedule to complete the Project and when the first use of the Project is expected to occur:								
	twenty-four (24) months									
					and a continuous services as the continuous services and the continuous services are the continuous services as the continuous services are th					
		PART VI. ENV	IRONMENTA	AL IMI	PACT					
A.		What is the expected environmental impact of the Project? (Complete the attached Environmental Assessment Form (Schedule G)).								
	The project is not expected to have any significant negative environmental impact.									
			20							

В.	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)?					
	YESNO	X				
C.	Applicant the preparation and delivery to the and scope satisfactory to the Agency, de	equire at the sole cost and expense of the see Agency of an environmental report in form expending on the responses set forth in the environmental report has been or is being ase 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.					
inform		ander penalties of perjury, that the answers and e, exhibit or statement attached hereto are true, e of the undersigned.				
		Name of Applicant: 155 Associates, LLC Signature: Michael Ambrosino Title: Member Date: March 3, 2024				
Sworr day of	to before me this 13 March, 20 24 Notary Public					

EILEEN RUFHANO
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RU4996851
Qualified in Nassau County
Commission Expires May 26, 2026

CERTIFICATIONS AND ACKNOWLEDGMENTS OF THE APPLICANT

FIRST:

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

SECOND:

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

THIRD:

The Applicant hereby certifies that neither the Applicant nor any of its affiliates, nor any of their respective partners, members, shareholders or other equity owners (other than equity owners of publicly-traded companies), nor any of their respective employees, officers, directors, or representatives (i) is a person or entity with whom United States persons or entities are restricted from doing business under regulations of the Office of Foreign Asset Control (OFAC) of the Department of the Treasury, including those named on OFAC's Specially Designated and Blocked Persons List, or under any statute, executive order or other governmental action, or (ii) has engaged in any dealings or transactions or is otherwise associated with such persons or entities.

FOURTH:

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

FIFTH:

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

SIXTH:

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

SEVENTH:

Th	e Applicant	hereby	certifies	that,	as of	f the	date	of 1	this	Applica	ition,	the .	Appli	icant i	is in	subs	stant	ia
compliance	with all pro	ovisions	of Articl	le 18- <i>i</i>	\ of	the C	Gener	al N	∕luni	cipal La	aw, ir	aclud	ling, t	out no	t lin	nited	to, t	he
provisions	of Section 85	59-a and	Section	862(1)	ther	reof.												

-		 _		
14.		 11	ш	•
	LT			Ξ

(i) Does the Project propose the creation of housing?					
YES X NO					
If YES, how many units? 30					
If YES, the Applicant hereby certifies that:					
(a) the Applicant has adopted a Fair Housing/Equal Housing Opportunity Policy substantially in the form of Exhibit B to this Application;					
(b) the proposed Project complies with applicable fair housing laws and that eligibility criteria for housing in any part of the Project will not include any residency requirements or preferences, including durational ones, age restrictions (unless for senior housing permitted by law), or other discriminatory criteria;					
(c) the Applicant (1) has posted its Fair Housing/Equal Housing Opportunity Policy publicly; and (2) will display fair housing law posters for consumers in its rental or sales office(s), in a form substantially similar to the model fair housing posters attached to this Application as Exhibit C (the Agency will provide applicants with fair housing law posters for display upon request by an applicant); and					
(d) key employees of the Applicant in charge of marketing and rental of the Project have completed (or will complete within one year of closing) four (4) hours of fair housing training provided by Long Island Housing Services ("LIHS") at a reasonably acceptable time and location and at no additional cost to the Applicant. In the event LIHS declines to provide or make available reasonably acceptable no-cost fair housing training, the provisions of this Certification VIII(i)(d) shall cease to be of any force and effect.					
(ii) If YES to (i) above, does the Project propose the creation of "affordable" or "workforce" housing ("Affordable Housing")?					
YES X NO					
If YES, the Applicant hereby certifies that the Applicant (1) has adopted a non-discriminatory affirmative marketing plan that meets the criteria set forth in Exhibit D to this Application; and (2) will submit such marketing plan to the Agency in writing prior to closing.					
If YES, answer the following questions:					
(a) What portion of the Project would consist of Affordable Housing (e.g., number of units)?					
3 units					
in the second contract of the second contract					

(b)	What are the eligibility requirements for the Affordable Housing?
	Incomes of tenants of the affordable/workforce units must not exceed 80% of Average Median Income.
(c)	Cite the specific source of such eligibility requirements (e.g., federal, state or local law).
	Village Approvals

Name of Applicant: 155 Associates, LLC

Name: Michael Ambrosino
Title: Member

CERTIFICATION AND AGREEMENT WITH RESPECT TO FEES AND COSTS

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

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

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

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

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

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

- (A) Taxable Bond Issues Six-tenths (6/10) of one percent (1%) for the first twenty million dollars (\$20,000,000) of total project costs and, if applicable, two-tenths (2/10) of one percent (1%) for any additional amounts in excess of twenty million dollars (\$20,000,000) of total project costs
- (B) Tax-Exempt Bond Issues Six-tenths (6/10) of one percent (1%) of total project costs.
- (C) Straight-Lease Transactions Six-tenths (6/10) of one percent (1%) for the first twenty million dollars (\$20,000,000) of total project costs and, if applicable, two-tenths (2/10) of one percent (1%) for any additional amounts in excess of twenty million dollars (\$20,000,000) of total project costs
- (D) General Counsel Fee One-tenth (1/10) of one percent (1%) of total project costs, with a minimum fee of \$4,000.
- (E) All Initial Transactions Two Thousand Five Hundred Dollars (\$2,500) closing compliance fee payable at closing and One Thousand Dollars (\$1,000) per year (or part thereof) administrative fee, payable in advance, at the closing for the first year (or part thereof) and on January 1st of each year for the term of the financing. The annual service fee is subject to periodic review and may be adjusted from time to time in the discretion of the Agency.
- (F) Refundings The Agency fee shall be determined on a case-by-case basis.
- (F) Assumptions The Agency fee shall be determined on a case-by-case basis.
- (G) Modifications The Agency fee shall be determined on a case-by-case basis, but in accordance with the following schedule.
 - A basic Consent \$750
 - A Transfer of Benefits
 - Basic \$3.000
 - Complex \$6,000
 - Extensions \$1,000
- (H) Terminations The Agency fee shall be determined on a case-by-case basis, but in accordance with the following schedule.
 - Basic \$2,000
 - Complex \$2,500

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

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

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

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

5 Associates, LLC

Name Michael Ambrosino
Title: Member

Subscribed and affirmed to me this 13

day of/)March 13, 2024

Notary Public

EILEEN RUFHANO
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RU4996851
Qualified In Nassau County
Commission Expires May 26, 2026

TABLE OF SCHEDULES:

The Late of Section Control of the C						
Schedule	Title	Complete as Indicated Below				
A.	Tax-Exempt Bond Manufacturing Questionnaire	If Applicant checked "YES" in Part I, Question H of Application, if applicable[[
В.	New York State Financial and Employment Requirements for Industrial Development Agencies	All applicants				
C.	Guidelines for Access to Employment Opportunities	All applicants				
D.	Anti-Raiding Questionnaire	If Applicant checked "YES" in Part I, Question O.2. of Application				
E.	Retail Questionnaire	If Applicant checked "YES" in Part II, Question Q of Application				
		Question Q of Approximen				
F.	Applicant's Financial Attachments, consisting of:	All applicants				
	Applicant's financial statements for the in Applicant's annual reports).	last two fiscal years (unless included				
	2. Applicant's annual reports (or Form 10-K's) for the two most recent fiscal year					
	3.Applicant's quarterly reports (Form 10-Q's) and current reports (Form 8-K's) since most recent Annual Report, if any.					
	any anticipated Guarantor of the propos	tion described above in items F1, F2, and F3 of ed transaction, if different than the Applicant, nt of any anticipated Guarantor that is a natural				
G.	Environmental Assessment Form	All applicants				
H.	Form NYS-45 (and 45-ATT)	All applicants				
I.	Other Attachments	As required				

Schedule A

TAX-EXEMPT BOND MANUFACTURING QUESTIONNAIRE

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

s necessary.	Please complete the following questions for each facility to be financed. Use additional page					
1.	1. Describe the production process which occurs at the facility to be financed.					
2.	line, employee lunchroo parking, research, sales,	m, offices, restrooms, storage, wa etc.) and location in relation to pr	I in squarefootage) (e.g., production urehouse, loading dock, repair shop roduction (e.g., same building, eprints of the facility to be financed.			
FUNCT		LOCATION	SQ. FOOTAGE			
***************************************			-			
		TOTAL				
3.	Of the space allocated to production, etc.) and loo building, off-site, etc.).	o offices above, identify by function in relation to production (e.	ion (e.g., executive offices, payroll, g., same building, adjacent land or			
FUNC'	<u> </u>	LOCATION	SQ. FOOTAGE			
·			-			
***************************************	-					
		TOTAL				

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

4.

	SQ. FOOTAGE	LOCATION
	Raw Materials used for production of manufactured goods	
	Finished product storage	
	Component parts of goods manufactured at the facility	
	Purchased component parts	
	Other (specify)	•
	TOTAL	
5.	List raw materials used at the fact product(s).	ility to be financed in the processing of the finished
6.	List finished product(s) which are	e produced at the facility to be financed.
	GNED HEREBY CERTIFIES that ed hereto are true and correct.	the answers and information provided above and in any
		Name of Applicant: 155 Associates LLC Signature: Michael Antrosino Title: Men byn Date: 3/19/24

Schedule B

NEW YORK STATE FINANCIAL AND EMPLOYMENT REPORTING REOUIREMENTS FOR INDUSTRIAL DEVELOPMENT AGENCIES

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

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

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

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

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

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

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

Name of Applicant:

Signature:
Name:
Title:
Date:

Michael Ambrosino
Member
March 17, 2024

Schedule C

GUIDELINES FOR ACCESS TO EMPLOYMENT OPPORTUNITIES

INITIAL EMPLOYMENT PLAN

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

Applicant Name:	155 Associates, LLC	Manager Land Control Control
Address:	155 First Street, Mineola, New York	
Type of Business:	Real Estate Holding Entity	
Contact Person:	Michael Ambrosino	Tel. No.:

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

		Estimated Number of Full Time Equivalent Jobs After Completion of the Project: ⁴		Estimate of Number of Residents of the LMA ⁵ that would fill such jobs by the third year	
Current and Planned Occupations	Present Jobs Per Occupation	1 year	2 years	3 years	
Management	5	5	5	5	5
Professional	19	19	19	19	19
Administrative	15	16	16	16	16
Production	0	0	0	0	0
Supervisor	0	0	0	0	0
Laborer	1	1	1	1	1
Independent Contractor	0	0	0	0	0
Other (describe)	0	0	0	0	0

Includes FTE's created/maintained by the commercial tenants of the Building

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

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

Please indicate the number of temporary construction jobs anticipated to be created in connection with the acquisition, construction and/or renovation of the Project:40				
Please indicate the estimated hiring dates for the new jobs shown above and any special recruitment or training that will be required:				
All positions are currently filled except one (1) add	litional administrative FTE with be hired upon			
completion of the project to manage the residentia	I units.			
Are the Applicant's employees currently covered by a colle	ctive bargaining agreement?			
YES	NO X			
IF YES, Union Name and Local:				
Please note that the Agency may utilize the foregoing employed determine the financial assistance that will be offered by the acknowledges that the transaction/bond documents may include above number of jobs, types of occupations and amount of	e Agency to the Applicant. The Applicant clude a covenant by the Applicant to retain the			
Attached hereto as Schedule H is a true, correct and complete copy of the Applicant's most recent Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return (Form NYS-45 and 45-ATT). Upon request of the Agency, the Applicant shall provide such other or additional information or documentation as the Agency may require with respect to the Applicant's current employment levels in the State of New York. The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.				
	Name of Applicant: Signature: Name: Title: Date: Michael Ambrosino Member March 13, 2024			

