

BUILD NYC RESOURCE CORPORATION
PROJECT COST/BENEFIT ANALYSIS
October 10, 2013

APPLICANT

Fedcap Rehabilitation Services, Inc.
211 W 14th St
New York, New York 10011

PROJECT LOCATION

633 Third Avenue
New York, New York 10007

A. Project Description:

Fedcap Rehabilitation Services, Inc. (“Fedcap”) is a not-for-profit social services organization that provides vocational training and resources to those who face barriers to employment.

Fedcap is seeking approval for the issuance of approximately \$30,000,000 in tax-exempt financing to: (1) finance the acquisition of an approximately 44,780 square foot condominium unit located in Midtown for use as administrative and program space; and (2) finance capitalized interest on the bonds; and (3) pay certain costs of issuance.

B. Costs to City (New York City taxes to be exempted):

Mortgage Recording Tax Benefit:	\$ 488,012
Estimated NYC Forgone Income Tax on Bond Interest (estimated NPV 25 years @ 6.25%)*:	252,748
Total Cost to NYC	\$ 740,760

*The exact amount of personal income tax revenue that will be lost as a result of this transaction depends on factors including (but not limited to) the percentage of bond bought by entities subject to New York City personal income taxes, the interest income generated from the bonds and the tax rate applied to bond purchasers.

C. Benefit to City (Estimated NYC direct and indirect taxes to be generated by Company) (estimated NPV 25 years @ 6.25%):	\$ 3,526,917
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BENEFITS APPLICATION

Applicant Name: Fedcap Rehabilitation Services, Inc.	
Name of operating company (if different from Applicant):	
Operating Company Address: 211 West 14 th Street, New York, NY 10011	
Website Address: www.fedcap.org	
EIN #: [REDACTED]	NAICS Code:
State and date of incorporation or formation: New York 1957	Qualified to conduct business in NY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is (check one of the following, as applicable):	
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Natural Person
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation
<input checked="" type="checkbox"/> 501(c)(3) Organization	<input type="checkbox"/> Other: _____
Are any securities of Applicant publicly traded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Applicable Program (check all that apply)

Please note the following: When Build NYC is the entity providing Financial Assistance, the Project Financial Assistance may be limited to deferral from mortgage recording taxes and tax-exempt conduit bond financing.

Bond Programs	Incentive Programs
<input type="checkbox"/> Manufacturing Facilities Bonds (Please complete Manufacturing Questionnaire under Supplementary Forms)	<input type="checkbox"/> Industrial Incentive (IIP)
<input checked="" type="checkbox"/> Not-For-Profit Bonds	<input type="checkbox"/> Industrial Developer
<input type="checkbox"/> Exempt Facilities Bonds	<input type="checkbox"/> Commercial Growth

Applicant Contact Information

	Name/Title	Company	Address	Email	Phone
Applicant Contact Person	Kenneth Brezenoff / VP Strategic Partnerships & Contract Mgmt	Fedcap	211 West 14 th Street New York, NY 10011	[REDACTED]	[REDACTED]
Attorney	Michelle Arbeeny	Windels Marx Lane & Mittendorf, LLP	156 West 56 th Street New York, NY 10019	[REDACTED]	[REDACTED]
Accountant					
Consultant/Other	Rochelle Powell	Prager & Co.	60 East 42nd Street Suite 1600 New York, NY 10165	[REDACTED]	[REDACTED]

Background

Please provide a brief description of the company history and nature of the business, including a description of the industry, competitors, services offered on a separate sheet.

Proposed Project Activities

Please provide answers to the following four questions on a separate page. **Please See Attached**

1. Please provide a brief overview of the entire proposed Project. If necessary, break down by tax lot to describe activities at each Project Location.
2. Please provide a brief description of how the proposed Project will affect current operations.
3. Please provide a brief description of renovations/construction of the proposed Project.
4. Please provide a brief timeline for the entire proposed Project.

Project Financing

Amounts provided should be aggregates for all Project Locations.

Uses of Funds	Sources of Funds (If needed use an additional sheet to indicate all sources and uses)							Total Uses
	Bond Proceeds	Commercial Financing (Loan 1)	Commercial Financing (Loan 2)	Affiliate/Employee Loans	Capital Campaign	Company Funds	Other (Identify):	
Land & Building Acquisition	28,211,703.47							28,211,703.47
Construction Hard Costs								
Construction Soft Costs								
Fixed Tenant Improvements								
Machinery Furnishings and/or Equipment								
Debt Service Reserve Fund								
Capitalized Interest	1,150,796.53							1,150,796.53
Costs of Issuance	637,500					31,500		669,000
Fees (explain):								
Other (explain) Refinancing								
Total Sources	30,000,000					31,500		30,031,500

