



# Babylon Industrial Development Agency

ROBERT STRICOFF  
CHIEF EXECUTIVE OFFICER

| Applicant Contact And Basic Information |  |
|---|--|
| Name:                                   | Human First, Inc.                            |
| Address:                                | 128 Atlantic Avenue, Lynbrook New York 11563 |
| Phone Number(s):                        | [REDACTED]                                   |
| Fax Number(s):                          | [REDACTED]                                   |
| E-mail Address:                         | [REDACTED]                                   |
| Website Address:                        | www.humanfirst.org                           |
| Applicant EIN Number:                   | [REDACTED]                                   |

Application Date: July 7, 2014

1. Financial Assistance Requested (check applicable option(s)):

- Bond Financing       Straight Lease

2. Officer of Applicant serving as contact person:

|  |                         |
|--|-------------------------|
|  | Firm: Human First, Inc. |
|  | [REDACTED]              |
|  | [REDACTED]              |
|  | [REDACTED]              |

47 WEST MAIN STREET, SUITE 3, BABYLON, NY 11702 - TEL: (631) 587-3679 FAX: (631) 587-3675  
 WEBSITE: WWW.BABYLONIDA.ORG  
 E-MAIL: INFO@BABYLONIDA.ORG

3. Attorney of Applicant: To Be Determined

|                 |          |
|-----------------|----------|
| Name:           | Firm:.   |
| Phone #:        | Fax#:    |
| E-mail Address: | Address: |

4. CFO/Accountant of Applicant:

|  |  |
|--|--|
| Name: Belgica Carbonara                      | Firm: Human First, Inc.                              |
| Phone #: 516-823-9500                        | Fax#: 516-823-9600                                   |
| E-mail Address:<br>bcarbonara@humanfirst.org | Address:<br>128 Atlantic Avenue<br>Lynbrook NY 11563 |

5. Financial Advisor or Consultant (if applicable):

|  |   |
|--|---|
| Name: Bruce Ferguson                     | Firm: Ferguson Development Associates, Inc.     |
| Phone#: 516-769-7383                     | Fax#:   |
| E-mail Address:<br>bruce@fergusondev.com | Address:<br>PO Box 88, Jamesport New York 11947 |

6. Applicant is (check one of the following, as applicable):
- |   |  |   |
|---|--|---|
| <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"/> Natural Person |
| <input checked="" type="checkbox"/> 501 (c)(3) Organization | <input type="checkbox"/> Other (specify):          |   |
7. Are any securities of Applicant publicly traded?
- Yes  No
8. Applicant's state of incorporation or formation: New York
9. Applicant's date of incorporation or formation: 2/21/01
8. States in which Applicant is qualified to do business: New York and New Jersey
9. Please provide a brief description of Applicant and nature of its business:

**Please note:** An "Affiliate" means any individual, corporation, partnership, joint venture, sole proprietorship, limited liability company, trust or other entity that controls, is controlled by or is under common control with the Applicant.

12. Please check all that apply:

- Applicant or an Affiliate is the fee simple owner of the Project realty.
- Applicant or an Affiliate is not currently, but expects to be the fee simple owner of the Project realty.
- Applicant or an Affiliate is not the owner of the Project realty, but is the occupant of a material portion thereof for the conduct of its business pursuant to a lease or other occupancy agreement.
- Applicant or an Affiliate is not the owner of the Project realty, but expects, immediately following the closing, to be the occupant of a material portion thereof for the conduct of its business pursuant to a lease or other occupancy agreement.
- None of the above categories fully describe Applicant and its relation to the Project realty, which may be more accurately described as follows (please provide copies of supporting documentation, as applicable):

13 If a special-purpose entity ("SPE") that is owned and controlled by the Applicant will own or otherwise control the Project realty, the SPE will be a (check one of the following as applicable): N/A