Schedule D

ANTI-RAIDING OUESTIONNAIRE

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

A.	Will the completion of the Project result in the removal of a plant or facility of the Applicant, or of a proposed user, occupant or tenant of the Project, or a relocation of any employee of the Applicant or of a proposed user, occupant or tenant of the Project, from an area in New York State (but outside of Nassau County) to an area within Nassau County?			
	YES	NO	<u>X</u>	
If the	the answer to Question A is YES, please provide the following is	nforma	tion:	
Addre	ddress of the to-be-removed plant or facility or the plants or facil	ities fro	om which employees are relocated:	

Name	ames of all current users, occupants or tenants of the to-be-remov	ved plan	nt or facility:	

В.	Will the completion of the Project result in the aba facilities of the Applicant, or of a proposed user, o located in an area of the State of New York other t	ccupar	nt or tenant of the Project,	
	YES	NO	X	
If the	the answer to Question B is YES, please provide the following	informa	ition:	
Addresses of the to-be-abandoned plants or facilities:				
Name	ames of all current occupants of the to-be-abandoned plants or fa		:	
-				

C.	Has the Applicant contacted the local industrial development agency at which its current plants or facilities in New York State are located with respect to the Applicant's intention to move or abandon such plants or facilities?			
	YES	NO		
If the ar	nswer to Question C is YES, please provide details	in a separate attachment.		
IF THE	ANSWER TO EITHER QUESTION A OR B IS "	YES", ANSWER QUESTIONS D AND E.		
D.	Is the Project reasonably necessary to preserve the competitive position of the Applicant, or of a proposed user, occupant or tenant of the Project, in its industry?			
	YES	NO		
E.	Is the Project reasonably necessary to discord occupant or tenant of the Project, from remoutside of the State of New York?			
	YES	NO		
IF THE SEPAR	E ANSWER TO EITHER QUESTION D OR E IS " LATE ATTACHMENT.	YES", PLEASE PROVIDE DETAILS IN A		
	ingly, the Applicant certifies that the provisions of spiolated if financial assistance is provided by the Ag			
NOTE: If the proposed Project involves the removal or abandonment of a plant or facility of the Applicant, or a proposed user, occupant or tenant of the Project, within the State of New York, notification will be made by the Agency to the chief executive officer(s) of the municipality or municipalities in which such plant or facility was located.				
THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.				
		Name of Applicant: Signature: Name: Title: Date: Michael Ambrosino Member March / 3, 2024		

Schedule E

RETAIL OUESTIONNAIRE

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

A.	other th	y portion of the Project (incl nan Agency financing) consist g retail sales to customers wh	st of facilities or proper	ty that are or will be prima	
		YES		NO X	
Tax La	w of the ty (as def	Question A, the term "retail State of New York (the "Tax fined in Section 1101(b)(4)(i) the Project.	x Law") primarily enga	ged in the retail sale of tar	ngible personal
B.	of the c	nswer to Question A is YES cost to be financed from equicilities or property primarily	ty or sources other than	Agency financing) will b	e expended on
		ally visit the Project?	used in making retains	ales of goods of services	to customers who
				_%	
C.		nswer to Question A is YES e whether any of the following		ed for Question B is greate	er than 33.33%,
	1.	Is the Project likely to attra development region (i.e., Notes located?	act a significant number Vassau and Suffolk Cou	r of visitors from outside inties) in which the Projec	the economic et is or will be
		YES		NO	
	2.	Is the predominant purpose not, but for the Project, be within which the Project w trade facilities offering suc	reasonably accessible to rill be located, because	o the residents of the city	, town orvillage
		YES		NO	
	3.	Will the Project be located pursuant to Article 18-B or numbering area (or census according to the most rece which the data relates, or a an unemployment rate of a which the data relates?	f the General Municipa tract or block numberin nt census data, has (i) a at least 20% of the house	l Law; or (b) a census traces are contiguous thereto poverty rate of at least 20 eholds receiving public as	ct or block b) which, 0% for the year in ssistance, and (ii)
		YES		NO	

	If the answer to any of the subdivisions 1 through 3 of Question C is YES, attach details.				
D.	If the answer to any of the subdivisions 2 through 3 of Question C is YES, will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? If YES, attach details.				
	YES	NO			
E.	State percentage of the Applicant's annual gross re	evenues comprised of each of the following:			
	Retail Sales:%	Services:%			
F.	State percentage of Project premises utilized for same:				
	Retail Sales:%	Services:%			
	TDERSIGNED HEREBY CERTIFIES that the answ nt attached hereto are true, correct and complete.	vers and information provided above and in any			
		Name of Applicant: Signature: Name: Title: Date: Michael Ambrosino Member March / ζ, 2024			

Schedule F

APPLICANT'S FINANCIAL ATTACHMENTS

155 Associates LLC

Profit and Loss

January - December 2023

	TOTAL
Income	
Billable Expense Income	0.00
Sales	583,963.12
Unapplied Cash Payment Income	0.00
Total Income	\$583,963.12
GROSS PROFIT	\$583,963.12
Expenses	
Bank Charges & Fees	85.18
Building Permits	1,979.33
Carting	18,825.68
Contractors	14,424.69
Insurance	9,681.63
Interest Paid	236,241.66
Janitorial	8,421.90
Job Supplies	35.17
Legal & Professional Services	6,037.00
NYS Income Tax	175.00
Office Supplies & Software	1,424.22
Repairs & Maintenance	9,083.86
Security	550.00
Service Contracts	2,200.00
Swap Loan Interest	-72,926.33
Taxes & Licenses	
Town of Mineola	16,430.34
Town of North Hempstead- School Taxes	135,338.13
Total Taxes & Licenses	151,768.47
Unapplied Cash Bill Payment Expense	0.00
Utilities	44,568.63
Total Expenses	\$432,576.09
NET OPERATING INCOME	\$151,387.03
Other Expenses	
Amortization Expense	5,936.00
Depreciation Expense	107,317.77
Total Other Expenses	\$113,253.77
NET OTHER INCOME	\$ -113,253.77
NET INCOME	\$38,133.26

155 Associates LLC

Balance Sheet

As of December 31, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
TD BUSINESS CONVENIENCE PLUS (5855)	32,711.12
Total Bank Accounts	\$32,711.12
Other Current Assets	
Uncategorized Asset	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$32,711.12
Fixed Assets	
Accumulated Depreciation	-478,458.39
Building	3,337,000.00
Building Improvements	873,393.03
Land	829,600.00
Total Fixed Assets	\$4,561,534.64
Other Assets	
Accumulated Amortization	-26,712.01
Closing Costs	89,040.02
Total Other Assets	\$62,328.01
TOTAL ASSETS	\$4,656,573.77
LIABILITIES AND EQUITY	
Liabilities	
Long-Term Liabilities	
Mortgage	3,279,857.54
Mortgage - Swap Loan	404,400.72
Total Long-Term Liabilities	\$3,684,258.26
Total Liabilities	\$3,684,258.26
Equity	
Opening Balance Equity	0.00
Owner's Investment	0.00
Owner's Pay & Personal Expenses	-60,000.00
Owners' Equity	994,182.25
Net Income	38,133.26
Total Equity	\$972,315.51
TOTAL LIABILITIES AND EQUITY	\$4,656,573.77

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 applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project:		
155 First Street Mineola		
Project Location (describe, and attach a general location map):		
155 First Street, Mineola, New York, west of Willis Avenue, east of Main Street; SCTM# 9-420	0-26,27,28,29,122,124&125 (See att	ached location map)
Brief Description of Proposed Action (include purpose or need):		
The proposed action involves the removal of 10,000 SF of an existing 20,000 SF commercial and construction of a new 4-story multi-dwelling residential building. The proposed 12,551 SF remaining 10,000 SF commercial building and include an at grade/ ground level parking lot wiresidential apartments above. A total of 28 one-bedroom apartments and 2 studio apartments affordable housing per the Long Island Housing Act and the remaining 27 will be rented at ma Village Trustees for area variances pursuant to Village Code Section 550-15.3, as well as site construct and maintain the four story multifamily residential apartment building in the B-2 Zoni The applicant now seeks a Payment In-Lieu of Taxes (PILOT) agreement from the Nassau Co Host Benefit Agreement to be executed by the applicant which will include a schedule of payr the Village for hosting the project.	(footprint) residential building will be ith 54 on-site parking spaces and a t are proposed. Of these 30 units, 3 warket rates. The applicant has been go be plan, architecture and special use paing District under the Village's Histor ounty Industrial Development Agencounty Industrial Development Agence	e connected to the otal of three stories of will be marketed as granted relief from the permit approvals to ic Overlay District Law.
Name of Applicant/Sponsor:	Telephone: (516) 644-2222	a
Salvatore Ferrera, RA, President, Combined Resources Consulting and Design, Inc	E-Mail: sferrara@crcd.info	
Address: 155 First Street	-	
City/PO: Mineola	State: NY	Zip Code: 11501
Project Contact (if not same as sponsor; give name and title/role):	Telephone: (516) 248-1700	
Louis Fiore, Forchelli Deegan Terrana, LLP	E-Mail: Ifoire@forchellilaw.com	
Address: 333 Earle Ovington Blvd, Suite 1010		
City/PO:	State:	Zip Code:
Uniondale	NY	11553
Property Owner (if not same as sponsor):	Telephone:	
55 Associates LLC E-Mail:		
Address: 666 OLD COUNTRY ROAD, SUITE 207		
City/PO: Garden City	State: NY	Zip Code:

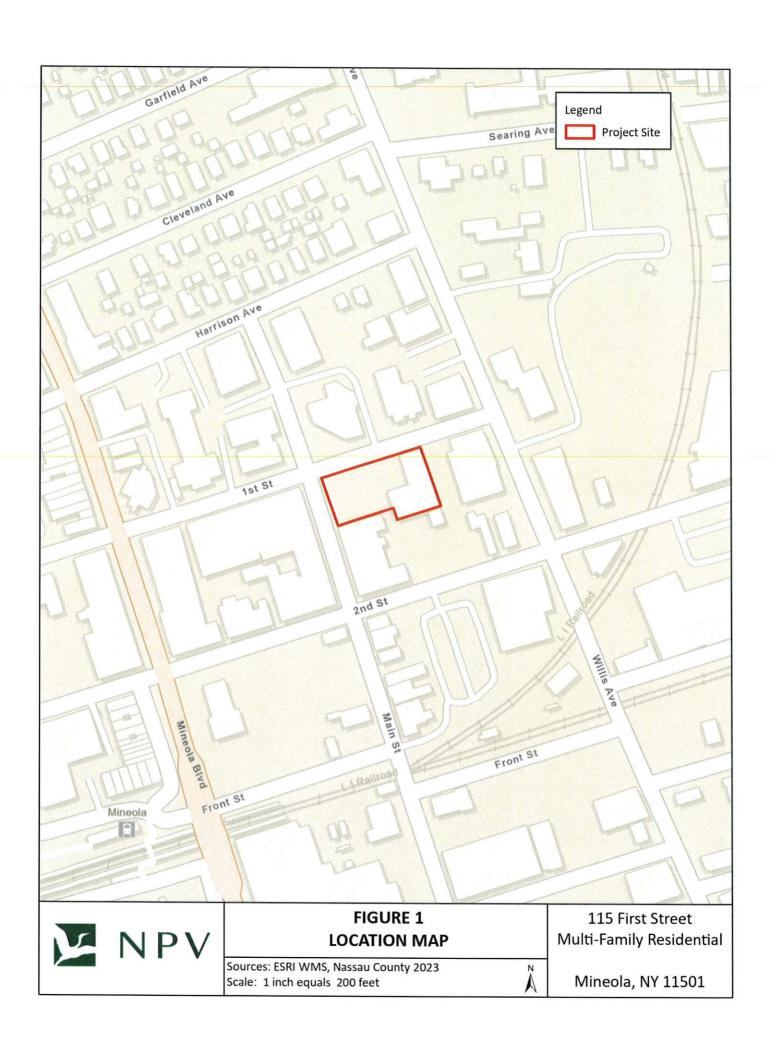






FIGURE 2 AERIAL MAP

Sources: NYS Orthophotograph 2023, Nassau County 2023 N Scale: 1 inch equals 150 feet 115 First Street Multi-Family Residential