Please list where machinery, equipment and furnishings will be purchased and what percentage of total machinery, equipment, and furnishings relating to the Project this will represent:

<input type="checkbox"/> New York City	% of Total?
<input type="checkbox"/> New York State (excluding NYC)	% of Total? <input type="text"/>
<input type="checkbox"/> United States (excluding NYS & NYC)	% of Total? <input type="text"/>
<input type="checkbox"/> Outside United States	% of Total? <input type="text"/>
<input checked="" type="checkbox"/> N/A – No equipment is planned to be purchased for this Project	

Project Location Detail

Project Location		Project Location # 1 of 1	
Borough/Block/Lot: Manhattan / 1314 / 9E		Street address and zip code: 633 Third Avenue 10017	
Zoning: C5-3		Number of Floors: 1	
Square footage of existing building: 44,779		Square footage of land: N/A	
Anticipated square footage of building following construction and/or renovation: 44,779		Anticipated square footage of non-building improvements following construction and/or renovation (i.e., parking lot construction): N/A	
Intended use(s) of site (check <u>all</u> that apply): <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Office <input checked="" type="checkbox"/> Non-profit <i>For ALL USES other than Non-profit or Retail, please also complete Energy Questionnaire</i>			
Is there any improved space which is currently occupied by existing subtenant(s) (whether Affiliates or otherwise)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will any improved space be occupied by subtenant(s) (whether Affiliates or otherwise)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes to either, please attach a separate page and provide details such as (1) name of subtenant business(es) (whether Affiliates or otherwise), (2) square footage of subtenant operations, (3) subtenant lease commencement and termination dates, and (4) copies of leases.			

Anticipated Ownership of Premises

1. Please check all that apply:

<input checked="" type="checkbox"/> Applicant or an Affiliate is or expects to be the fee simple owner of the Project Location	(Projected) Acquisition date:
<input type="checkbox"/> Applicant or an Affiliate leases or expects to lease the Project Location	(Projected) Lease signing date:
If you checked the box above, please select one of the following: <input type="checkbox"/> Lease is for an entire building and property <input type="checkbox"/> Lease is for a portion of the building and/or property.	
<input type="checkbox"/> None of the above categories fully describe Applicant's interest or intended interest in the Project Location, which may be more accurately described in a supplementary document (attached).	

2. If an Affiliate owns or controls (or will own or control) a Project Location, then describe such Affiliate by choosing one of the following selections and completing the chart provided below:

- | | | |
|--|--|---|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> 501(c)(3) Organization |
| <input type="checkbox"/> Natural Person | <input type="checkbox"/> Other (specify): _____ | |

Name of Affiliate:	EIN # of Affiliate:
Address of Affiliate:	
Affiliation of Affiliate to Applicant:	
Contact Person:	Title of Contact Person:
Phone Number(s):	

Employment Information

The following information will be used as part of the NYCIDA's calculation of the benefit of the project, and as a basis for the comparison with the employment information that the Applicant will be required to report on an annual basis for the term of the Agreement.

- Anticipated Facility Operations Start-Date: 4/1/2014
- Number of Employees Applicant employed throughout New York City as of the last pay period:
Part-time (working between 17.5 and 35 hours per week): 151 Full-time (working 35 or more hours per week): 1,558
- If Applicant currently occupies and operates at the Project Location, how many Full- and Part-time Employees are employed at Project Location?
Part-time (working between 17.5 and 35 hours per week): N/A Full-time (working 35 or more hours per week): N/A
- Number of Employees Applicant expect to employ throughout New York City on the Facility Operations Start-Date:
Part-time (working between 17.5 and 35 hours per week): 155 Full-time (working 35 or more hours per week): 1,605

How many of these employees are expected to be relocated to the Project Location on or about the Facility Operations Start Date?

Part-time (working between 17.5 and 35 hours per week): 5 Full-time (working 35 or more hours per week): 72

- Estimated New-growth Employment
Complete the following chart to indicate the number of new employees that are expected to be hired at the Project Location in each year.
Note: Year 1 is the year following the Facility Operations Start-Date; Year 2 is the second year following that date; Year 3 is the third, etc.

Years following Facility Operations Start Date	1	2	3	4	5	6	7	Total New Growth
Permanent Full-time	3	0	0	0	0	0	0	3
Permanent Part-time	0	0	0	0	0	0	0	0

Wage Information

The questions in this section apply only to **Permanent Employees** employed or to be employed at the Project Location, and this information should **not include** compensation paid to Principals. Please note this information is required to be provided to the Agency on an annual basis.