- |  |  |   |
|--|--|---|
| <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"/> Not-for-profit 501 (c)(3) entity |
| <input type="checkbox"/> Natural Person      | <input type="checkbox"/> Other (specify):          |   |

**Name of SPE:**

**Address:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Affiliation of SPE to Applicant:** \_\_\_\_\_

**Owners of SPE and each respective ownership share:** \_\_\_\_\_

**SPE EIN Number:** \_\_\_\_\_

**Please note: If information required above for the SPE is unknown at time of Application submission, then please submit any missing information to the Babylon IDA as soon as it becomes available.**

14. Give the following information with respect to all proposed tenants and sub-tenants at the proposed project site. Provide information on an additional sheet if space is needed.

| <b>Company Name:</b> | <b>Phone</b> | <b>Affiliation with Applicant</b> | <b>SF &amp; Floors (Percent of Occupancy)</b> | <b>Lease Expiration</b>     | <b>Tenant Business</b> |
|----------------------|--------------|-----------------------------------|---|-----------------------------|------------------------|
| Human First, Inc.    | 516-823-9500 | Same                              | 100%  | 10 years with 5 year option | Human services agency  |
|                      |              |                                   |   |                             |                        |
|                      |              |                                   |   |                             |                        |
|                      |              |                                   |   |                             |                        |
|                      |              |                                   |   |                             |                        |
|                      |              |                                   |   |                             |                        |
|                      |              |                                   |   |                             |                        |
|                      |              |                                   |   |                             |                        |
|                      |              |                                   |   |                             |                        |
|                      |              |                                   |   |                             |                        |

**Project Description and Financial Information**

**Project Site:** 1 Michael Avenue, Farmingdale New York 11735

|   |   |
|---|---|
| District:                                     | 200   |
| Section:                                      | 69  |
| Block(s):                                     | 3   |
| Lot(s):                                       | 5.022   |
| Street address and zip code:                  | 1 Michael Avenue, Farmingdale New York 11735  |
| Zoning:                                       | G Light Industrial                            |
| Area (acreage):                               | 1.5   |
| Square footage of existing building(s):       | 22,550  |
| Number of floors:                             | single story with basement                    |
| Intended use(s) (e.g., office, retail, etc.): | Delivery of human services and administration |

1. Please provide the following Project information:
  - a. Please provide a brief description of the proposed Project: Human First proposes to enter into a 10 year lease with a 5 year option for an existing 22,550 square foot commercial building (19,100 square foot main floor with a 3,550 square foot lower level basement/storage space and garage) on 1.5 acres located at 1 Michael Avenue, Farmingdale. Human First proposes to use approximately 1/3 of the building for management and administration and the other 2/3s for the provision of programs and services for people with developmental disabilities and other special needs. The interior of the building will be renovated to improve office and program/service space. We will also be making the building handicap accessible by adding handicap accessible bathrooms as well as an elevator to the lower level.
  - b. Indicate the estimated date for commencement of the Project: August 2014
  - c. Indicate the estimated date for the completion of the Project: Occupancy September 2014
  - d. Will the Project require any special permits, variances or zoning approval?
 

Yes                       No

If Yes, please explain:
  - e. Is any governmental entity intended or proposed to be an occupant at the Project site?

Yes

No

If Yes, please explain:



2. Please complete the following summary of Project sources and uses:

| PROJECT COSTS                 |                  | PROJECT FUNDING                      |                  |
|-------------------------------|------------------|--------------------------------------|------------------|
| Land acquisition              |                  | Bonds                                |                  |
| Building acquisition existing |                  | Loans                                |                  |
| New construction              |                  | Affiliate/employee loans             |                  |
| Renovations (Landlord)        | \$150,000        | Company funds                        | \$350,000        |
| Fixed tenant improvements     | \$350,000        | Other (explain) Landlord             | \$150,000        |
| Machine and/or equipment      |                  |                                      |                  |
| Soft costs                    |                  |                                      |                  |
| Furnishings                   |                  |                                      |                  |
| Other (explain)               |                  |                                      |                  |
| <b>Total Project Costs</b>    | <b>\$500,000</b> | <b>Total Project Funding Sources</b> | <b>\$500,000</b> |

Background Information on Applicant and Applicant's Affiliates

**Please note:** "Principal" means the following with respect to the Applicant and/or the SPE: all persons (entities or individuals) that control the Applicant and/or the SPE, and/or own more than 10 percent of either; all executive officers; all directors; and all members and general partners for, respectively, limited liability companies and partnerships.

