



TOWN OF ISLIP

INDUSTRIAL DEVELOPMENT AGENCY

**Application
for
Financial
Assistance**

Town of Islip IDA
40 Nassau Avenue
Islip, New York 11751
Phone 631.224.5512
Fax 631.224.5532

APPLICANT INSTRUCTIONS

- ♦ In order for a Town of Islip IDA Application to be reviewed in a timely manner, it must be complete. All questions must be answered and all required attachments must be included.
- ♦ Use "None" or "Not Applicable" where necessary.
- ♦ Part VI—Bond Information, need only be completed by applicants for Taxable or Tax Exempt Industrial Development Bonds.
- ♦ All applicants must submit an original and two (2) copies of all documents to the Agency.
- ♦ All applications must be accompanied by a \$500 non-refundable fee to the Town of Islip Industrial Development Agency, and a \$500 non-refundable fee to the Town of Islip for the EAF Review required by the State Environmental Quality Review Act (SEQRA). (If the project has already undergone a SEQRA review during the preview process, then applicant can submit the completed EAF for the one attached to the application).

APPLICANT CHECKLIST

- ☐ I have completed all sections of the attached application.
- ☐ I have signed and notarized the Certification Section (Part VII-A).
- ☐ I have signed Part VII-B regarding the Fee Structure for all IDA transactions.
- ☐ I have attached all company financial information required by Part VIII-A.
- ☐ I have completed and signed the Environmental Assessment Form required by SEQRA. (If the project has already undergone a SEQRA review during a previous process, substitute the completed EAF for the one that was attached to this application).
- ☐ I have completed and signed Form RP485-b as required by Real Property Tax Law.
- ☐ I have submitted the original and two (2) copies of all application materials to the Agency for review.
- ☐ I have submitted an application fee check for \$500 payable to the Town of Islip IDA.
- ☐ I have submitted a \$500 check payable to the Town of Islip for the SEQRA review. (If the project has already undergone a SEQRA review during a previous process, and the applicant substitutes the completed EAF for the one attached to the application, the \$500 SEQRA fee is waived).

PART I Company (Owner/User) Data

PART II Project Data

PART III Employment/Sales Data

PART IV Construction Schedule

PART V Project Costs/Financing

PART VI Certifications

PART VII Required Attachments
1. Financial Information
2. EAF
3. RP 485-b

****FOR TOWN OF ISLIP IDA OFFICE USE ONLY****

Project Summary

A. General

Name of Project Sayville Community Ambulance
Location of Project Lakeland Ave. Sayville
Contact Person & Phone Number Marc MacDonnell

B. Key Dates

Application Submitted 5/31/13
Projected Inducement July 16, 2013
Agenda Closing _____

C. Project Type

☐ Industrial ☒ Not-for-profit ☐ Commercial
☐ Office ☐ Housing ☐ Other _____

D. Project Size

Acreage 2 New construction 23,000 Rehabed _____
Total Project Cost \$9,500,000

E. Type of Assistance

☐ Sale Leaseback ☒ Tax Exempt Bonds ☐ Taxable Bonds

F. PILOT

☐ 485-b ☐ Double 485-b ☐ Affordable Housing
☐ Empire Zone ☐ Not-for-profit ☐ Other None

G. Jobs/Payroll

Retained Jobs 1 New Jobs 1 FT + 15 per diem
90 volunteers
Current Payroll \$14,000 New Payroll 14,000
Average Annual Wage _____
New Average Annual Wage _____

H. Projected Agency Fee \$57,000

I. Additional Notes

I. OWNER & USER DATA

A. Owner Data

1. Company Name Community Ambulance Company, Inc.
Current Address 11 Swayze Street, PO Box 450, Sayville, NY 11782
2. Company Officer certifying this application
Name Marc MacDonell
Mailing Address 146 Railroad Avenue, PO Box 450, Sayville, NY 11782
Telephone [REDACTED] Fax [REDACTED]
Email [REDACTED]
3. Business Type
☐ Sole Proprietorship ☐ General Partnership
☐ Limited Partnership ☐ Limited Liability Company
☒ Not-for-profit Corporation ☐ Privately Held Corporation
☐ Education Corporation ☐ Other
☐ Public Corporation—Listed on _____ Exchange
4. State of Incorporation New York
5. Principal Officers

| Name | Title |
|------------------|--------------------------|
| Peter O'Neill | President |
| Michael Kennedy | Vice President |
| Marc MacDonell | Treasurer |
| Shawn O'Sullivan | Administrative Secretary |
6. Principal Stockholders

| Name | Title |
|------|-------|
| N/A | |
7. Owner's Legal Counsel
Name Howard R. Gross
Firm Name Weinberg, Gross & Pergament LLP
Address 400 Garden City Plaza, Suite 403, Garden City, NY 11530
Telephone [REDACTED] Fax [REDACTED]
Email [REDACTED]
8. Bank References
Chase Bank
90 Main Street
West Sayville, NY 11796
9. Major Trade References
N/A
10. Nature of Business
(i.e. "manufacturer of ___ for ___ industry" or "warehouse distributor of ___" or "real estate holding company")
Volunteer Ambulance Company