Mineola, NY 11501

B. Government Approvals

B. Government Approvals, Funding, or Spon assistance.)	sorship. ("Funding" includes grants, loans, ta	ax relief, and any other forms of financial			
Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)			
a. City Counsel, Town Board, ✓ Yes No or Village Board of Trustees	Board of Trustees - special use permit, site plan, architecture, variance relief per Sec. 530-13.3	Approvals granted on October 11, 2023			
b. City, Town or Village ☐Yes ☑No Planning Board or Commission					
c. City, Town or ☐Yes ✓No Village Zoning Board of Appeals					
d. Other local agencies ☐Yes ☑No					
e. County agencies ✓Yes□No	Nassau County Planning Commission - Resolution No. 10545-23, Nassau County IDA	Matter for local determination dated October 5, 2023; NCIDA PILOT resquest, March 2024			
f. Regional agencies ☐Yes ☑No					
g. State agencies ☐Yes ☑No					
h. Federal agencies					
i. Coastal Resources. i. Is the project site within a Coastal Area, or	or the waterfront area of a Designated Inland W	aterway? □Yes ✓No			
ii. Is the project site located in a communityiii. Is the project site within a Coastal Erosion	with an approved Local Waterfront Revitaliza Hazard Area?	tion Program? ☐ Yes ✓ No ☐ Yes ✓ No			
C. Planning and Zoning					
C.1. Planning and zoning actions.					
 Will administrative or legislative adoption, or an only approval(s) which must be granted to enable If Yes, complete sections C, F and G. If No, proceed to question C.2 and con 		-			
C.2. Adopted land use plans.					
a. Do any municipally- adopted (city, town, vil where the proposed action would be located?) include the site ∠ Yes No			
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?					
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?) If Yes, identify the plan(s): □ Yes ▶ No □ Yes ▶ N					
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? 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. If Yes, what is the zoning classification(s) including any applicable overlay district? B-2 Special Business Zone and Historic Overlay District	V Yes □No
b. Is the use permitted or allowed by a special or conditional use permit?	∠ Yes N o
c. Is a zoning change requested as part of the proposed action? If Yes, i. What is the proposed new zoning for the site?	□Yes☑No
C.4. Existing community services.	
a. In what school district is the project site located? Mineola Union Free School District	
b. What police or other public protection forces serve the project site? Nassau County Police Department Third Precinct	
c. Which fire protection and emergency medical services serve the project site? Mineola Fire Department	
d. What parks serve the project site? Mineola Memorial Park	
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, components)? Mix-used (Proposed multi-family residential apartments and ground-level open parking garage; exist office/ business space to remain) 	include all sting professional
b. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 62 acres 63 acres	
c. Is the proposed action an expansion of an existing project or use? i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, square feet)? %+46.63 (SF Coverage) Units: 30 Residential units	✓ Yes No housing units,
d. Is the proposed action a subdivision, or does it include a subdivision? If Yes, i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)	□Yes ☑ No
ii. Is a cluster/conservation layout proposed?iii. Number of lots proposed?	□Yes□No
e. Will the proposed action be constructed in multiple phases? i. If No, anticipated period of construction: ii. If Yes: • Total number of phases anticipated • Anticipated commencement date of phase 1 (including demolition) • Anticipated completion date of final phase • Generally describe connections or relationships among phases, including any contingencies where progres determine timing or duration of future phases:	☐ Yes ☑ No s of one phase may

f Does the proje	ct include new res	idential uses?			
If Yes, show nur	nbers of units prop	nosed			✓ Yes ☐ No
	One Family	Two Family	Three Family	Multiple Family (four or more)	
Initial Phase		-		30	
At completion of all phases			(I	30	
If Yes,		e new non-residenti	al construction (inclu	nding expansions)?	□Yes No
iii. Approximate	(in feet) of largest e extent of building	g space to be heated	or cooled:	width; andlength	
liquids, such a If Yes,	s creation of a wa	ter supply, reservoir	, pond, lake, waste la	l result in the impoundment of any agoon or other storage?	□Yes ☑ No
i. Purpose of the	e impoundment: _ ooundment, the pri	ncipal source of the	water:	Ground water Surface water stre	ams Other specify:
iii. If other than	water, identify the	type of impounded/	contained liquids and	d their source.	
v. Dimensions of	of the proposed da	m or impounding str	ructure:	million gallons; surface area: height; length ructure (e.g., earth fill, rock, wood, co	
D.2. Project Op	perations				
(Not including materials will a lift Yes:	general site prepa emain onsite)	ration, grading or in	stallation of utilities	uring construction, operations, or both or foundations where all excavated	? ☐Yes ✔No
ii. How much maVolume	terial (including r (specify tons or c	ubic yards):	s, etc.) is proposed to	o be removed from the site?	
Over what iii. Describe nature	nat duration of tim re and characteris	e?tics of materials to b	e excavated or dredg	ged, and plans to use, manage or dispo	se of them.
iv. Will there be		g or processing of ex	ccavated materials?		☐Yes ☐No
vi. What is the m	aximum area to b	lged or excavated?	time?	acres acres	
viii. Will the exca	avation require bla	sting?		feet	∐Yes □No
-		F			
into any existi If Yes: i. Identify the w	ng wetland, water vetland or waterbo	body, shoreline, bea dy which would be	ach or adjacent area? affected (by name, v	vater index number, wetland map num	∏Yes √ No ber or geographic

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of	
alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square	reet or acres:
iii. Will the proposed action cause or result in disturbance to bottom sediments?	□Yes □No
If Yes, describe:	
iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation? If Yes:	☐ Yes☐No
 acres of aquatic vegetation proposed to be removed: 	
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): Describe any proposed real-metic n/mitigation following dictardence:	
v. Describe any proposed reclamation/mitigation following disturbance:	
- Will the second of the secon	□ V□N-
c. Will the proposed action use, or create a new demand for water? If Yes:	∠ Yes □No
i. Total anticipated water usage/demand per day: 6,000 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: Incorporated Village of Mineola Water Department	
 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:	ALC: The second continues are a second continues and the second continues are a second cont
v. If a public water supply will not be used, describe plans to provide water supply for the project:	
YC / 1 111 C 11 / 11	11 /
vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: ga	transcription of the second of
d. Will the proposed action generate liquid wastes?	✓ Yes □No
If Yes:	
i. Total anticipated liquid waste generation per day: 6,000 gallons/day	
ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all coapproximate volumes or proportions of each):	omponents and
Residential Sanitary Wastewater	
iii. Will the proposed action use any existing public wastewater treatment facilities?	∠ Yes No
If Yes:	
Name of wastewater treatment plant to be used: Nassau County Sewage Treatment Plant	
Name of district: Mineola Sewer District (collection & conveyance system) Part the projection was a several back and the project of the	□lvr□hr
Does the existing wastewater treatment plant have capacity to serve the project? In the project site in the existing district?	✓ Yes □No
 Is the project site in the existing district? Is expansion of the district needed?	✓ Yes □No □ Yes ✓ No
15 expansion of the district needed?	☐ I €2 [1 NO

 Do existing sewer lines serve the project site? 	✓ Yes □ No
 Will a line extension within an existing district be necessary to serve the project? 	□Yes ☑ No
If Yes:	5-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
 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 speci	fying proposed
receiving water (name and classification if surface discharge or describe subsurface disposal plans):	, , ,
<u>N/A</u>	
vi. Describe any plans or designs to capture, recycle or reuse liquid waste:	18
N/A	
a Will the manner of a time it is to be seen as the contract of the contract o	
e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point	□Yes ☑ No
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?	
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.	
ii. Describe types of new point sources.	
iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent pr	ronerties
groundwater, on-site surface water or off-site surface waters)?	operiies,
generally, and and amount of all and an annual function.	
If to surface waters, identify receiving water bodies or wetlands:	
	-
 Will stormwater runoff flow to adjacent properties? 	□Yes□No
iv. Does the 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	□Yes No
combustion, waste incineration, or other processes or operations?	
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,	□Yes No
or Federal Clean Air Act Title IV or Title V Permit?	
If Yes:	
i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet	□Yes□No
ambient air quality standards for all or some parts of the year)	
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 ₂ O)	
•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 Hydroflourocarbons (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)?
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 ☐Yes ✓ No
quarry or landfill operations?
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 ☐Yes ✓No
new demand for transportation facilities or services?
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 truck trips/day and type (e.g., semi trailers and dump trucks):
and type (e.g., semir dunies and dunies).
iii. Parking spaces: Existing Proposed Net increase/decrease
iv. Does the proposed action include any shared use parking?
iv. Does the proposed action include any shared use parking? Verification of existing roads, creation of new roads or change in existing access, describe:
in the proposed action includes any mounteation of existing roads, creation of new roads of change in existing access, describe.
vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site?
vii Will the proposed action include access to public transportation or accommodations for use of hybrid, electric Yes No
or other alternative fueled vehicles?
viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing
pedestrian or bicycle routes?
k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand
for energy? If Yes: *Residential use
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?
Tes
l. Hours of operation. Answer all items which apply.
i. During Construction: ii. During Operations:
Monday - Friday: 8 AM-6 PM Monday - Friday: 24hrs
• Saturday: 9AM-6 PM
 Sunday: 9AM-6 PM Sunday: 24hrs Holidays: 9AM-6 PM
Holidays: 9AM-6 PM