Please answer the following questions and, if necessary, include additional information as an attachment:

- 1. Has Applicant, or any Affiliate or Principal, ever received, or is any such person or entity currently receiving, financial assistance or any other kind of discretionary benefit from any local, state or federal governmental entity or agency, or any public authority or public benefit corporation, or any local development corporation?

Yes  No

If Yes, please provide details on an attached sheet.

Please note: local, state and federal governmental entities or agencies, public authorities or public benefit corporations, and local development corporations, shall be referred to as "Public Entit(y)(ies)."

- 2. Has Applicant, or any Affiliate or Principal, or any existing or proposed occupant at the Project site, obtained, or is any such person or entity in the process of obtaining, or contemplating obtaining, other assistance from the Babylon IDA?

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. List of major customers:**

Other than our clients our customers would be the various federal and State agencies that fund our programs.

| Company Name | Address | Contact | Phone |
|--------------|---------|---------|-------|
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |

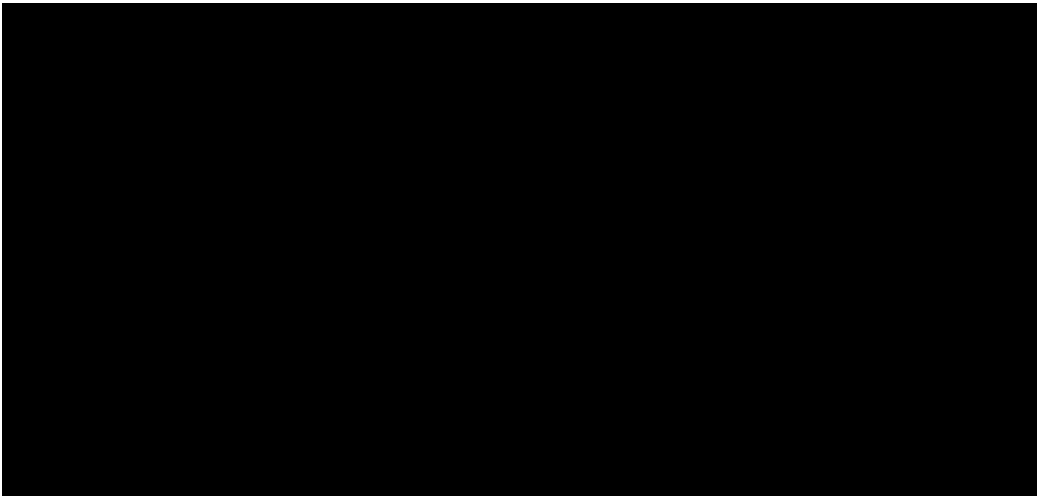
**7. List major suppliers:**

| Company Name      | Address | Contact                                       | Phone              |
|-------------------|---------|---|--------------------|
| Staples Advantage |         | Rob Minervino                                 | 516-791-3799 x 224 |
|                   |         | District Sales<br>Manager, Long<br>Island, NY |                    |
|                   |         |   |                    |
|                   |         |   |                    |
|                   |         |   |                    |
|                   |         |   |                    |

**8. List unions (if applicable): N/A**

| Company Name | Address | Contact | Phone |
|--------------|---------|---------|-------|
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |

**9. List banks/current accounts:**



**10. List licensing authorities, if applicable: DMV commercial licenses: N/A**

| Company Name | Address | Contact | Phone |
|--------------|---------|---------|-------|
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |
|              |         |         |       |

**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 Babylon IDA Board, in order to obtain from the Babylon IDA Board an expression of intent to provide the financial assistance for the Project. I understand that this expression of intent will take the form of an inducement resolution to be adopted by the Board.