- If employees are to be relocated on the Facility Operations-Start Date, what will be the average annual compensation per relocated employee?
Part-time: \$28,000 Full-time: \$74,000
- With regard to the employees currently employed at the Project Location, what is the current average annual compensation per employee?
Part-time: N/A Full-time: N/A
- For new employees expected to be hired in the first year following the Facility Operations Start-Date, what is the projected average annual compensation per employee?
Part-time: N/A Full-time: \$65,000
- For all new employees (again, excluding Principals) expected to be hired during the three-year period following the Facility Operations Start-Date, please project the following:

Part-Time

Average annual compensation per employee: N/A
Annual salary of highest compensated part-time employee: N/A
Annual salary of lowest compensated part-time employee: N/A

Full-Time

Average annual compensation per employee: \$65,000
Annual salary of highest compensated full-time employee: \$75,000
Annual salary of lowest compensated full-time employee: \$40,000

- Generally describe all other forms of compensation and benefits that Permanent Employees will receive. Examples: healthcare, employer-contributions for retirement plans, on-the-job training, reimbursement for educational expenses, etc.

Please see the attached "2013 Benefits At A Glance"

Labor

The Applicant and its Affiliates hereinafter will be referred to collectively as the “Companies” or individually as a “Company.” If none of the following questions apply to any of these Companies, answer “NO”; but, for any question that does apply, be sure to specify to which of the Companies the answer is relevant.

1. Have any of the Companies during the current calendar year or any of the five preceding calendar years experienced labor unrest situations, including actual or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?
 Yes No If Yes, please explain on an attached sheet
2. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year or any the five calendar years preceding the current calendar year?
 Yes No If Yes, please describe and explain current status of complaints on an attached sheet
3. Do any of the Companies have pending or threatened requests for arbitration, grievance proceedings or other labor disputes during the current calendar year or any of the five calendar years preceding the current calendar year?
 Yes No If Yes, please explain on an attached sheet
4. Are all employees of the Companies permitted to work in the United States?
 Yes No If No, please provide details on an attached sheet.
 Do the Companies complete and retain all required documentation related to this inquiry, such as Employment Eligibility Verification (I-9) forms?
 Yes No If No, please explain on an attached sheet
5. Has the United States Department of Labor, the New York State Department of Labor, the New York City Office of the Comptroller or any other local, state or federal department, agency or commission having regulatory or oversight responsibility with respect to workers and/or their working conditions and/or their wages, inspected the premises of any Company or audited the payroll records of any Company during the current or preceding three year calendar years?
 Yes No If “Yes,” please use an attached sheet to briefly describe the nature and date of the inspection and the inspecting governmental entity. Briefly describe the outcome of the inspection, including any reports that may have been issued and any fines or remedial or other requirements imposed upon any of the Companies as a consequence.
6. Have any of the Companies incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?
 Yes No If “Yes,” please use an attached sheet to quantify the liability and briefly describe its nature. Refer to any governmental entities that have had regulatory contact with the Company in connection with the liability.
7. Are the practices of any of the Companies now, or have they been at any time during the current or preceding five calendar years, the subject of any complaints, claims, proceedings or litigation arising from alleged discrimination in the hiring, firing, promoting, compensating or general treatment of employees?
 Yes No If “Yes,” provide details on an attached sheet. Note “discrimination” includes sexual harassment.

Financials

1. Has **Applicant**, any **Affiliate**, or **Principal**, or any **close relative of any Principal**, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of non-discretionary benefit from any **Public Entities**?
 Yes No If Yes, please provide details on an attached sheet.
2. Has **Applicant**, or any **Affiliate** or **Principal**, or any existing or proposed occupant at the **Project Location(s)**, obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the NYCIDA/Build NYC and/or other **Public Entities**?
 Yes No If Yes, please provide details on an attached sheet.
3. Has **Applicant**, or any **Affiliate** or **Principal**, ever defaulted on a loan or other obligation to a **Public Entity**?
 Yes No If Yes, please provide details on an attached sheet.
4. Has real property in which **Applicant**, or **Affiliate** or **Principal**, holds or has ever held an ownership interest and/or controlling interest of 25 percent or more, now or ever been (i) the subject of foreclosure (including a deed in lieu of foreclosure), or (ii) in arrears with respect to any type of tax, assessment or other imposition?
 Yes No If Yes, please provide details on an attached sheet.
5. Does **Applicant**, or any **Affiliate** or **Principal**, have any contingent liabilities not already covered above (e.g., judgment liens, lis pendens, other liens, etc.)? Please include mortgage loans and other loans taken in the ordinary course of business only if in default.
 Yes No If Yes, please provide details on an attached sheet.
6. Has **Applicant**, or any **Affiliate** or **Principal**, failed to file any required tax returns as and when required with appropriate governmental authorities?
 Yes No If Yes, please provide details on an attached sheet.