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:	
Equipment utilized during the construction phase of the proposed multi-family residential use may exceed ambient noise levels specified in § 376-17.1 of the municipal code of the Incorporated Village of Mineola	between the times
ii. Will the 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
	Z res Ino
If yes:	
i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:	
Lighting to provide safe and secure environment pursuant to regulations in town E-code section § 300-18 Exterior lighting which state	s: exterior lighting will
be provided at night to illuminate facilities used by pedestrians including walks, driveways, parking spaces, and entryways to building	
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)	☐ Yes ☑ No
or chemical products 185 gallons in above ground storage or any amount in underground storage?	
If Yes:	
i. Product(s) to be stored	
ii Volume(s)	
ii. Volume(s) per unit time (e.g., month, year)	
iii. Generally, describe the proposed storage facilities:	
q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides,	☐ Yes ☑ No
insecticides) during construction or operation?	
If Yes:	
i. Describe proposed treatment(s):	
i. Describe proposed deadlient(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	☐ Yes ☑No
of solid waste (excluding hazardous materials)?	
If Yes:	
i. Describe any solid waste(s) to be generated during construction or operation of the facility:	
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:	
Operation:	

s. Does the proposed action include construction or modil If Yes: i. Type of management or handling of waste proposed other disposal activities): ii. Anticipated rate of disposal/processing: • Tons/month, if transfer or other non-outer of the combustion or thermal of the combustion or thermal of the combustion of the combusti	for the site (e.g., recycling or combustion/thermal treatment treatment years roial generation, treatment, sto	transfer station, composting, or or orage, or disposal of hazard	ous ∏Yes ⋈ No
ii. Generally describe processes or activities involving h	nazardous wastes or constituer	nts:	
iii. Specify amount to be handled or generatedto iv. Describe any proposals for on-site minimization, rec	ons/month ycling or reuse of hazardous o	constituents:	
v. Will any hazardous wastes be disposed at an existing If Yes: provide name and location of facility:	g offsite hazardous waste facil	ity?	□Yes□No
If No: describe proposed management of any hazardous	wastes which will not be sent	to a hazardous waste facilit	y:
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 ☐ Urban ☐ Industrial ☐ Commercial ☐ Resid ☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other ii. If mix of uses, generally describe: Mix of commercial and office developments with multi-dwelling a	ential (suburban) Rural		
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 	0.62	0.62	0
Forested	0	0	0
Meadows, grasslands or brushlands (non- agricultural, including abandoned agricultural)	0	0	0
Agricultural (includes active orchards, field, greenhouse etc.)	0	0	0
Surface water features (lakes, ponds, streams, rivers, etc.)	0	0	
Wetlands (freshwater or tidal)	0	0	0
Non-vegetated (bare rock, earth or fill)	0	0	0
Other Describe:			

. Is the project site presently used by men i. If Yes: explain:	nbers of the community for public recreation?	□Yes☑No
	, the elderly, people with disabilities (e.g., schools, hospitals, licensed n 1500 feet of the project site?	✓ Yes No
i. Identify Facilities:	B. P. C. Marie M. Mar	
Conen Children's Northwell Health General	Pediatrics at Mineola, NYU Langone Hospital Long Island	
Does the project site contain an existing	dam?	□Yes•No
Yes:		
i. Dimensions of the dam and impoundm	nent:	
Dam height:	feet	
	feet	
Surface area:	acres	
	gallons OR acre-feet	
Dam's existing hazard classification:		
i. Provide date and summarize results of	f last inspection:	
	municipal, commercial or industrial solid waste management facility, which is now, or was at one time, used as a solid waste management faci	☐Yes No lity?
Has the facility been formally closed?		☐Yes☐ No
	n:	
Describe the location of the presing site	e relative to the boundaries of the solid waste management facility:	
	- Total Control of the Scandarios of the Scandarios Management Tability.	
i. Describe any development constraints	due to the prior solid waste activities:	
property which is now or was at one time. Yes:	treated and/or disposed of at the site, or does the project site adjoin ne used to commercially treat, store and/or dispose of hazardous waste?	□Yes No
——————————————————————————————————————	anagement activities, metaling approximate time when activities occurr	
Potential contamination history. Has the remedial actions been conducted at or a	here been a reported spill at the proposed project site, or have any	☐Yes ✓ No
Yes:	NYSDEC Spills Incidents database or Environmental Site	□Yes ☑ No
☐ Yes – Spills Incidents database☐ Yes – Environmental Site Remedia	Provide DEC ID number(s):	
Neither database	tion database Provide DEC ID number(s):	
	ctive activities, describe control measures:	
i. Is the project within 2000 feet of any syes, provide DEC ID number(s): 130234	site in the NYSDEC Environmental Site Remediation database? , V00398	✓Yes□No
If yes to (i), (ii) or (iii) above, describe	e current status of site(s):	
Both sites are located at Main Street and F	Front Street, are owned by the Long Island Rail Road (LIRR) and are historic source RR. Remediation began in 2004 and has since been complete.	es of mercury

v. 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:	☐Yes☐No
 Will the project affect the institutional or engineering controls in place? Explain: 	∐ Y es ∐INO
Expans.	
E.2. Natural Resources On or Near Project Site	
a. What is the average depth to bedrock on the project site? >800 feet	
b. Are there bedrock outcroppings on the project site? If Yes, what proportion of the site is comprised of bedrock outcroppings?%	☐ Yes ∠ No
c. Predominant soil type(s) present on project site: Urban Land (Ug)	100 %
	%
d. What is the average depth to the water table on the project site? Average:45-50 feet	
e. Drainage status of project site soils: Well Drained: % of site 100%	of the site is Ug, so
	is no drainage class
f. Approximate proportion of proposed action site with slopes: 0-10%: 10-15%: 100 % o	of site
	of site
g. Are there any unique geologic features on the project site? If Yes, describe:	□Yes ☑ No
h. Surface water features. i. Does any portion of the project site contain wetlands or other waterbodies (including streams, riv ponds or lakes)?	vers, □Yes ☑ No
<i>ii.</i> Do any wetlands or other waterbodies adjoin the project site? If Yes to either <i>i</i> or <i>ii</i> , continue. If No, skip to E.2.i.	□Yes•No
iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands or waterbodies within or adjoining the project site regulated by any federal control of the wetlands of the wet	eral, Yes No
state or local agency?	
 iv. For each identified regulated wetland and waterbody on the project site, provide the following in Streams: Name Classific 	
• Lakes or Ponds: Name Classific	cation
 Wetlands: Name Approxi Wetland No. (if regulated by DEC) 	mate Size
v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-im waterbodies?	paired 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 Z 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
1. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquiful Yes:	fer? ✓ Yes □No
i. Name of aquifer: Sole Source Aquifer Names:Nassau-Suffolk SSA	

m. Identify the predominant wildlife species that occupy or use the	e project site:	
no onsite habitat, possible common		
Human tolerant bilds		
n. Does the project site contain a designated significant natural confif Yes: i. Describe the habitat/community (composition, function, and bath)		☐ Yes ☑ No
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 li endangered or threatened, or does it contain any areas identified If Yes: i. Species and listing (endangered or threatened): 	as habitat for an endangered or threatened spec	☐ Yes No ies?
 p. Does the project site contain any species of plant or animal that special concern? If Yes: i. Species and listing: 	•	□Yes ☑ No
q. Is the project site or adjoining area currently used for hunting, tr		□Yes ⋈ No
If yes, give a brief description of how the proposed action may affe	ect 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 ag Agriculture and Markets Law, Article 25-AA, Section 303 and If Yes, provide county plus district name/number:	304?	∐Yes ☑ No
 b. Are agricultural lands consisting of highly productive soils prese i. If Yes: acreage(s) on project site? ii. Source(s) of soil rating(s): 		∐Yes ☑No
c. Does the project site contain all or part of, or is it substantially of Natural Landmark? If Yes: i. Nature of the natural landmark: Biological Communitie. Provide brief description of landmark, including values behind	ity Geological Feature	∐Yes ∠ No
d. Is the project site located in or does it adjoin a state listed Critic If Yes: i. CEA name: ii. Basis for designation:		☐Yes ☑ No
iii. Designating agency and date:		

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological which is listed on the National or State Register of Historic Places, or that has been determ Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State If Yes:	nined by the Commissioner of the NYS
i. Nature of historic/archaeological resource: Archaeological Site Historic Build ii. Name: Eligible property:European American Bank (now Citibank Mineola), US Post OfficeMineola	
iii. Brief description of attributes on which listing is based:Post office building meets National Re	gister criteria, property considered locally significa
Embodies distinctive characteristics of a type, period or method of construction; or represents the work of represents a significant and distinguishable entity whose component may lack individual distinction	a master; or possess high artistic values or
f. Is the project site, or any portion of it, located in or adjacent to an area designated as sens	itive for Yes No
archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological	site inventory?
g. Have additional archaeological or historic site(s) or resources been identified on the projet If Yes:	ct site? ☐ Yes ☑ No
i. Describe possible resource(s):	
ii. Basis for identification:	
h. Is the project site within fives miles of any officially designated and publicly accessible for scenic or aesthetic resource? If Yes:	
i Identify resource:	
ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local pa	k state historic trail or scenic byway
etc):	a, state installe trail of scelle by way,
iii. Distance between project and resource: miles.	
 i. Is the project site located within a designated river corridor under the Wild, Scenic and R Program 6 NYCRR 666? If Yes: 	ecreational Rivers ☐ Yes ✓ No
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, measures which you propose to avoid or minimize them.	please describe those impacts plus any
G. Verification I certify that the information provided is true to the best of my knowledge. Applicant/Sponsor Name Michael Brusseau AICP CEP LEED AP (agent) Date March 26, 202	4
Signature // Title Senior Environ	mental Planner, Nelson Pope Voorhis



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.



B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	No
C.2.b. [Special Planning District]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	Yes
E.1.h.iii [Within 2,000' of DEC Remediation Site - DEC ID]	130234, V00398
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	No
E.2.h.ii [Surface Water Features]	No
E.2.h.iii [Surface Water Features]	No
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.I. [Aquifers]	Yes
E.2.I. [Aquifer Names]	Sole Source Aquifer Names:Nassau-Suffolk SSA
E.2.n. [Natural Communities]	No

E.2.o. [Endangered or Threatened Species]	No
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	No
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Yes - Digital mapping data for archaeological site boundaries are not available. Refer to EAF Workbook.
E.3.e.ii [National or State Register of Historic Places or State Eligible Sites - Name]	Eligible property:European American Bank (now Citibank Mineola), US Post OfficeMineola
E.3.f. [Archeological Sites]	No
E.3.i. [Designated River Corridor]	No

Schedule H

FORM NYS-45

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

Alteratives



New York State Department of Taxation and Finance

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

NYS-45 WEB

Ul Employer [Management of the second of the	Mark an X in return must b	only one box se completed f	to indicate the or each quarte	quarter (a sep	oarate le vear.	
registration number 46-26750 3	Jan 1 - Mar 31	Apr 1 - Jun 30	July 1 - Sep 30	Oct 1 - Dec 31		23
Withholding Identification number 04-3609877	Do you offer	2 dependent be-	•	ı	4	'YY ≥? Yes ✓ No
Employer legal name:						
AMBROSINO CONSULTANT CORP.	ii seasonai e	empioyer, ma	rk an X in the t)DX	*************	461-69164949798
		. **				
Number of employees Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month,	a. First mo	inth b.s	econd month	c. Third	month 9	Disaster rellef
Part A Unemployment insurance (UI) information	F	Part B ∽Wii	thholding t	ax (WT) in	formatic	on
Total remuneration paid this quarter	283.00 1	2. New York	State tax with	held		18,529.60
Remuneration paid this quarter to in excess of the UI wage base	and the second	3. New York	City tax withh	eld		1,385.51
3. Wages subject to confribution	283,00	4. Yonkers t	ax withheld	જાણા <u>નો કે</u>		0.00
(subtract line 2 from line 1)	0.00	6. Total tax v (add lines	withheld : 12, 13, and 14	4)		
4. Ul contributions due Ul rate	0.00 1	6. WT credit	from previous return (see ins	ŧ		0.00
5. Re-employment service fund (multiply line 3 x .00075)	0.00 1		S-1 payments			
6a. Interest on contributions	i			******************	···	19,915.11
6b. Ul previousty undernald with	1	6. Total payr (add lines	ments 16 and 17)	·•••••••••••••••••••••••••••••••••••••	[19,915.11
margat	0.00	9. Total Wt	amounts due en line 18, ente	(If line 15 is		0.00
7. Total of lines 4, 5, 6a and 6b	0.00		overpaid <i>(If line</i>		¥	1 ··· ··· · · · · · · · · · · · · · · ·
8. Enter UI previously overpaid	0.00	greater th	en iine 15, ente mark en X in 20	er difference	1	0,00
9. Total UI amounts due (if line 7 is greater than line 8, enter difference)	0.00 2	0a. Apply to	outstanding	•	20b. Cre	edit to next quarter
10. Total UI overpaid (If line 8 is greater	er en v	Hadilities	and/or refund	******	wit	hholding tax
than line 7, enter the difference) *	2	1. Total pay	ment due 9 and 19)		į ·	0,00
		[000 111100	o bita raj aga.	. # . 1 } }	*** \$	
* An overpayment of either tax cann	ot be used t	to offset th	ne amount	due on the	other t	ax.
and the first of the first of the second of	Vage Repor					
C Total UI total remuneration/gross						
	283.00 To	otal number of	femployees			9
D Total gross wages or distribution	746.03 E	Tolai tax wii	thheld	*******************	. [19,915.11
Sign your return: I certify that the information on this return and an	ralisenmante li	e la llia hact o	f mis knowlede	a and ballet	445 . 6 66	Color manifestation
Taxpayer's signature	lynor's nan		т ту кножева	e and deliet ti Title	ue, correc	t, and complete,
Date legitione number					**	Marie and a section
01/10/2024 10:50:36						