**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 that all of the information provided in these Application Materials is accurate, true and correct. 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 Babylon IDA Board to reject the request made in the Application Materials.

**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; that the Babylon IDA may be required under SEQR to make a determination as to the Project's environmental impact and that in the event the Babylon IDA does determine 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 Supervisor of the Town; that under the New York State Freedom of Information Law ("FOIL"), the Babylon IDA may be required to disclose the Application Materials and the information contained therein; and that Applicant shall be entirely responsible and liable for the fees referred to in these Application Materials, including (in the case of Bonds) but not limited to payment of the New York State bond issuance fees (if applicable to the Bonds in question) based upon the aggregate principal amount of the Bonds.

**I further understand and agree as follows:**

That in the event the Application Materials are not submitted to the Babylon IDA Board for any reason including negative results obtained through the background check, and/or, with respect to Application Materials that are submitted to the Babylon IDA Board, in the event the Babylon IDA Board rejects same, then, under either of said circumstances, Applicant shall have no recourse against the Babylon IDA, or any directors, officers, employees or agents of the Babylon IDA, for the Application Fee, or for other expenses incurred by Applicant or other parties on behalf thereof, or for damages or specific performance; and that the Application Fee is under all circumstances (including but not limited to the ones just described and the ones described in the next succeeding paragraph) non-refundable; and

That if the Town of Babylon IDA Board adopts an inducement resolution with respect to the request made in the Application Materials, such adoption shall not be deemed a guaranty that the Town of Babylon IDA Board will adopt an authorizing resolution; or that the Babylon IDA will then provide the induced financial assistance; and

That Applicant shall indemnify the Babylon IDA for fees and disbursements incurred by bond counsel (in the case of a Bond transaction) or by project counsel (in the case of a straight-lease transaction); and that bond counsel or project counsel (as applicable) shall be a third-party beneficiary of this indemnity to the Babylon IDA regardless of whether financial assistance is granted and a bond closing or straight lease closing occurs and if no closing occurs, regardless of the reason thereafter and regardless of whether a closing was within or without the control of any of the Public Participants; and

That in the event Babylon IDA discloses the Application Materials in response to a request made pursuant to FOIL, Applicant hereby authorizes the Babylon IDA to make such disclosure and hereby releases the Babylon IDA from any claim or action that Applicant may have or might bring against the Babylon IDA, its directors, officers, agents, employees and attorneys, by reason of such disclosure; and that Applicant agrees to defend, indemnify and hold the Babylon IDA and its 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.

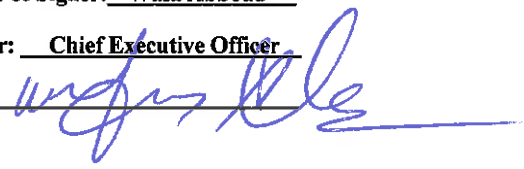
**I acknowledge and agree that the Babylon IDA reserves the right** in its sole and absolute discretion to request additional information, waive any requirements set forth herein, and/or amend the form of this Application, to the full extent permitted by applicable law.

**Requested, Represented, Certified, Acknowledged, Understood and Agreed by Applicant,**  
**this 7<sup>th</sup> day of July 2014**

**Name of Applicant:** Human First, Inc.

**By:** **Printed Name of Signer:** Wafa Abboud

**Title of Signer:** Chief Executive Officer

**Signature:** 



**Retail Questionnaire**

1. Will any portion of the Project consist of facilities or property that are or will be primarily used in making retail sales of goods to customers who personally visit the Project?