For questions **7 through 12, below**, please provide the answers on a separate page, and **be sure to include for EACH question (a) name of contact person(s), (b) phone and fax numbers, and (c) email addresses.**

7. Please provide a list of the Applicant's major customers and include the proportionate share of Applicant revenue that each customer represents.
8. Please provide a list of the Applicant's major suppliers.
9. Please list major funding sources and/or investors.
10. Please list all labor union contracts and collective bargaining arrangements to which any of the Companies is a party.
11. Please list all banks where the Companies maintain accounts.
12. Please list any licenses and licensing authorities, if any licensure is required for Company operations.

Anti-Raiding

1. Will the completion of the Project result in the relocation of any plant or facility located within New York State, but outside of New York City, to New York City? Yes No

If "Yes," please provide the names of the owners and addresses of the to-be-removed plant(s) or facility(ies):

2. Will the completion of the Project result in the abandonment of any plants or facilities located in an area of New York State other than New York City? Yes No

If "Yes," please provide the names of the owners/operators and the addresses of the to-be-abandoned plant(s) or facility(ies):

If the answer to question 1 or 2 is "Yes," please continue and answer questions 3 and 4.

3. Is the Project reasonably necessary to preserve the competitive position of this Applicant, or of any proposed occupants of the Project, in its industry? Yes No
4. Is the Project reasonably necessary to discourage the Applicant, or any proposed occupant of the Project, from removing such plant or facility to a location outside New York State?
 Yes No

If the answer to question 3 or 4 is "Yes," please provide on a detailed explanation on a separate sheet of paper.

Certification

I, the undersigned officer/member/partner of Applicant, on behalf of Applicant, hereby request, represent, certify, understand, acknowledge and agree as follows:

I request that this Application, together with all materials and data submitted in support of this Application (collectively, these "Application Materials"), be submitted for review to the Agency's Board, in order to obtain from the Board an expression of intent to provide the benefits requested herein for the Project.

I represent that I have the authority to sign these Application Materials on behalf of, and to bind, Applicant.

I certify to the best of my knowledge and belief, after due investigation, the information contained in these Application Materials is accurate, true and correct and does not contain a misstatement of a material fact or omit to state a material fact necessary to make the statements contained herein not misleading. I understand that an intentional misstatement of fact, or, whether intentional or not, a material misstatement of fact, or the providing of materially misleading information, or the omission of a material fact, may cause the Agency's Board to reject the request made in the Application Materials. I understand that the Agency will rely on the information contained within these Application Materials in producing and publishing a public notice and convening a public hearing. If any information in these Application Materials is found to be incorrect, the Applicant may have to provide new information and a new public notice and public hearing may be required. If a new public notice and public hearing is required, they will be at the Applicant's expense.

I understand the following: that Applicant and Principals will be subject to a background check and actual or proposed subtenants may be subject to a background check, and if such background check performed by the Agency with respect to Applicant or any Affiliates reveals negative information, Applicant consents to any actions that the Agency or NYCEDC may take to investigate and verify such information; that the Agency may be required under SEQRA to make a determination as to the Project's environmental impact and that in the event the Agency determines that the Project will have an environmental impact, Applicant will be required to prepare, at its own expense, an environmental impact statement; that the decision of the Board to approve or to reject the request made in the Application Materials is a discretionary decision; that no Bonds may be issued (if Bonds are being requested) unless such Bonds are approved by the Mayor; that under the New York State Freedom of Information Law ("FOIL"), the NYCIDA/Build NYC may be required to disclose the Application Materials and the information contained therein (see Disclosure Policy and Procedure); and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials.

I further understand and agree as follows:

That notwithstanding submission of this Application, the Agency shall be under no obligation to present Applicant's proposed Project to its Board of Directors for approval. If the Agency presents Applicant's proposed Project to its Board of Directors for approval, the Agency does not guaranty that such approval will be obtained. If upon presenting Applicant's proposed Project to its Board of Directors for approval the Agency obtains such approval, such approval shall not constitute a guaranty from the Agency to Applicant that the Project transaction will close.

That preparation of this Application and any other actions taken in connection with the proposed Project shall be entirely at Applicant's sole cost and expense. Under all circumstances, the Application Fee is non-refundable, including but not limited to the circumstance where the Agency decides, in its sole discretion, to not present Applicant's proposed project to the the Agency Board of Directors for Approval.

That the Applicant hereby releases the Agency, NYCEDC, and the directors, officers, employees and agents of each (collectively, the "Indemnitees") from all claims that Applicant has or could assert and which arise out of this Application or out of any actions taken in connection with this Application or our of any other actions taken in connection with the proposed Project (collectively, the "Actions"). Applicant hereby indemnifies and holds harmless each of the Indemnitees against any claims and damages brought or asserted by third parties, including reasonable attorneys' fees, arising from or in connection with the Actions. As referred to herein, "third parties" shall include but not be limited to Affiliates.