Part D - Form NYS-1 corrections/additions

Web filed not applicable

Part E-Change of business Information

23, 11 700 001	manerity ceased paying wages, enter the date	(MINDOTT) OF	the linal payroll		
24. Did you se	ell or transfer all or part of your business?	Yes √ ∢N	No		
If Yes, ind	icate if sale or transfer was in Whole or	Part			
Paid preparer's	Preparer's signature GLENN SULLIVAN	Telephone (631)543-		Mark an X if self-employed	Preparer's SSN or PTIN
use	Preparer's firm name (or yours, if self-omployed) BSB ASSOCIATES, LTD.	Address			reparer's EIN XX-XX-8859
Payroll service	ce name			Payroll service	ce's EIN
Unamalas	Anna Caraca	. 3.00	Comments and the Comments of t	water the second second second	and the second second second second second
	nent insurance (UI) payment details	(Account sa	10.		
Payment date			Account type		
Bank name			Bank routing number		ente Committa percasa. El dellar del commencia a commissione el casi sistema del El
Account holder			Account number	The supplementary of the for	
Amount due (\$	5		Payment amount (\$)		St. of the state o
Withholdin	g tax (WT) payment details	(Account sa	ved)		
Payment date	transfer de differente constanting de la manuscria constantina de la constantina del constantina de la constantina de la constantina del constantina de la c		Account type	to the second second second second second	economic con established position (cc. 9)
Bank name		-	Bank routing number		
Account holder		G-P	Account number		
Amount due (\$			Payment amount (\$)	was taged a spectrum to the	
Transaction	ı details				
Confirmation nu	umber		Transaction date/time		
44922011271			01/10/2024 10:50 AN	Л	
Submitted by GLENN SUL	LIVAN				



DLN: 44922011271

Page 1

Part C

Employee Wage and Withholding

Employer legal name:	 	10000	Withholding identification number	
AMBROSINO CONSULTANT CORP.	 		04-3609877	

(Showing 1 - 9 of 9 employees)

Quarterly employee/payee wage reporting information

a Social security number . b	Last name, first name, middle initial	c UI total remuneration/(gross wages paid this quarter	d Gross wages of (listribution (see instructions)	e Total tax withheld
xxx-xx	, Gregory	43,269.30	Section in the second process with the second	2,558.23
XXX-XX	k, Daniel	9,519,30	5,879.30	170.48
×××-××	Janna	34,649.72	34,649.72	3,269.32
xxxxx	no, Michael	69,671,71	59,874.55	2,017.86
×××-×>	alg	24,519.30	24,519.30	1,208.65
xxx-xx	Jeanine	62,500.02	62,500.02	8,036.90
XXX-XX	• t	14,423.10	14,423.10	610,62
XXX-XX	Steven	31,730.70	29,630.70	1,528.04
XXX-XX	Nicole	12,000.04	12,000.04	517.01
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NYS-45 _(1/19)		thholding, Wage Reporting, ent Insurance Return		
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Withholding	
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474598596



Part D - Form NYS-1 corrections/additions-

Use Part D only for corrections/additions for the quarter being reported in Part B of this return Tocorrect original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

a Original last payroll date reported on Form NYS-1, line A (mmdd)	to Original (*!total Withhi reported on Form N	idu MS-1, line 4	c Correct last payroll date (mmdd)	d Correct total withheld	
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Note: For questions about other changes to your withholding tax account, call the Tax Department at 518-485-6654; for your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810. If you are using a paid preparer or a payroll service, the section below must be completed,

Paid preparer's	Preparer's signature		Date	Preparer's NYTPRIN	Preparer's SSN or PTIN	NYTPRIN excl. code
1.7	Preparer's firm name (or yours, if self-employed)	Address	<u> </u>	načna delakony na nesta delakolo en grin en terre en en establista eta en en establista eta en en establista eta	Firm's EIN	Téléphone number
Payroll servi	ce's name				Payroll services	

Checklist for mailing:

- File original return and keep a copy for your records.

- Complete lines 9 and 19 to ensure proper credit of payrient.

 Enter your withholding ID number on your remittance.

 Make remittance payable to NYS Employment Contributions and Taxes.

 Enter your telephone number in boxes below your signature.

 See Need help? on Form NYS-45-lift you need forms or assistance.

NYS EMPLOYMENT **CONTRIBUTIONS AND TAXES** PO BOX 4119

BINGHAMTON NY 13902-4119

NÝŠ 45 (1/19) (back)

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment

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Contact information Nan (see instructions)

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For office use only Postmark Received date Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES PO BOX 4119
BINGHAMTON NY 13902-4119

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Note: For questions about other changes to your withholding tax account, call the Tax Department at 518-485-6654; for your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810, if you are using a paid preparer or a payroll service, the section below must be completed.

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Checklist for mailing;

- File original return and keep a copy for your records.
 Complete lines 9 and 19 to ensure proper credit of payment.
 Enter your withholding ID number on your remittance.
 Make remittance payable to NYS Employment Contributions and Taxes.
 Enter your telephone number in boxes below your signature.
 See Need help? on FormiN S-45-lift you need forms or assistance.

NYS EMPLOYMENT **CONTRIBUTIONS AND TAXES**

PO BOX 4119

BINGHAMTON NY 13902-4119

NYS 45 (1719) (back)

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return - Attachment

Withholding identification num	MI Province First		A :^~q0	riginal	Or An	iende	ed return	
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For office use only Postmark Received

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

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Part D - Form NYS-1 corrections/additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

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Note: For questions about other changes to your withholding tax account, call the Tax Department at 518-485-6854; for your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810, If you are using a paid preparer or a payroll service, the section below must be completed.

Pald preparer's	Preparer's signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Preparer's NYTPRIN	Preparer's SSN or PTIN	NYTPRIN excl. code
	Preparer's firm name (or yours, if self-employed)	Address	<u> </u>		Firm's EIN	Telephone number
Payroll servi	ce's name				Payroll services EIN	

Checklist for mailing:

- Flie original return and keep a copy for your records.
- Complete lines 9 and 19 to ensure proper credit of payment.

 Enter your withholding ID number on your remittance.

 Make remittance payable to NYS Employment Contributions and Taxes.

 Enter your telephone number in boxes below, your signature.

 See Need help? on FormiNYS-45-liff you need forms or assistance.

NYS EMPLOYMENT **CONTRIBUTIONS AND TAXES** PO BÓX 4119 **BINGHAMTON NY 13902-4119**

45 (1/19) (back)

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment

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474598596



Part D - Form NYS-1 corrections/additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

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24. If	red al e Whe	business:	W. J. Color	**************************************
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Note: For questions about other changes to your withholding tax account, call the Tax Department at 518-485-5654; for your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810. If you are using a paid preparer or a payroll service, the section below must be completed.

Paid preparer's	Preparer's signature	Date	Preparer's NYTPRIN	Preparer's SSN or PTIN	NYTPRIN excl. code
use	Preparer's firm name (or yours, if self-employed)	Address	Fi	m's EIN	elëphone number
Payroli servi			į,	Payroll Bervice's	

Checklist for mailing:

- File original return and keep a copy for your records.

- Complete lines 9 and 19 to ensure proper credit of payment.

 Enter your withholding ID number on your remittance.

 Make remittance payable to NYS Employment Contributions and Taxes.

 Enter your telephone number in boxes below your signature.

 See Need help? on FormN S-45-Ilif you need forms or assistance.

NYS EMPLOYMENT **CONTRIBUTIONS AND TAXES** PO BOX 4119 **BINGHAMTON NY 13902-4119**

15 (1719) (back)

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment

Last name, first name, middle initial

Mark an X in the applicable box(es or Amended return B. Other wages only reported on this page Quarterly employee/payee wage reporting and withholding information (Do not enter negative numbers in columns c, d, and e; see instructions) Gross federal wages or distribution (see instr.) e Total NYS, NYC, and Youkers tax withheld Total U) remuneration paid this quarter 10,15

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Withholding identification number:

Employer legal name:

security number

ACC REAL ESTATE SERVICES

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

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment

Withholding identification number:



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NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment



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

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

Withholding Identification number:



Mark an X in the applicable box(es):

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NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment



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NYS-45 (1/19)		ithholding, Wage Reporting ent Insurance Return	, (
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Part D - Form NYS-1 corrections/additions

Part D - Form NYS-1 corrections/additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return, To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the fight of this glum must reflect these corrections/additions.

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Checklist for mailing:

NŸ9-45 (1719) (back)

- File original return and keep a copy for your records.

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 Complete lines 9 and 19 to ensure proper credit of payment.
 Enter your withholding ID number on your remittance.
 Make remittance payable to NYS Employment Contributions and Taxes.
 Enter your telephone number in lookes below your signature.
 See Need help? on PorneNYS-45-lift you need forms or assistance.

NYS EMPLOYMENT CONTRIBUTIONS AND TAXES PO BOX 4119 **BINGHAMTON NY 13902-4119**

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment

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

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Part D - Form NYS-1 corrections/additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

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Checklist for mailing:

Payroll service's name

- File original return and keep a copy for your records.

 Complete lines 9 and 19 to ensure proper credit of payment.

 Enter your withholding ID number on your remiltance.

 Make remittance payable to MYS Employment Contributions and Taxes.

 Enter your telephone number in boxes below your signature.

 See Need help? on Form NYS-45-NY you head forms or assistance.

NYS EMPLOYMENT CONTRIBUTIONS AND TAXES PO BOX 4119

BINGHAMTON NY 13902-4119

NYS 45 (1719) (back)

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment

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Part D - Form NYS-1 corrections/additions

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Checklist for mailing:

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Complete lines 9 and 19 to ensure proper credit of permitting.

Enter your withholding ID number on your remittance:

Make remittance payable to NYS Employment Contributions and Taxes.

Enter your telephone number in boxes below your signature.

See Need help? on Formit 3.45 lift you need forms or assistance.