II. NAICS Code _____

For help determining your NAICS code, please visit <http://www.naics.com>

I. OWNER & USER DATA N/A

B. User Data

For co-applicants, where a tenant/landlord relationship will exist between the owner and the user, the user must occupy at least 50% of the square footage of the facility

1. Company Name _____
Current Address _____

2. Company Officer certifying this application

Name _____
Mailing Address _____
Telephone _____ Fax _____
Email _____

3. Business Type

- ☐ Sole Proprietorship ☐ General Partnership
☐ Limited Partnership ☐ Limited Liability Company
☐ Not-for-profit Corporation ☐ Privately Held Corporation
☐ Education Corporation ☐ Other
☐ Public Corporation—Listed on _____ Exchange

4. State of Incorporation _____

5. Principal Officers Name Title

Shawn O'Sullivan Administrative Secretary

6. Principal Stockholders Name Title

7. User's Legal Counsel

Name _____
Firm Name _____
Address _____
Telephone _____ Fax _____
Email _____

8. Bank References

9. Major Trade References

10. Nature of Business

(i.e. "manufacturer of ___ for ___ industry" or "warehouse distributor of ___" or "real estate holding company")

- II. NAICS Code _____

For help determining your NAICS code, please visit <http://www.naics.com>

II. PROJECT DATA

A. Location

1. Street Address West side of Lakeland Avenue, Sayville, NY
2. Tax Map
- | | | | |
|------------|------------|----------|---------------|
| <u>500</u> | <u>280</u> | <u>2</u> | <u>p/o 21</u> |
| District # | Section # | Block # | Lot # |
3. Acreage Approximately 2.0
4. Municipal Jurisdictions
- Town Islip
- Village N/A
- School District Sayville

B. Description (Check all that apply)

- | | | |
|---|--------|-------------|
| ■ New Construction | 23,000 | Square Feet |
| □ Addition to Existing Facility | | Square Feet |
| □ Acquisition of Existing Facility | | Square Feet |
| □ Acquisition & Renovation of Existing Facility | | Square Feet |
| □ Purchase of New Machinery & Equipment | | |
| □ Other (specify) | | |

C. Related Facilities

1. Are other facilities or related companies located within the state? ☒ Yes ☐ No
Address 146 Railroad Avenue and 11 Swayze Street, Sayville
-
2. If yes to above (C-1), will any of these facilities close or be subject to reduced activity? ☒ Yes ☐ No
3. If yes to above (C-2), please describe:
- The 146 Railroad Avenue facility will be sold upon completion of the new facility; the disposition of the 11 Swayze Street facility is undetermined at this juncture.

D. Real Estate Search

1. Has the company actively sought sites in another state or outside the New York metropolitan region? ☐ Yes ☒ No
2. If yes to above (D-1), please list the states/regions considered:

E. Present Owner

1. Who is the current legal owner of the site? Town of Islip
2. Is there a purchase option or other legal or common control in the project? ☐ Yes ☒ No
3. Is there an existing or proposed lease for the project? ☐ Yes ☒ No
4. If yes to either above (E-2 or E-3), please explain (i.e. purchase price, term of lease):

II. PROJECT DATA

F. Project Narrative

1. Describe the project in detail, emphasizing the following:
 - A. Specific operations of the company to be conducted at the project premises
(product manufactured/warehoused, services rendered)
 - B. Proposed product lines and market demands
 - C. Need for the new facility
 - D. Square footage of the old facility
 - E. Square footage of the new facility
 - F. Type of building to be constructed
 - G. Major equipment to be purchased

Please see attached narrative.