That in the event the Agency discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Agency to make such disclosure and hereby releases the Agency from any claim or action that Applicant may have or might bring against the Agency, their directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the Agency and the NYCEDC and their respective directors, officers, agents, employees and attorneys harmless (including without limitation for the cost of reasonable attorneys fees) against claims arising out of such disclosure as such claims may be made by any party including the Applicant, Affiliate, Owner or Principal, or by the officers, directors, employees and agents thereof.

I acknowledge and agree that the Agency reserves its right in their sole and absolute discretion to request additional information, waive any requirements set forth herein, and/or amend the form of this Application, to the full extent permitted by applicable law.

Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,

I certify that, using due care, I know of no misstatement of material fact in these Application Materials and know of no material fact required to be stated in these Application Materials to make the statements made therein not misleading. Certified by Preparer,

This 26th day of August, 2013 . _____

This _____ day of _____, 20____ . _____

Name of Applicant: FEDCAP REHABILITATION SERVICES, INC.

Name of Preparer: _____

Signatory: MICHAEL KURTZ

Signatory: _____

Title of Signatory: CFD

Title of Signatory: _____

Signature: Michael Kurtz

Signature: _____

Background:

Fedcap was founded in the spring of 1935 by three men with disabilities living in New York City. The men had struggled to make ends meet during the Depression due to their inability to find work because of their physical disabilities. In an effort to change the misconceptions and attitudes about disabled workers, the men set about proving that people with barriers could be productive workers. In this effort they founded the Federation of the Crippled and Disabled, based in the principles of work, dignity and achieving economic independence. It was the first organization in the country run by and providing services to, people with disabilities.

Fedcap's mission is to create opportunities for people with barriers to move toward economic independence as valued and contributing members of society. Each year, Fedcap's evaluation, vocational training, job placement and counseling services, and employment support and advocacy programs, help more than 2,000 Americans overcome obstacles, rebuild their lives, and find and keep meaningful employment.

Fedcap provides a number of programs and services to meet the needs of its consumers. These programs are broken into four key areas; Adults, Youth and Young Adults, mental health and Community Impact.

Adult Services – Fedcap provides evaluation, education and vocational and skills training, career counseling, job placement and post-employment support. Additionally, Fedcap provides extensive “soft” skills training in, for example resume development and workplace behavior. Fedcap places people in jobs across a wide variety of businesses and employs 1,800 in its own \$100 million managed-services operations. In 2012 Fedcap combined with Wildcat Service Corp., renowned for pioneering work with NYC's ex-offenders, disconnected youth, public assistance recipients and unemployed individuals. Fedcap also works with NYC Dept. of Probation and Small business services through Employment Works. This program helps probationers in Manhattan and the Bronx prepare for, secure and maintain employment while providing businesses a trained, qualified and pre-screened workforce.

Youth and Young Adults – Fedcap offers a wide array of programs and services to help young people achieve success in education and employment. The specific focus areas include youth who have spent time in foster care or are “transitioning out” of other child-welfare and juvenile justice systems; those with physical, developmental or learning disabilities and any young person disconnected from the support they need to move into successful and self-sufficient adulthood.

Mental Health – Fedcap's mental health programs support, enhance and encourage emotional growth and development of life skills. Fedcap runs a voluntary clubhouse in Manhattan's Chelsea neighborhood called The Chelton Loft. Fedcap also runs Fedcap Aspirations, a partial care mental health program specializing in serving adults with severe and persistent mental illness, as well as those with developmental disabilities and psychiatric illness. Fedcap Behavioral Health Services is an Article 31 outpatient mental health clinic that provides: Individual counseling and psychotherapy, psychiatric evaluations, medication management, group counseling, family counseling, couple's counseling,

services for veterans and their families and services for patients with co-occurring disorders and forensic histories.

Community Impact Institute – The Community Impact Institute (CII) is the discovery arm of Fedcap with a concentration on field research using community forums, surveys, focus groups, and outreach to local politicians and community leaders to gain insight into the core needs of disenfranchised groups. The CII supports Fedcap’s expanded mission of looking beyond training and job placement by improving the quality of life for the urban communities it serves and where the most vulnerable live and work.