Yes

No

2. If the answer to question 1 is "Yes," will the applicant or any other project occupant be a registered vendor under Article 28 of the Tax Law of the State of New York (the "Tax Law") primarily engaged in the "retail sale of tangible personal property" (as defined in Section 1101(b)(4)(i) of the Tax Law)?

Yes

No

3. Will any portion of the Project consist of facilities or property that are or will be primarily used in making retail sales of services to customers who personally visit the Project?

Yes

No

4. If the answer to question 1 or question 3 is "Yes," what percentage of the cost of the Project will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project? Percent

5. If the answer to question 1 or question 3 is "Yes," and the answer to question 4 is more than 33.33 percent, indicate whether any of the following apply to the Project:

- a. Will a not-for-profit corporation operate the Project?

Yes

No

- b. Is the Project likely to attract a significant number of visitors from outside the Town of Babylon?

N/A

- c. Would the Applicant, but for the contemplated financial assistance from the Babylon IDA, locate the related jobs outside the State of New York?

Without Babylon IDA assistance Human First would not be able to lease this property and bring our services to the Babylon community.

- d. Is the predominant purpose of the Project to make available goods or services that would not, but for the Project, be reasonably accessible to Town of Babylon residents because of a lack of reasonably accessible retail trade facilities offering such goods or services?

Yes

N/A

No

- e. Will the Project be located in one of the following: (a) an area designated as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (b) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) that, according to the most recent census data, has (i) a poverty rate of at least 20 percent for the year to which the data relates, or at least 20 percent of its households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates?

Yes

N/A

No

6. If the answers to any of subdivisions (c) through (e) of question 5 are "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", please furnish details in a separate attachment.

7. If the answers to any of subdivisions (a) through (e) of question 5 are "Yes," please furnish details in a separate attachment.

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

Name of Applicant: Human First, Inc.

By: Printed Name of Signer: Wafa Abboud

Title of Signer: Chief Executive Officer

Signature:  \_\_\_\_\_

Date: July 7, 2014

**Anti-Pirating Questionnaire**

1. Will the completion of the Project result in the removal of a plant or facility of the Applicant, or of a proposed occupant of the Project, from an area in New York State (but outside of the Town of Babylon) to an area within the Town of Babylon?

Yes

No

If "Yes," please provide the following information:

Address of the to-be-removed plant or facility:

Names of all current occupants of the to-be-removed plant or facility:

2. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant, or of any proposed occupant of the Project, located in an area of New York State other than the Town of Babylon?

Yes

No

If "Yes," please provide the following information:

Addresses of the to-be-abandoned plant(s) or facility(ies):

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

3. Will the completion of the Project in any way cause the removal and/or abandonment of plants and facilities anywhere in New York State (but outside of the Town of Babylon)?

Yes

No

If "Yes," please provide all information relevant to such future removal and/or abandonment:

**If the answer to either question 1, 2 or 3, is "Yes," please continue and answer questions 4 and 5.**

4. 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

5. 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 4 and/or question 5 is "Yes," please provide on a separate sheet of paper a detailed statement explaining same.

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

Name of Applicant: Human First, Inc.

By Printed Name of Signer: Wafa Abboud

Title of Signer: Chief Executive Officer

Signature: 

Date: July 7, 2014

## Employment Questionnaire

The Town of Babylon Industrial Development Agency requires all Applicants to fill out this Employment Questionnaire. As used in this Questionnaire, "Company" means the Applicant; "Project Location" means the project location which Applicant has identified in its Application; and "Tenant" means any person or entity to whom or to which Applicant intends to lease part or all of the Project Location. If Applicant is a real estate holding company that is an affiliate of an operating company and Applicant intends to lease the Project Location to such operating company, then the Applicant and the operating company must fill out separate copies of this Questionnaire.

Applicant Name: Human First, Inc.