NYS EMPLOYMENT CONTRIBUTIONS AND TAXES PO BOX 4119 **BINGHAMTON NY 13802-4119**

NYS 45 (1719) (back)

NYS-45-ATT Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment

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

NYS-45 (1/19)		holding, Wage Reporting,	•	
Reference these numbers in all correspondence:		nt Insurance Return Xin only one box to Indicate the goal	uter for neparate 1 6 3	11911012
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Withholding Identification number 112854459	The second secon		31 × 3000 2 3	
Employer legal name: LAW OFFICE OF FRANK	الأهوان بالبرخ	le to any employer, mark an X in the I	i transaction of the contraction	Ruceived doto
Number of employees Enter the number of full-time and part-time cove employees who worked during or received pay to the week that holudes the 12th day offeren	у / *	b, Second month c	Third month y sk	N 51 Wr
Part A - Unemployinent Insurance	(UI) Information	Part B - Withholding tax	(WT) information	
1. Total comparation held this	399961,00	12. New York State tax withheld	307	56 59
2. Reguligration paid this quarter in decease of the UI wage base street January I (see kists)	397693 00	13. New York City lax withheld	5	53 51
3. Wages subject to contribution (subtract line 2 from fixe 1)	2268 00	14. Yonkers tex withheld	Approximately and approximately and approximately and approximately appr	0,00
Enter your 2 . 025 %	45 93	15. Total tax withheld (add lines 12, 13, and 14)	313	10 10
5. Re-employment service fund [multiply line 3 × .00076]	1 70	 WT credit (rom previous quarter's return (see instr.) 	and the second second	
6. Ut previously underpaid with interest	0],]00	17. Form NYS-1 payments made for quarter		301,1887
7. Total of lines 4, 5, and 6	47 63	18. Total payments (add buts to appl (7)		0,00
8. Enter Ut previously overpaid	0 , 00	19. Tolal WT amount due was is	313	10 10
9. Total UI amounts due (If the 7 is greater than line 8, enter difference)	4\(\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20. Total Whavenpard in two 18 Signal and 1800 to over the one of the control of		0 00
10. Total UI overpald (If the 8 is greater than line 7, enfor difference and mark box 11 helow)*	1 1 0 0 00	20a. Apply to outstanding liabilities and/or refund	or 20b. Credit to ne withholding	
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An overpayment of either t	JI contributions or withhole		offset an amount due t	for the other.
		E on back of form, if require e and withholding information		
Qı (If more than five employ	uarterly employee/payee wag ees or it reporting other wages,	e reporting and withholding I	nformation	5-45-ATT.
a Social security number b Last	name, first name, mktdle initial	The state of the s	d dislubation (see featuations)	e Yorkers tax withheld
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Signature (sen instructions)		gner's name (please print)	Tille	
Date Cale Calebohone in	mjúor .			



Part D - Form NYS-1 corrections/additions

Part D - Form NYS-1 corrections/additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

Q last payro Form NY8	a riginal Il dale reported 31, line A (mmdd)	Örlgi Silotgi Wil Freportedian Forn	hheid 😘 🦸	3 4	c Correct last payroll date (mmdd)	d Correct total withheld	
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File original return and keep a copy for your records.

Complete lines 9 and 19 to ensure proper credit of payment.

Enter your withholding ID number on your remilitance.

Make remittance payable to NYS Employment Contributions and Taxes.

Enter your telephone number in boxes below your signature.

See Need help? on Form N S-45-lif you need forms or assistance.

NYS EMPLOYMENT CONTRIBUTIONS AND TAXES PD BOX 4119 **BINGHAMTON NY 13802-4118**

NYS 45 (1719) (back)

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

vithholding identification numb	er: E ^{marko} (100)		golgai	Or An	ende	d return	
112854459 mployer legal name:	L 1141	a de la Calaba	S 1 A	un 10 July 1 - Sep 30	· i	ct 1 - X Year	3
imployer legal hame: LAW OFFICE OF F	rank j cassisi		1	2 8	\$	4 Y	Y
JAW OFFICE OF F.		ar ···		ages only reported		, eq	
			***************************************	al employer	44444 1444 44444 144	manimum la	······
	uarterly employee/payee wage (Do not enter negative numbers	reporting and with in columns c, d, and e,	holdi: ; see ii	ng Information estructions)			
a Social security number	b Last name, first name, middle initial	C Total UI remuneration paid this quarter		d Gross (outgraf warren distribution, (see Ins	(e) (e,)	e Totel NYS, NYC, Yorkurs tax with	and ieki
	i ANNA M	2267	50	2267	50	59	36
	, FRANK C	41923	12	41923	12	2408	57
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	, FRANK J	110000	00	154467,	56	(7790	74
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	, Mariel	14152	88	14152	88	602	57
	Timoth J	3,8076	96	38076	96	2268	4.8
	-Karen M	6777	92	6777	92	190	0.6
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Mail to: NYS EMPLOYMENT CONTRIBUTIONS AND TAXES PO BOX 4119
BINGHAMTON NY 13902-4119



New York State Department of Taxation and Finance

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

NYS-45 WEB

Reference these numbers in all correspondence:			o indicate the quester)			
Ul Employer 47-62714 2	Jan 1 - Mar 31	•	July 1 - Sep 30	Oct 1 - Dec 31 V	Year 23	
Wilhladding light 120-3665112	1	2	3	4	YY	
• •	Do you offer de	ependent heat	th insurance be	enefits to any e	mployee? ,	., Yes 🗸 No
Employer legal name:	li seasonal en	nployer, mark	k an X in the bo	X	di parke vilir i diri e pair	erickie :
COMBINED RESOURCES CONSULTING & DESIGN,						ř
Number of employees Enter the number of full -time end part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.	a, First mon	th b. Se	econd month	c. Third mo	nth 12	Disaster relief
Part A – Unemployment insurance (UI) information	Pa	art B -With	hholding ta	x (WT) info	rmation	
Total remuneration paid this quarter 634	, 597.00 12	New York	State lax withh	eld		75,923.46
Remuneration paid this quarter to in excess of the UI wage base	13	New York	City tax withhel	ld ,,	İ	0.00
In excess of the UI wage base since January 1	,866.00 14		x withheld			0,00
(subtract line 2 from line 1)	,731.00 15	. Total tax w (add lines	rithheid 12, 13, and 14)	*****************		75,923.46
4. Ul contributions due Ul rate	237.55 16	. WT credit t quarter's r	from previous return (see insti	r) , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0,00
5. Re-employment service fund (multiply line 3 x .00075)	8.80 17	. Form NYS for quarter	-1 payments m	nade	* · · · · · · · · · · · · · · · · · · ·	75,923.46
6a. Interest on contributions	18	Tatal naum				75,923.46
6b. UI previously underpaid with interest	0.00				•	10,020.40
7. Total of lines 4, 5, 6a and 6b	246.35	greater tha	amounts due p an ilne 18, enter	r difference)	. !	00.0
8. Enter Ut previously overpald	0.00	greater tha	verpaid (If line an line 15, enter nark an X In 20	r difference		0,00
9. Total UI amounts due (If line 7 is greater than line 8, enter difference)	246,35 20	a. Apply to	outstanding	2	0b. Credit to	o next quarter
10. Total UI overnald (If line 8 is greater	and the second second	(jabli)ties	and/or refund .	!	withhole	fing tax
than line 7, enter the difference) *	21	. Total pay (add lines	ment due 9 and 19)	**************************************		246.35
* An overpayment of either tax canr	not be used to	o offset th	e amount d	lue on the	other tax.	
and the second of the second o	Wage Report					
C Total UI total remuneration/gross wages paid this quarter	1, 597.00 To	tal number of	employees	eve6635.83.854742044444	n +	12
D Total gross wages or distribution	,047.97 E	Total tax wit	hheld	.5040064.96503.05555.4		75,923.46
Sign your return: I certify that the information on this return the Taxpayer's signature	V. aifachments is Signer's name	4 7	f my knowledge	and belief tru	e, correct, an	d complete.
Date Rephone number			1 - 1 - 1			
01/15/2024 14:51:50	70					

Part D-Form NYS-1 corrections/additions

Web filed not applicable

Part E-Change of business information

4. Did you sell or transfer all or part of your business?	Yes ✓ ◀ No		
If Yes, Indicate If sale or transfer was in Whole or	Part		
Preparer's signature Paid GLENN SULLIVAN	Telephone number Date (631)543-7700	Mark an X if self -employed	Preparer's SSN or PTIN
preparer's Preparer's firm name (or yours, if self-employed) BSB ASSOCIATES, LTD.	Address		reparer's EIN XXX-XX-8859
Payroll service name		Payroll service	ce's EIN
The state of the s	And the second s	· · · · · · · · · · · · · · · · · · ·	
Unemployment insurance (UI) payment details	(Account saved ✓¹)		
Payment date	Account type		er e
01/31/2024	Business check		
Bank name	Bank routing numb	ár	The second secon
TD BANK NA	026013673		
Account holder	Account number	• •	
Combined Resources, Consulting & Design Inc.	XXXXXX2879		The second secon
Amount due (\$)	Payment amount (S	5)	
246,35	246.35		14 - A
And the second of the second o	$(x_1, x_2, \dots, x_n) = (x_1, x_2, \dots, x_n)$	4	e e e e e e e e e e e e e e e e e e e
Withholding tax (WT) payment details	(Account saved)		
Payment date	Account type		
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Amount due (\$) 6.00	Payment amount (\$)	and the second s
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DLN: 44926028346

Part C

Employee Wage and Withholding

Employer legal name:	Withholding Identification number
COMBINED RESOURCES CONSULTING & DESIGN, INC.	20-3665112

(Showing 1 - 12 of 12 employees)

Quarterly employee/payee wage reporting information

a Social security number b Last name, first name, middle initial	Ut total remuneration/gross wages paid this quarter	d Gross wages of distribution (see instructions)	e Total tax withheld
Alfonso	15,827.45	15,827.45	1,418.03
t _u lqra	21,500.01	20,850.01	998.50
Salvatore	113,735.11	124,158,51	8,134.07
/alter	51,312.06	51,312.08	3,150.03
z, Richard	30,249.95	26,312,51	1,307.89
Maria	29,100.40	29,100.40	1,477.86
hnu	20,690.77	19,605,79	935,44
Ing, Jeanine	152,900.28	122,900,28	28,810.56
Susan	119,175,10	89,175.10	25,492.44
altiolo	48,250.04	43,850,04	2,636.62
ne	20,125,04	16,225.04	736.75
Elzbleta	11,730.78	11,730.78	825.27
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Totals (see instructions)	634,597.0	0 571,047.9	
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Department of Taxation and Finance

Support Contact us

Home

Help

NYS-45 Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return

Taxpayer ID: 20-3665112

Taxpayer Name: COMBINED RESOURCES CONSULTING & DESIGN, INC.

Transaction Confirmation

The New York State Tax Department received your transaction.

- Select Print to print this confirmation page for your records.
- Select View/Print Form to save or print a copy of the form you filed for your records.

Confirmation

Confirmation number: 44926028346

Transaction date/time: 01/15/2024 02:51PM

Quarter: 10/01 - 12/31

Year: 2023

Form: NYS-45

Employer registration number: 47-62714 2

Part A total remuneration (\$): 634,597.00

Part B total withheld (\$): 75,923.46

Part C total wages (\$): 634,596.99



. Unemployment insurance (UI) payment details

Payment method: Pay from Bank Account

Bank name: TD BANK NA

Bank routing number: 026013673

Bank account number: XXXXX2879

Account type: Business checking

Account holder: Combined Resources, Consulting & Design Inc.

Account description: Business Checking XXXXXX2879

Due date: 01/31/2024

Payment date: 01/31/2024

Amount due (\$): 246.35

Payment amount (\$): 246.35

Web survey

Provide feedback about this online service through our Web Survey.