Proposed Project Activities:

- 1.) The proposed project will provide for the acquisition of space located at 633 Third Avenue in midtown Manhattan. The space is a condominium office building and Fedcap plans to purchase one complete floor. Upon acquisition, there would be minor modifications to the space which would be primarily cosmetic modifications such as paint and carpet. Once complete Fedcap would move several functions from its headquarters at 211 W. 14th Street to the new space as well as some programing space from 119 West 19th Street. These functions would include: Administrative functions, Program Management, and some direct programing. This move would free-up space at the 211 W. 14th Street location for programing.
- 2.) The goal of the project is to provide space for the continued growth of Fedcap. Over the last several years, Fedcap has seen tremendous growth and believes this expansion will continue for the foreseeable future. In the last 4 years operations have expanded from \$65 million to \$135million and are projected to exceed \$150 million by the end of 2015, while employing 2,500 people. The acquisition of the property at 633 Third Avenue would provide the space necessary to maintain the current growth pattern of Fedcap for years to come.
- 3.) There will be minimal modification work at the project location. The space is move-in ready and the vast majority of any work done will be cosmetic, such as new paint. No significant renovation/construction is planned.
- 4.) It is expected that the purchase of the space will be completed in late 2013; the move-in date will be approximately 60-90 days after the purchase is complete.

Fedcap Rehabilitation Services Inc

Financial Questions

7. List of Major Customers		Revenue				Contact Information	
		(9 Months Actual + 3 Months Outlook)	% of Revenue				
	New York State Dept of Education Access VR		2.8%			Bureau of Proprietary School Supervision, 99 Washington Ave, Albany NY 12234	
	Social Services Administration		2.9%		Contract Specialist	26 Federal Plaza, room 4040, New York, NY 10278	
	General Services Administration		24.5%		Contracting Officer	Operations Branch B, Acquisition Management Division, 26 Federal Plaza, New York, NY 10278	
	New York State Industries for the Disabled		15.8%		Vice President Contract Administration & Quality Management	11 Columbia Circle Drive Albany, NY 12203	
	Federal Aviation Administration		9.2%		Contracting Officer	FAA William J. Hughes Technical Center, 4 th Fl, M26, Atlantic City International Airport, Atlantic City, NJ 08405	
	Visiting Nurse Service of New York		4.7%		Contract Administrator	1250 Broadway, 4th Floor NY NY 10001	
	New York City Human Resources Administration		17.5%		Ass Deputy Commissioner	2 Washington Street, 17th Floor, New York NY	
	Other		22.7%				
	Total Revenue Outlook - Fiscal 2013		100.0%				

Fedcap Rehabilitation Services Inc

Financial Questions

8. List of Major Vendors

Vendor	2013 Purchases Annualized	Type of Service	Address	Email/Phone
ISS World Corp	[REDACTED]	Subcontractor for mechanical services for Facility Management LOB	8 Dorsa Ave, Livingston NJ 07039	[REDACTED]
Kaufman Management Company	[REDACTED]	Landlord 119 West 19th	Kaufman Management Company 450 7th Ave, Penthouse, NY NY 10123	[REDACTED] President [REDACTED]
USI	[REDACTED]	Employee Benefits	261 Madison Ave, NY NY 10013	[REDACTED]
Ocean Janitorial	[REDACTED]	Consumable supplies for Facility Management	2775 Sunrise Highway. Islip Terrace, NY 11752	[REDACTED]
ACR Electronics	[REDACTED]	Parts supplier for manufacture Light Marker for US Army	5757 Ravenswood Road, Fort Lauderdale FL 33312	[REDACTED]

Fedcap Rehabilitation Services Inc

Financial Questions

	(9 Months Actual + 3 Months Outlook)	Funding Source
New York State Dept of Education Access VR		New York State DOE
Social Services Administration		Federal
General Services Administration		Federal
New York State Industries for the Disabled		Various NY State Agencies
Federal Aviation Administration		Federal
Visiting Nurse Service of New York		VNS billings to Medicaid
New York City Human Resources Administration		Federal funding to State and City
Other		
Total Revenue Outlook - Fiscal 2013		

Fedcap Rehabilitation Services Inc

Financial Questions

10. Union Contracts

	<u>Employees Eligible</u>	<u>Number in Union</u>
Local 68 International union of Operating Engineers 11 Fairfield Place West Caldwell NJ 07006 Contact: [REDACTED] Phone : [REDACTED]	Employees working at FAA Atlantic City Facility Management Contract	16
Local 1199 SEIU United Healthcare Workers East 310 West 43rd Street New York, NY 10031 Contact: [REDACTED] VP	Home health aides in New York City	350

Fedcap Rehabilitation Services Inc

Financial Questions

11. Banking Relationships

Capital One [REDACTED], Sr VP
90 Park Avenue, 6th Floor
New York, NY 10016
[REDACTED]
[REDACTED]

JP Morgan Chase [REDACTED], Sr VP
277 Park Avenue, 23rd Floor
New York, NY 10172
[REDACTED]
[REDACTED]

IDB Bank [REDACTED], Sr VP
511 Fifth Avenue
New York, NY 10017
[REDACTED]
[REDACTED]