Address: 128 Atlantic Avenue, Lynbrook New York 11563

Phone Number(s): 516-823-9600

I.R.S. Employer ID Number: [REDACTED]

Department of Labor. Registration Number: [REDACTED]

Project Location: 1 Michael Drive, Farmingdale New York 11735

1. How many employees does Applicant employ in the Town of Babylon at the time of Application submission?

| Number       | Average Annual Salary (FT)<br>Hourly Rate (PT) | On average Part -time Workers<br>Hours per week |
|--------------|--|---|
| 11           |  |   |
| Full Time 11 | \$ 35,447                                      |   |
| Part Time    | \$   |   |

2. How many employees referred to in question 1 reside in the Town of Babylon at the time of Application submission?

| Number             | Average Annual Salary (FT) Hourly<br>Rate (PT) | On average Part -time Workers<br>Hours per week |
|--------------------|--|---|
| 11                 |  |   |
| Full Time 11 _____ | \$ 35,447 _____                                |   |
| Part Time _____    | \$ _____                                       |   |

3. How many employees does Applicant employ outside of the Town of Babylon but in New York State at the time of Application submission?

As of current payroll period

|         |                |
|---------|----------------|
| Number  | On average     |
| 313     | Part -time     |
| Average | Workers        |
| Annual  | Hours per week |
| Salary  |                |
| (FT)    |                |
| Hourly  |                |
| Rate    |                |
| (PT)    |                |

|           |            |                  |           |
|-----------|------------|------------------|-----------|
| Full Time | <u>79</u>  | <u>\$ 34,666</u> |           |
| Part Time | <u>234</u> | <u>\$ 12,106</u> | <u>19</u> |

4. How many employees does the applicant employ at the project location (annual average) at the time of Application submission?

|        |                  |                    |
|--------|------------------|--------------------|
| Number | Average Annual   | On average         |
| 0      | Salary (FT)      | Part -time Workers |
|        | Hourly Rate (PT) | Hours per week     |

Full Time  
Part Time

5. Projected employment at Project Location for the Applicant on December 31 of each of the five calendar years following the completion of the Project. 50 new jobs over 5 years

| Year | Number of Full-time Employees | Average Annual Full-time Salary | Number of Part-time Employees | Average Hourly Rate Part-time | Average Hours per week Part-time | Average Annual Part-time Salary | Total Estimated Annual Payroll |
|------|-------------------------------|---------------------------------|-------------------------------|-------------------------------|----------------------------------|---------------------------------|--------------------------------|
| 1    | 42                            | \$27,626                        | 5                             | \$13.50                       | 15                               | \$10,530                        | \$1,212,920                    |
| 2    | 50                            | \$28,198                        | 15                            | \$13.50                       | 19                               | \$13,338                        | \$1,609,970                    |
| 3    | 65                            | \$28,613                        | 22                            | \$13.50                       | 19                               | \$13,338                        | \$1,889,281                    |
| 4    | 75                            | \$28,789                        | 29                            | \$13                          | 20                               | \$13,520                        | \$2,551,255                    |
| 5    | 90                            | \$28,498                        | 40                            | \$14                          | 20                               | \$14,560                        | \$3,147,220                    |

6. Describe the occupational composition of the workforce at the Project Location. Please describe pay levels and number of employees at each pay level.

Staff members who provide services to people with disabilities. Composition includes; Direct Support Professionals; Admin/Support Staff; Clinicians; Program Supervisors/Directors; Service Coordinators/Case Managers; and Quality Improvement Staff.



7. Please provide documentary evidence (Form Year end W-2, Form EEO-1 or external or internal payroll statements(last quarter or year end statements) supporting the answer provided in question numbers 1, 3 and 4.
8. Does Applicant intend to employ new employees at the Project Location, and/or will Applicant transfer current employees from premises currently being used? Please provide details.

We plan on transferring/consolidating approximately 40 employees from our Deer Park and Lynbrook locations and hiring an additional 50 new employees over the next 2 to 5 years resulting in a total of 90 employees.