Print View/Print Form | Close

Accessibility Disclaimer Privacy Security Email/Phishing

COPY

Schedule I

OTHER ATTACHMENTS

See attached.

SCHEDULE I

PART I INFORMATION FOR AMBROSINO CONSULTING CORP.

A. Name: Ambrosino Consulting Corp.

Address: 155 First Street, Suite 103, Mineola, New York 11501

Fax. 516.644.2226 Federal ID No.

NAICS Code #: 238140

Website: https://www.ambrosinocorp.com/

Name of CEO: Michael Ambrosino

Title: President

Phone Number 516.644.2222

E-Mail: mambrosino@ambrosinocorp.com

B. Business Type: Corporation Income Taxed as: Subchapter S

State and Year of Incorporation: New York; 1978

C. Applicant Counsel:

Forchelli Deegan Terrana LLP 333 Earle Ovington Boulevard, Suite 1010 Uniondale, New York 11553

Attention: Danial P. Deegan, Esq.

Phone: 516.248.1700 Fax: 516.248.1729

E-Mail: DDecgan@Forchellilaw.com

D. Principal Stockholders:

Michael Ambrosino 100%

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

155 Associates, LLC, ACC Real Estate Services, Combined Resources Consulting and Design, Inc., Excel Interior Finishes, MSD2 HWY 49 LLC, MSD2 Prosperity Church LLC, MSD2 Dixie River LLC, MSD2 Airport Blvd LLC, MSD2 Pacific Blvd LLC, MSD2 Wake Forest LLC

F. Is Ambrosino Consulting Corp. related to any other entity by reason of more than 50% common ownership?

155 Associates, LLC, ACC Real Estate Services, Combined Resources Consulting and Design, Inc., Excel Interior Finishes, MSD2 HWY 49 LLC, MSD2 Prosperity Church LLC, MSD2 Dixie River LLC, MSD2 Airport Blvd LLC, MSD2 Pacific Blvd LLC, MSD2 Wake Forest LLC

G. List parent corporations, sister corporations and subsidiaries.

None (other than those entities listed in Part E above).

H. Has Ambrosino Consulting Corp (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing in the municipality?

None.

I. Is Ambrosino Consulting Corp (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of Ambrosino Consulting Corp or its related entities, involved in litigation or threatened litigation that would have a material adverse effect on Ambrosino Consulting Corp.'s financial condition of the financial condition of its principals:

No.

J. Has Ambrosino Consulting Corp. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of Ambrosino Consulting Corp or any other business or concern with which such entities, persons or principals have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors?

No.

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

No.

L. Has Ambrosino Consulting Corp (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of Ambrosino Consulting Corp or its related entities, or any other business or concern which such entities, persons or principal(s) have been connected, been cited for (or is there a pending proceeding or investigation with respect to) a civil violation of federal, state or local laws or regulations with respect to labor

practices, hazardous wastes, environmental pollution, taxation, or other operating practices?

No.

M. Is Ambrosino Consulting Corp. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of Ambrosino Consulting Corp or its related entities, or any other business or concern 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?

No.

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

Name:	Title:	Other Business Affiliations
Michael Ambrosino	President	155 Associates LLC (see other firms listed in Ouestion E)

Do any of the foregoing principals hold elected or appointive positions with New York State, any political subdivision of New York State or any other governmental agency?

No.

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

No.

- O. Operation at existing location(s):
 - 1. (a) Location: 155 First Street, Suite 103, Mineola, New York 11501
 - (b) Number of Employees: 9
 - (c) Annual Payroll: \$951,336.00
 - (d) Type of Operation: Construction Management
 - (e) Size of existing facility real property: 5,000 sq.ft.
 - (f) Buildings: portion of 1, 2 story 20,000 sq.ft. building
 - (g) Interest in the Facility: Lease
- 2. Will the completion of the proposed Project result in the removal of a plant or facility of Ambrosino Consulting Corp., or of a proposed user, occupancy, or tenant of the

Project or a relocation of any employee of Ambrosino Consulting Corp., or an employee of a proposed user, occupant or tenant of the Project, from one area of the State of New York to a location in Nassau County or in the abandonment of such a plant or facility located in an area of the State of New York outside of Nassau County?

No.

3. Will the proposed Project result in the removal or abandonment of a plant of facility of the Applicant, or of a proposed user, occupant or tenant of the proposed project, or a relocation of any employee of Ambrosino Consulting Corp. or any employee of a proposed user, occupancy or tenant of the proposed Project, located within Nassau County?

No.

P. Has Ambrosino Consulting Corp. considered moving to another state or another location within New York State?

If the project does not proceed, the parcel will likely be sole and the business may relocate outside of Nassau County.

q. Does any one supplier or customer account for over 50% of Ambrosino Consulting Corp.'s annual purchases or sales, respectively?

No.

R. Does Ambrosino Consulting Corp. (including any related entity or person) or any principal(s) of Ambrosino Consulting Corp. 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?

No.

S. Nature of Applicant's Business. The provisions of construction management.

PART I INFORMATION FOR ACC REAL ESTATE SERVICES, INC.

A. Name: ACC Real Estate Services, Inc.

Address: 155 First Street, Suite 104, Mineola, New York 11501

Fax. 516.644.2226

Federal ID No. 47-45698596

NAICS Code #: 53131

Website: https://www.ambrosinocorp.com/

Name of CEO: Michael Ambrosino

Title: President

Phone Number 516.644.2222

E-Mail: mambrosino@ambrosinocorp.com

B. Business Type: Corporation Income Taxes as: Subchapter S

State and Year of Incorporation: New York; 2015

C. Applicant Counsel:

Forchelli Deegan Terrana LLP 333 Earle Ovington Boulevard, Suite 1010

Uniondale, New York 11553

Attention: Danial P. Deegan, Esq.

Phone: 516.248.1700 Fax: 516.248.1729

E-Mail: DDeegan@Forchellilaw.com

D. Principal Stockholders:

Michael Ambrosino 100%

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

155 Associates, LLC, Ambrosino Consultant Corp., Combined Resources Consulting and Design, Inc., Excel Interior Finishes, MSD2 HWY 49 LLC, MSD2 Prosperity Church LLC, MSD2 Dixie River LLC, MSD2 Airport Blvd LLC, MSD2 Pacific Blvd LLC, MSD2 Wake Forest LLC

F. Is ACC Real Estate Services, Inc. related to any other entity by reason of more than 50% common ownership?

155 Associates, LLC, Ambrosino Consultant Corp., Combined Resources Consulting and Design, Inc., Excel Interior Finishes, MSD2 HWY 49 LLC,

MSD2 Prosperity Church LLC, MSD2 Dixie River LLC, MSD2 Airport Blvd LLC, MSD2 Pacific Blvd LLC, MSD2 Wake Forest LLC

G. List parent corporations, sister corporations and subsidiaries.

None (other than those entities listed in Question E above).

H. Has ACC Real Estate Services, Inc. (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing in the municipality?

None.

I. Is ACC Real Estate Services, Inc. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of ACC Real Estate Services, Inc. or its related entities, involved in litigation or threatened litigation that would have a material adverse effect on ACC Real Estate Services, Inc.'s financial condition of the financial condition of its principals:

No.

J. Has ACC Real Estate Services, Inc. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of ACC Real Estate Services, Inc. or any other business or concern with which such entities, persons or principals have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors?

No.

K. Has ACC Real Estate Services, Inc. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of ACC Real Estate Services, Inc. or its related entities, ever been convicted of any felony or misdemeanor (other than minor traffic offenses), or have any such related persons or principal(s) held positions or ownership interests in any firm or corporation that has been convicted of a felony or misdemeanor (other than minor traffic offenses), or are any of the foregoing the subject of a pending criminal proceeding or investigation?

No.

L. Has ACC Real Estate Services, Inc. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of ACC Real Estate Services, Inc. or its related entities, or any other business or concern which such entities, persons or principal(s) have been connected, been cited for (or is there a pending proceeding or investigation with respect to) a civil violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, taxation, or other operating practices?

No.

M. Is ACC Real Estate Services, Inc. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of ACC Real Estate Services, Inc. or its related entities, or any other business or concern 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?

No.

N. Complete the following information for principals (including, in the case of corporations, officers and members of the board of directors and in the case of limited liability company, members and managers) of ACC Real Estate Services, Inc.

Name:	Title:	Other Business Affiliations
Michael Ambrosino	President	155 Associates LLC (see other firms listed in Question E)

Do any of the foregoing principals hold elected or appointive positions with New York State, any political subdivision of New York State or any other governmental agency?

No.

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

No.

- O. Operation at existing location(s):
 - 2. (a) Location: 155 First Street, Suite 104, Mineola, New York 11501
 - (b) Number of Employees: 8
 - (c) Annual Payroll: \$556,822.78
 - (d) Type of Operation: Real Estate Management
 - (e) Size of existing facility real property: 5,000 sq.ft.
 - (f) Buildings: portion of 1, 2 story 20,000 sq.ft. building
 - (g) Interest in the Facility: Lease
- 2. Will the completion of the proposed Project result in the removal of a plant or facility of ACC Real Estate Services, Inc., or of a proposed user, occupancy, or tenant of the Project or a relocation of any employee of ACC Real Estate Services, Inc., or an employee of a

proposed user, occupant or tenant of the Project, from one area of the State of New York to a location in Nassau County or in the abandonment of such a plant or facility located in an area of the State of New York outside of Nassau County?

No.

3. Will the proposed Project result in the removal or abandonment of a plant of facility of the Applicant, or of a proposed user, occupant or tenant of the proposed project, or a relocation of any employee of ACC Real Estate Services, Inc. or any employee of a proposed user, occupancy or tenant of the proposed Project, located within Nassau County?

No.

P. Has ACC Real Estate Services, Inc. considered moving to another state or another location within New York State?

If the project does not proceed, the parcel will likely be sole and the business may relocate outside of Nassau County.

q. Does any one supplier or customer account for over 50% of ACC Real Estate Services, Inc.'s annual purchases or sales, respectively?

No.

R. Does ACC Real Estate Services, Inc. (including any related entity or person) or any principal(s) of ACC Real Estate Services, Inc. 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?

No.

S. Nature of Applicant's Business. The provisions of real estate management.

PART I INFORMATION FOR COMBINED RESOURCES CONSULTING & DESIGN, INC.

A. Name: Combined Resources Consulting & Design, Inc.

Address: 155 First Street, Suite 102, Mineola, New York 11501

Fax. 516.644.2820

Federal ID No. 47-45698596

NAICS Code #: 54310

Website: https://www.crcd.com/ Name of CEO: Salvatore A. Ferrara

Title: President

Phone Number 516.644.2820 E-Mail: aferrara@cred.info

B. Business Type: Corporation Income Taxed as: Subchapter S

State and Year of Incorporation: New York; 2005

C. Applicant Counsel:

Forchelli Deegan Terrana LLP 333 Earle Ovington Boulevard, Suite 1010 Uniondale, New York 11553

Attention: Danial P. Deegan, Esq.

Phone: 516.248.1700 Fax: 516.248.1729

E-Mail: DDeegan@Forchellilaw.com

D. Principal Stockholders:

Michael Ambrosino 51% Salvatore A. Ferrara 49%

E. If any of the persons described in the response to the preceding Question, or a group of said persons, owns more than a 50% interest in the Applicant, list all other entities which are related to Combined Resources Consulting & Design, Inc. by virtue of such persons having more than a 50% interest in such entities:

155 Associates, LLC, Ambrosino Consultant Corp., ACC Real Estate Services, Inc., Excel Interior Finishes, MSD2 HWY 49 LLC, MSD2 Prosperity Church LLC, MSD2 Dixie River LLC, MSD2 Airport Blvd LLC, MSD2 Pacific Blvd LLC, MSD2 Wake Forest LLC

F. Is Combined Resources Consulting & Design, Inc. related to any other entity by reason of more than 50% common ownership?