2. For pollution controls, also describe:
 - A. Type of pollution to be abated
 - B. Method of abatement
 - C. Existing orders of environmental agencies

III. EMPLOYMENT/SALES DATA

| | | | |
|--------------------------------|--------------------|-------------------------------|--------------------------------|
| A. Employees | | First year upon completion | Second year upon completion |
| | Current | | |
| Full time | 1 | 1 | 1 |
| Per Diem Part time | 15 | 15 | 15 |
| Volunteer Seasonal | 90 | 90 | 90 |
| Total | | | |
| | | | |
| B. Payroll | | First year upon completion | Second year upon completion |
| | Current | | |
| Total \$ | \$290,500 | \$290,500 | \$290,500 |
| | | | |
| C. Average Annual Wages | | First year upon completion | Second year upon completion |
| | Current | | |
| Full Time | \$14,000 | \$14,000 | \$14,000 |
| Total \$ | Full Time \$14,000 | \$14,000 | \$14,000 |
| | | | |
| D. Sales | | First year upon completion | Second year upon completion |
| | Current | | |
| Total \$ | N/A | | |

IV. PROJECT CONSTRUCTION SCHEDULE

A. Key Dates (proposed)

| | |
|------------------------------|--------------|
| | Month & Year |
| 1. Construction commencement | August, 2013 |
| 2. Construction completion | June, 2014 |
| 3. Building Occupancy | June, 2014 |

B. Please check if any of the following applications/permits have been filed for the project: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Change of Zone | <input type="checkbox"/> Interior Alterations |
| <input type="checkbox"/> Special Use | <input type="checkbox"/> Building |
| <input checked="" type="checkbox"/> Variance (Rochester Hearing) | <input checked="" type="checkbox"/> Site plan |

V. PROJECT COSTS/FINANCING

A. Estimate the costs necessary for the construction, acquisition, rehabilitation, improvement and/or equipping of the project.

| Item | Amount |
|-------------------------------------|-----------------|
| 1. Land | \$ See Attached |
| 2. Site Work | |
| 3. Building (new construction) | |
| 4. Building (rehabilitation) | |
| 5. Engineering & Architectural Fees | |
| 6. Machinery & Equipment | |
| 7. Other (specify) | |

TOTAL PROJECT COST \$9,500,000 (rounded)

B. How does the company propose to finance the project?

| | Amount | Term |
|---|-------------|----------|
| 1. Tax Exempt IDB* | \$6,750,000 | 25 years |
| 2. Taxable IDB* | 0 | |
| 3. Conventional Mortgage (with IDA sale/leaseback) | 0 | |
| 4. Owner/User Self-Financing (with IDA sale/leaseback) | 0 | |
| 5. JDA/SBA | 0 | |
| 6. Other loans | 0 | |
| 7. Company/Owner Equity contribution | \$2,757,000 | |

TOTAL AMOUNT FINANCED \$ 9,500,000 (rounded)

C. Please estimate when the above amounts will be required

July, 2013
Month & Year

* The Agency Fee of one-half of a basis point (.005) will be applied against the total project cost or, where applicable, against the amount of the IDB issuance.

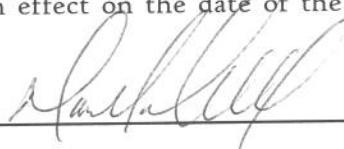
VI. CERTIFICATIONS

A. Applicant Responsibilities

Marc MacDonell (name of representative of entity submitting application or name of individual submitting application) deposed and says that s/he (choose and complete one of the following two options) (a) is a/the Treasurer (title) of Community Ambulance Company, Inc. (company name), the entity named in the attached application, or (b) is the individual named in the attached application; that s/he has read the foregoing application and knows the contents thereof; and that the same is true of his/her knowledge.

Deponent further says that s/he is duly authorized to make this certification on behalf of her/himself or on behalf of the entity named in the attached application. The grounds of deponent's belief relative to all matters in said application which are not stated upon his/her own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as, if deponent is not an individual applicant, information acquired by deponent in the course of his/her duties in connection with said entity and from the books and papers of said entity.

Economic Development Corporation
As (a) the representative of said entity, or (b) the individual applicant (such entity or individual applicant hereinafter referred to as the "Applicant"), deponent acknowledges and agrees that the Applicant shall be and is responsible for all costs incurred by the Town of Islip ~~Industrial Development Agency~~ (hereinafter referred to as the ~~Agency~~), acting on behalf of the Applicant in connection with this application and all matters relating to the provision of financial assistance to which this application and all matters relating to the provision of financial assistance to which this application relates. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper or requested action or withdraws, abandons, cancels or neglects the application, then upon presentation of an invoice, the Applicant shall pay to the ~~Agency~~, its agents or assigns, all actual costs incurred with respect to the application up to that date and time, including fees to transaction counsel for the ~~Agency~~ and fees of general counsel for the ~~Agency~~. Upon the successful conclusion of the transaction contemplated herein, the Applicant shall pay to the ~~Agency~~ an administrative fee set by the ~~Agency~~, in accordance with its fee schedule in effect on the date of the foregoing application, which amount is payable at closing.