I authorize any private or governmental entity, including but not limited to the New York State Department of Labor ("DOL"), to release to the Babylon IDA and to its successors and assigns, any and all employment information under DOL's control that is pertinent to the Company and the Company's employees. This authorization shall remain in effect throughout the term of this Lease.

Name of Applicant: Human First, Inc.

By Printed Name of Signer: Wafa Abboud

Title of Signer Chief Executive Officer

Signature:  \_\_\_\_\_

Date: July 7, 2014

Attach to this Questionnaire your most recent four quarters of the NYS-45 "Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return." Attach additional pages if necessary.

## Labor Questionnaire

The Applicant and its Affiliates hereinafter will be referred to as the "Companies" or individually as a "Company." If any of the following questions applies to none of these Companies, answer "NONE"; but, for any question that does apply, be sure to specify to which of the Companies the answer is relevant. When the space provided for an answer is insufficient, provide the answer on a separate sheet of paper and attach that paper to this Questionnaire.

1. List all of the labor union contracts and collective bargaining arrangements to which any of the Companies is currently a party:

N/A

2. Have any of the Companies during the current calendar year and the five calendar years preceding the current calendar year experienced labor unrest situations, including pending or threatened labor strikes, hand billing, consumer boycotts, mass demonstrations or other similar incidents?

Yes

No If Yes, please explain:

3. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year and the three calendar years preceding the current calendar year?

Yes

No If Yes, please describe and explain current status of complaints:

4. Have any of the Companies received any federal and/or state unfair labor practices complaints asserted during the current calendar year and the three calendar years preceding the current calendar year?

Yes

No If Yes, please explain:

5. Are all employees of the Companies permitted to work in the United States?  
 Yes  No If No, please provide details on an attached sheet.

What steps do the Companies take as a matter of course to ascertain their employees' employment status?

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:

6. Has the United States Department of Labor, the New York State Department of Labor 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 calendar year or during the three calendar years preceding the current one?

- Yes  No

If the answer to this question is "Yes," briefly describe the nature of the inspection, the inspecting governmental entity and when the inspection occurred. 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 the Company or Companies as a consequence:

7. Has any Company incurred, or potentially incurred, any liability (including withdrawal liability) with respect to an employee benefit plan, including a pension plan?

- Yes  No

If the answer to this question is "Yes," quantify the liability and briefly describe its nature and refer to any governmental entities that have had regulatory contact with the Company in connection with the liability:

8. Are the practices of any Company now, or have they been at any time during the three calendar years preceding the current calendar year, 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 the answer to this is "Yes," provide details. When answering this question, please consider "discrimination" to include sexual harassment.

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

Name of Applicant: Human First, Inc.

By: Printed Name of Signer: Wafa Abboud

Title of Signer: Chief Executive Officer

Signature: 

Date: July 7, 2014



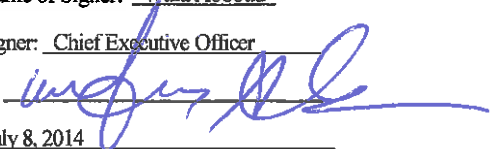


6. The names and addresses of all persons hereinabove set forth under paragraph number 4 or paragraph number 5 of this affidavit who also have any interest such as described in paragraph number 4 or in paragraph number 5 of this Affidavit, in any property within one mile of the property described in this Application, are as follows: N/A
  
7. The names and addresses of all persons hereinabove set forth under paragraph number 4 or paragraph number 5 of this Affidavit who are officers or employees of the Town of Babylon, are as follows: N/A
  
8. In detail, the nature and extent of the Interest in the property described in this Application, of all officers or employees of the Town of Babylon set forth under paragraph number 7 of this Affidavit, are as follows: N/A
  
9. The names and addresses of all persons hereinabove set forth under paragraph 4 or paragraph 5 of this Affidavit, who are related to any officer or employee of the Town of Babylon are as follows: N/A
  