155 Associates, LLC, Ambrosino Consultant Corp., ACC Real Estate Services, Inc, Excel Interior Finishes, MSD2 HWY 49 LLC, MSD2 Prosperity Church

LLC, MSD2 Dixie River LLC, MSD2 Airport Blvd LLC, MSD2 Pacific Blvd LLC, MSD2 Wake Forest LLC

G. List parent corporations, sister corporations and subsidiaries.

None (other than those entities listed in Question E above).

H. Has Combined Resources Consulting & Design, Inc. (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing in the municipality?

None.

I. Is Combined Resources Consulting & Design, Inc. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of Combined Resources Consulting & Design, Inc. or its related entities, involved in litigation or threatened litigation that would have a material adverse effect on Combined Resources Consulting & Design, Inc.'s financial condition of the financial condition of its principals:

No.

J. Has Combined Resources Consulting & Design, Inc. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of Combined Resources Consulting & Design, Inc. or any other business or concern with which such entities, persons or principals have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors?

No.

K. Has Combined Resources Consulting & Design, Inc. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of Combined Resources Consulting & Design, Inc. or its related entities, ever been convicted of any felony or misdemeanor (other than minor traffic offenses), or have any such related persons or principal(s) held positions or ownership interests in any firm or corporation that has been convicted of a felony or misdemeanor (other than minor traffic offenses), or are any of the foregoing the subject of a pending criminal proceeding or investigation?

No.

L. Has Combined Resources Consulting & Design, Inc. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of Combined Resources Consulting & Design, Inc. or its related entities, or any other business or concern which such entities, persons or principal(s) have been connected, been cited for (or is there a pending proceeding or investigation with respect to) a civil violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, taxation, or other operating practices?

No.

M. Is Combined Resources Consulting & Design, Inc. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of Combined Resources Consulting & Design, Inc. or its related entities, or any other business or concern 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?

No.

N. Complete the following information for principals (including, in the case of corporations, officers and members of the board of directors and in the case of limited liability company, members and managers) of Combined Resources Consulting & Design, Inc.

Name:	Title:	Other Business
		Affiliations
Michael Ambrosino	Shareholder and Director	155 Associates LLC
		(see other firms listed in
		Question E)
Salvatore A. Ferrara	President	

Do any of the foregoing principals hold elected or appointive positions with New York State, any political subdivision of New York State or any other governmental agency?

No.

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

No.

- O. Operation at existing location(s):
 - 3. (a) Location: 155 First Street, Suite 102, Mineola, New York 11501
 - (b) Number of Employees: 12
 - (c) Annual Payroll: \$1,137,588.00
 - (d) Type of Operation: architecture and design firm
 - (e) Size of existing facility real property: 5,000 sq.ft.
 - (f) Buildings: portion of 1, 2 story 20,000 sq.ft. building
 - (g) Interest in the Facility: Lease

2. Will the completion of the proposed Project result in the removal of a plant or facility of Combined Resources Consulting & Design, Inc., or of a proposed user, occupancy, or tenant of the Project or a relocation of any employee of Combined Resources Consulting & Design, Inc., or an employee of a proposed user, occupant or tenant of the Project, from one area of the State of New York to a location in Nassau County or in the abandonment of such a plant or facility located in an area of the State of New York outside of Nassau County?

No.

3. Will the proposed Project result in the removal or abandonment of a plant of facility of the Applicant, or of a proposed user, occupant or tenant of the proposed project, or a relocation of any employee of Combined Resources Consulting & Design, Inc. or any employee of a proposed user, occupancy or tenant of the proposed Project, located within Nassau County?

No.

P. Has Combined Resources Consulting & Design, Inc. considered moving to another state or another location within New York State?

If the project does not proceed, the parcel will likely be sole and the business may relocate outside of Nassau County.

q. Does any one supplier or customer account for over 50% of Combined Resources Consulting & Design, Inc.'s annual purchases or sales, respectively?

No.

R. Does Combined Resources Consulting & Design, Inc. (including any related entity or person) or any principal(s) of Combined Resources Consulting & Design, Inc. 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?

No.

S. Nature of Applicant's Business. An architectural and design firm.

PART I INFORMATION FOR THE LAW OFFICES OF FRANK J. CASSISI, P.C.

A. Name: The Law Offices of Frank J. Cassisi, P.C.

Address: 155 First Street, Suite 101, Mineola, New York 11501

Fax. 516.294.0711

Federal ID No. 11-2854459 NAICS Code #: 541110

Website: https://www.cassisilaw.com/ Name of CEO: Frank J. Cassisi, Esq.

Title: President

Phone Number 516.294.5050 E-Mail: fcassisi@ccpclaw.net

B. Business Type: Professional Services Corporation

Income Taxed as: Subchapter S

State and Year of Incorporation: New York; 1985

C. Applicant Counsel:

Forchelli Deegan Terrana LLP 333 Earle Ovington Boulevard, Suite 1010

Uniondale, New York 11553 Attention: Danial P. Deegan, Esq.

Phone: 516.248.1700 Fax: 516.248.1729

E-Mail: DDecgan@Forchellilaw.com

D. Principal Stockholders:

Frank J. Cassisi 100%

E. If any of the persons described in the response to the preceding Question, or a group of said persons, owns more than a 50% interest in the Applicant, list all other entities which are related to The Law Offices of Frank J. Cassisi, P.C. by virtue of such persons having more than a 50% interest in such entities:

None

F. Is The Law Offices of Frank J. Cassisi, P.C. related to any other entity by reason of more than 50% common ownership?

None

G. List parent corporations, sister corporations and subsidiaries.

None

H. Has The Law Offices of Frank J. Cassisi, P.C. (or any parent company, subsidiary, affiliate or related entity or person) been involved in, applied for or benefited by any prior industrial development financing in the municipality?

None.

I. Is The Law Offices of Frank J. Cassisi, P.C. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of The Law Offices of Frank J. Cassisi, P.C. or its related entities, involved in litigation or threatened litigation that would have a material adverse effect on The Law Offices of Frank J. Cassisi, P.C.'s financial condition of the financial condition of its principals:

No.

J. Has The Law Offices of Frank J. Cassisi, P.C. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of The Law Offices of Frank J. Cassisi, P.C. or any other business or concern with which such entities, persons or principals have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors?

No.

K. Has The Law Offices of Frank J. Cassisi, P.C. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of The Law Offices of Frank J. Cassisi, P.C. or its related entities, ever been convicted of any felony or misdemeanor (other than minor traffic offenses), or have any such related persons or principal(s) held positions or ownership interests in any firm or corporation that has been convicted of a felony or misdemeanor (other than minor traffic offenses), or are any of the foregoing the subject of a pending criminal proceeding or investigation?

No.

L. Has The Law Offices of Frank J. Cassisi, P.C. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of The Law Offices of Frank J. Cassisi, P.C. or its related entities, or any other business or concern which such entities, persons or principal(s) have been connected, been cited for (or is there a pending proceeding or investigation with respect to) a civil violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, taxation, or other operating practices?

No.

M. Is The Law Offices of Frank J. Cassisi, P.C. (or any parent company, subsidiary, affiliate or related entity or person) or any principal(s) of The Law Offices of Frank J. Cassisi, P.C. or its related entities, or any other business or concern 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?

No.

N. Complete the following information for principals (including, in the case of corporations, officers and members of the board of directors and in the case of limited liability company, members and managers) of The Law Offices of Frank J. Cassisi, P.C.

Name:	Title:	Other Business			
		Affiliations			
Frank J. Cassisi, Esq.	President	155 Associates LLC			

Do any of the foregoing principals hold elected or appointive positions with New York State, any political subdivision of New York State or any other governmental agency?

No.

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

No.

- O. Operation at existing location(s):
 - 4. (a) Location: 155 First Street, Suite 101, Mineola, New York 11501
 - (b) Number of Employees: 9
 - (c) Annual Payroll: \$1,035,123.20
 - (d) Type of Operation: law firm
 - (e) Size of existing facility real property: 5,000 sq.ft.
 - (f) Buildings: portion of 1, 2 story 20,000 sq.ft. building
 - (g) Interest in the Facility: Lease
- 2. Will the completion of the proposed Project result in the removal of a plant or facility of The Law Offices of Frank J. Cassisi, P.C., or of a proposed user, occupancy, or tenant of the Project or a relocation of any employee of The Law Offices of Frank J. Cassisi, P.C., or an employee of a proposed user, occupant or tenant of the Project, from one area of the State of New York to a location in Nassau County or in the abandonment of such a plant or facility located in an area of the State of New York outside of Nassau County?

No.

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

EXHIBIT A

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

CAMOIN ASSOCIATES

Table 14 calculates the benefit (or cost) to the affected taxing jurisdictions as the difference between the PILOT payments associated with the Project and the property tax payments without the Project. Over \$102,375 more in PILOT revenue will be received annually than property taxes that would be received without the Project. The total benefit for the municipalities would be over \$1.5 million over the 15 years. The Applicant will pay \$182,524 less per year under the PILOT than full taxes on the final development.

Table 14

Tax Policy Comparison

	A Property Tax Payment Without Project			В		C				
Year			PILOT Payment		Property Tax Payment With Project and No PILOT		Benefit (Cost) of Project to Municipalities (B-A)		Benefit (Cost) of PILOT to Applicant (C-B)	
1	\$	150,236	\$	151,849	\$	397,353	\$	1,613	\$	245,504
2	\$	153,241	\$	164,305	\$	405,300	\$	11,064	\$	240,995
3	\$	156,306	\$	180,297	\$	413,406	\$	23,991	\$	233,109
4	\$	159,432	\$	196,863	\$	421,674	\$	37,431	\$	224,811
5	\$	162,620	\$	214,020	\$	430,108	\$	51,400	\$	216,088
6	\$	165,873	\$	231,782	\$	438,710	\$	65,909	\$	206,928
7	\$	169,190	\$	250,171	\$	447,484	\$	80,981	\$	197,313
8	\$	172,574	\$	269,202	\$	456,434	\$	96,628	\$	187,232
9	\$	176,026	\$	288,894	\$	465,562	\$	112,868	\$	176,668
10	\$	179,546	\$	309,267	\$	474,874	\$	129,721	\$	165,607
11	\$	183,137	\$	330,339	\$	484,371	\$	147,202	\$	154,032
12	\$	186,800	\$	352,123	\$	494,059	\$	165,323	\$	141,936
13	\$	190,536	\$	374,652	\$	503,940	\$	184,116	\$	129,288
14	\$	194,347	\$	397,944	\$	514,018	\$	203,597	\$	116,074
15	\$	198,233	\$	422,016	\$	524,299	\$	223,783	\$	102,283
Total	\$	2,598,097	\$	4,133,724	\$	6,871,591	\$	1,535,627	\$	2,737,867
Average	\$	173,206	\$	275,582	\$	458,106	\$	102,375	\$	182,524
Present Value*	\$	1,618,710	\$	2,428,209	\$	4,281,255	\$	809,498	\$	1,853,047

Source: Nassau County IDA, Camoin Associates

Note*: Present Value calculation assumes a 6.25% discount rate