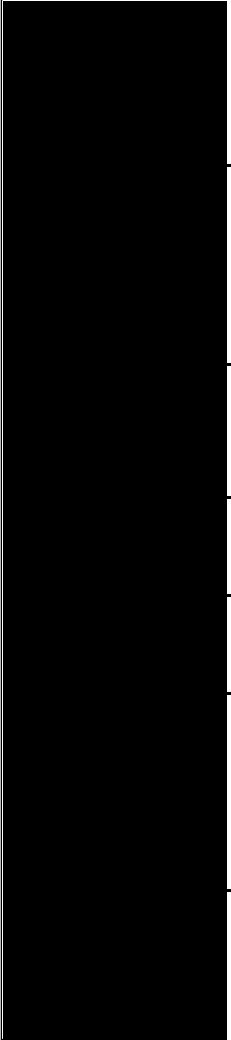
Fedcap Rehabilitation Services Inc

Financial Questions

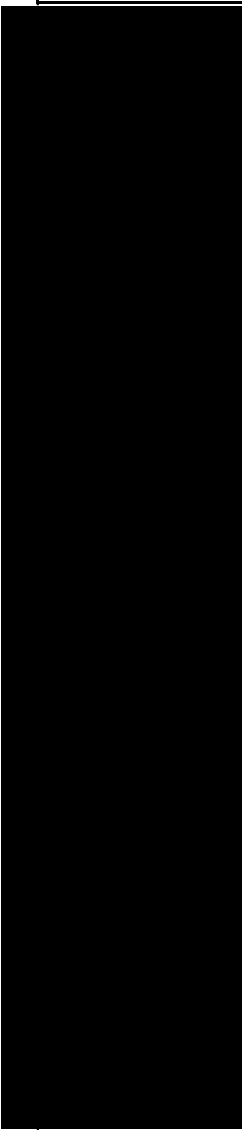
11. Licenses

Line of Business	Service	License
Homecare	Home health aides	New York State Department of Health Licenses Healthcare Agency License Number: [REDACTED]
Fedcap School NJ	Private School License	New Jersey Department of Education PO BOX 500 Trenton NJ 08625 License Code: [REDACTED]
Career Design School	Vocational Training Program	Licensed Proprietary Career School Office of Adult Career and Continuing Education Bureau of Proprietary School Supervision 99 Washington Ave, Room 1613 Albany NY 12234
Facility Management	Watch, guard and patrol services	New York State Division of Licensing License Number : [REDACTED]
Occupational Health	Operation of Article 31 Mental Health Clinic	New York State Office of Mental Health 44 Holland Avenue Albany, New York 12229
Occupational Health	Operation of partial day program	New Jersey Department of Human Services Division of Mental Health Services PO Box 700 Trenton NJ 08625 [REDACTED]

Employee Claims

1. Name(s) of complainant(s)	2. Administrative agency or court in which action was filed	3. Nature of the complaint(s)	4. Current status	5. If not pending, the complaint's disposition
	Superior Court of New Jersey Law Division - Atlantic County against Fedcap & several individuals.	6/26/13 -Claims he was denied a reasonable accommodation for his disability & he was terminated in violation of the NJ Conscience Employee Protection Act, because he disclosed information to a public agency investigating a fuel spill.	Transferred to Attorney and in initial discovery.	
	White, Ricotta & Mars, P.C.	6/24/13 - lawsuit to recover unpaid overtime wages, FLSA claim & claims based upon discrimination & retaliation that she was subject to based upon her gender & marital status.	Transferred to Attorney and in initial discovery.	
	New York State, Division of Human Rights	5/1/13 - Complaint alleges an unlawful discriminatory practice in violation of the NYS Human Rights Law	7/2/13 - Attorney sent Position Statement to NYS Division of Human Rights.	
	EEOC	Sexual and Disability Discrimination; Retaliation	Complaint filed on 9/2/11; Statement of Position ("SOP") filed on 10/5/11; awaiting decision	
	EEOC	Race, Color, Gender and Age Discrimination	Complaint filed on 4/5/09; EEOC issued Notice of Right to Sue on 9/2/09	Right to sue to file in Federal Court expired
	NYS DHR	Age Discrimination	Complaint filed on 11/14/11; SOP filed on 12/29/12; NYSDHR requested additional information on 2/14/12; on March 2, 2012 the NYSDHR dismissed the Complaint after Complainant withdrew	Complainant withdrew Complaint on 3/6/12
	EEOC	Sexual and Disability Discrimination; Retaliation	Complaint filed on 12/13/2010; Prior to submission of SOP, matter handled in mediation unit of EEOC; parties reached settlement; on July 9, 2012 EEOC stated it would discontinue its investigation	EEOC dismissed Charge after EEOC approved settlement entered into by parties