10. In detail, the nature of the relationship between all persons set forth in paragraph number 9 of this Affidavit and any officers or employees of the Town of Babylon, are as follows: N/A
  
11. In detail, the nature and extent of the interest in the property described in the Application of all persons set forth under paragraph number 9 of this Affidavit, are as follows: N/A

The undersigned affirms the truth and completeness of the foregoing under penalty of perjury:

Printed Name of Signer: Wafa Abboud

Title of Signer: Chief Executive Officer

Signature: 

Date: July 8, 2014

Sworn before me this day  
8 day of JULY 2014

**JOSEPH J. GRAZIANO**  
 Notary Public, State of New York  
 No. 30-4756778  
 Qualified in Nassau County  
 Commission Expires August 31, 2018





CERTIFICATION

Wafa Abboud (Name of Chief Executive Officer of company submitting application) deposes and says that she is the Chief Executive Officer of Human First, Inc the corporation named in the attached application: that she has read the foregoing application and knows the contents thereof; that the same is true to his knowledge.

Deponent further says that the reason this verification is being made by deponent and not by

Human First is because the said Company is a corporation.

The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge, are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as an officer of and from the books and papers of said corporation.

As an officer of said corporation (hereinafter referred to as the "applicant"). Deponent acknowledges and agrees that applicant shall be and is responsible for all costs incurred by the Town of Babylon 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 lease back transaction. 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 invoice, applicant shall pay to the Agency, its agents or assigns, all actual cost incurred with respect to the application, up to that date and time, including fees of project counsel and general counsel for the Agency. The applicant shall pay to the Agency an administrative fee set by the Agency not to exceed an amount equal to 1 % of the total project cost, which amount is payable at closing.

  
Chief Executive Officer of Company

Sworn to before me this 8<sup>TH</sup>  
day of JULY, 2014

(Seal)

**JOSEPH J. GRAZIANO**  
Notary Public, State of New York  
No. 30-4756778  
Qualified in Nassau County  
Commission Expires August 31, 2018

Project I.D. Number\_

### Short Environmental Assessment Form

**Part 1 - Project Information (To be completed by Applicant or Project Sponsor)**

1. Applicant/Sponsor: Human First, Inc. 128 Atlantic Avenue Lynbrook NY 11563

Project Name: Human First Michael Avenue Facility

3. Project Location: 1 Michael Avenue, Farmingdale NY 11735

SCTM# 200-69-3-5.022

4. Precise Location- Municipality/County: Babylon/Suffolk County

*(Street address and road intersections, prominent land marks, etc. or provide map)*

5. Is Proposed Action            New            Expansion X Modification/ Alteration

6. Describe Project Briefly: Interior renovations to an existing approximate 23,000 square foot commercial facility.

7.

8.

9. Amount of Land Affected (initially) 1.5 acres (ultimately) 1.5 acres

10. Will proposed action complies with existing zoning or other existing land use restrictions? Yes

9. What is present land use in vicinity of project?

- Residential
- X   Industrial
- X   Commercial
- Agriculture
- Park / Forrest/ Open Space
- Other

Describe:

10. Does action involve a permit approval, or funding, now or ultimately from any other governmental agency:  yes Babylon IDA (Federal, State or Local)?

11. Does any aspect of the action have a currently valid permit or approval?

yes

no

If yes, list agency name and permit / approval \_\_\_\_\_

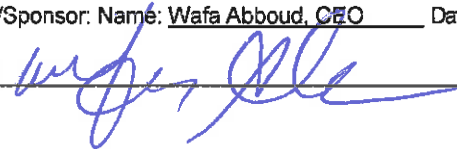
12. As a result of proposed action will existing permit / approval require modification?

yes Babylon Town Building Department

no

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

Applicant/Sponsor: Name: Wafa Abboud, CEO Date July 7, 2014

Signature  \_\_\_\_\_