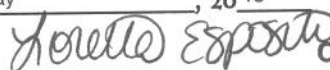
Print Name Marc MacDonell

Title Treasurer

NOTARY

Sworn to before me this 30th day of May, 2013

Loretta Esposito
Notary Public, State Of New York
Registration No. 01ES5060647
Qualified In Nassau County
Commission Expires May 20, 2014



VI. CERTIFICATIONS

B. Fee Structure

1. Application Fee—\$1,000.

An application for IDA assistance must be accompanied by a non-refundable fee of \$1,000 a \$500 fee for the Town of Islip review of an Environmental Assessment Form as required by the State Environmental Quality Review Act (SEQRA). (The \$500 fee will be waived if the applicant's project has already undergone a SEQRA review during a previous process, i.e. site plan, building permit, change of zone, etc.)

2. Agency Fee—.006

Upon closing of any IDA project, the Agency will assess a fee of 6/10 of one per cent (60 basis points) against the size of the project. For IDB projects, the .006 will be measured against the final bond amount. For straight-lease transactions, the .006 will be measured against the projected total costs.

3. Agency Counsel—\$250 per hour

The Town of Islip Town Attorney's Office acts as counsel to the Town of Islip IDA and must be reimbursed for time spent on IDA-related transactions. The Agency counsel bills all time spent on IDA matters at \$250 per hour. For IDA closings up to \$5 million, the Agency counsel bills a minimum of \$3,500. For projects greater than \$5 million, the Agency counsel bills a minimum of \$5,000. For all other activities, i.e. terminations, simple consents and waivers, transfer of assets, etc., the Agency counsel will bill at the aforementioned \$250 per hour.

4. Processing Fee—\$500

During the course of IDA ownership/involvement, the Agency may occasionally be required, by the company, to consent to a variety of items, i.e. pre-payment of bonds, second mortgages, additional secured financing, etc. The Agency will charge a \$500 processing fee for each of these requests.

5. Assignments & Assumptions—\$1,500

Occasionally, the IDA is asked to transfer benefits that were assigned to the original company, i.e. PILOT or mortgage recording tax benefits, to a different company, typically upon a sale of the IDA property. The new company often wishes to continue IDA involvement with the property in order to retain the IDA incentives. The Agency will charge a \$1,500 fee for each of these transactions.

6. PILOT Extensions/Modifications- .006

Occasionally, the Agency is asked to extend or modify an existing Payment In Lieu of Taxes Agreement (PILOT). The .006 will be measured against the projected increase of the PILOT benefit.

7. Annual Administrative Fee - \$1,000

An Annual Administrative Fee of \$1,000 will be charged to all projects to cover the cost of all reporting and monitoring of the transaction. This fee is subject to periodic review and may be adjusted at the discretion of the ~~Agency~~ *Corporation*

8. Bond/Transaction Counsel—fee negotiated separately

EDC While the Town of Islip ~~IDA~~ is represented locally by the Town of Islip Town Attorney's Office, a separate Bond/Transaction Counsel is also necessary on any ~~IDA~~ project. *EDC* Bond/Transaction counsels render "third party" opinions that the bond or straight lease transaction is authorized under all federal, state and local statutes. Bond/Transaction counsel also prepares all documents related to ~~IDA~~ *EDC* transactions and coordinates all activities leading up to closing. The Town of Islip ~~IDA~~ *EDC* has designated the firm of Nixon Peabody, LLP as its Bond/Transaction counsel and all fees are separately negotiated with them.

I have read and understand the aforementioned explanation of the fees associated with all Town of Islip ~~Industrial Development Agency~~ Transactions.

Economic Development Corporation

Signature _____

Marc MacDonell, Treasurer

VII. REQUIRED ATTACHMENTS

A. Financial Information

(Attach the following financial information of the owner and user)

1. Financial statements for the last two fiscal years (unless included in the Owner's or User's Annual Report)
2. Owner's or User's Annual Reports (or Form 10-k's) for the two most recent fiscal years
3. Quarterly reports (Form 10-Q's) and current reports (Form 8-k's) since the most recent annual report, if any
4. In addition, if applicable, please attach the financial information described above in items A, B and C, of any expected guarantor of the proposed bond issue other than the Owner or the User
5. Upon request of the Applicant, the Agency will review the information submitted pursuant to this Section VIII and return all copies to the Applicant within two weeks after the inducement date. Please indicate whether you require the information to be returned.
☐ Yes ☒ No

B. Environmental Assessment Form

Please complete the attached EAF as required by the State Environmental Quality Review Act (SEQRA).

C. Form RP 485-b N/A

Please complete the attached Form RP 485-b as required by Section 485-b of the Real Property Tax Law