Employee Claims

1. Name(s) of complainant(s)	2. Administrative agency or court in which action was filed	3. Nature of the complaint(s)	4. Current status	5. If not pending, the complaint's disposition
	NYSDHR	Disability, Race and Religious Discrimination; Retaliation	Amended Complaint filed on 12/4/09; SOP filed on 11/23/09; NYSDHR issued "No Probable Cause" Determination and Order; Attorney demand letter sent and parties settled	Parties entered into private settlement
	NYSDHR	Disability, Race and Religious Discrimination; Retaliation	Complaint filed on 12/23/2011; SOP filed on 1/26/12; on 6/20/12 NYSDHR found "No Probable Cause" and dismissed the Complaint	6/20/12 NYSDHR found "No Probable Cause" and dismissed case
	NYSDHR/EEOC	Disability Discrimination	Complaint filed on or about 6/24/09; SOP filed on 9/30/09; Pending at the EEOC	5/10/10 NYSDHR found "No Probable Cause" and dismissed case; no determination from the EEOC
	EEOC	Race and Disability Discrimination	Complaint filed on 1/12/12; SOP filed on 5/11/12; awaiting decision	
	NYCDHR	Disability Discrimination	Complaint filed in 6/09; withdrawn thereafter	10/20/09 NYCDHR advised that Complaint withdrawn
	NYSDHR/EEOC	Age, Disability, Race Color and Sex Discrimination	10/14/96 NYSDHR issued "No Probable Cause" Determination; Around 12/5/1996 NY Supreme Court, Richmond County Article 78 Petition served; 2/5/97 Fedcap filed brief; subsequently transferred to NY Supreme Court, NY County; no further action taken	
	EEOC; SDNY	Sexual Hostile Work Environment and Retaliation	SDNY Complaint filed on 2/2/09; Answer filed on 4/6/09; settlement reached thereafter	Around 6/15/10 Settlement Agreement signed; Stipulation of Dismissal with Prejudice filed on 7/13/10
	NYSDHR	Age, National Origin, Sex and Race/Color Discrimination	Complaint filed on 3/9/2012; SOP filed on April 25, 2012; awaiting decision	
	NYSDHR/EEOC	Race and Color Discrimination	Complaint filed on 3/22/06; SOP filed on 8/23/06; NYSDHR issued No Probable Cause Determination	NYSDHR found "No Probable Cause" and dismissed case

Employee Claims

1. Name(s) of complainant(s)	2. Administrative agency or court in which action was filed	3. Nature of the complaint(s)	4. Current status	5. If not pending, the complaint's disposition
[REDACTED]	NY Civil Court, NY County	Breach of Contract	Complaint filed in 6/17/11; 12/14/11 Oral Argument on MTD; case dismissed	Complaint dismissed without prejudice based on lack of personal jurisdiction; [REDACTED] had until 1/23/12 to file Notice of Appeal; no further action taken
[REDACTED]	EEOC	Sexual and Disability Discrimination; Retaliation	Complaint filed on 8/2/11; SOP filed on 10/5/11; awaiting decision	
[REDACTED]	EEOC	Age Discrimination	Complaint filed on 5/21/11; SOP filed on 8/12/11; EEOC investigation continued on 3/12/12 ; 6/26/12 the EEOC dismissed the Charge and issued a Notice of Right to Sue	6/26/12 EEOC found insufficient evidence to show discrimination and dismissed Charge
[REDACTED]	NYCCHR/EEOC	Sexual Discrimination and Harassment	Complaint filed; SPO filed on 11/11/94; No further action by NYCCHR	
[REDACTED]	EEOC	Disability Discrimination	Complaint filed on 4/5/11; SOP filed on 11/15/11; awaiting decision	
[REDACTED]	EEOC; SDNY	Disability Discrimination	SDNY Complaint filed on 7/30/09; Answer filed on 10/13/09; Complaint withdrawn and case dismissed	Stipulation of Voluntary Dismissal filed on 12/10/10; case dismissed with prejudice
[REDACTED]	EEOC	Disability Discrimination	Complaint filed on 11/21/11; SOP filed on 3/9/12; on 5/14/12 EEOC dismissed the Charge and issued a Notice of Right to Sue	5/14/12 EEOC found insufficient evidence of discrimination and dismissed Charge

Appendix C

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR Fedcap Rehabilitation Services, Inc.	2. PROJECT NAME 633 Third Avenue Project
3. PROJECT LOCATION: Municipality City of New York County New York	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) 633 Third Avenue New York, NY 10017	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input checked="" type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: Fedcap will acquire existing space within the building at 633 Third Avenue	
7. AMOUNT OF LAND AFFECTED: Initially <u>0</u> acres Ultimately <u>0</u> acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: <u>Fedcap Rehabilitation Services, Inc</u>	Date: <u>9/4/13</u>
Signature: <u>Mahel Ruby</u>	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment