

Rockland County



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Executive Director

MEMBERS
ERIC DRANOFF, ESQ.
Chair

TIMOTHY RILEY
Treasurer

HOWARD HELLMAN

CATHERINE NOWICKI



2011 Application for Financial Assistance

IMPORTANT: Before completing this Application, please read page I-7. Applications will be considered incomplete without the required documentation.

Rockland County Industrial Development Agency (RCIDA) is a public benefit corporation organized under Article 18-A of the New York State General Municipal Law and created to promote, attract, encourage and develop economically sound commerce and industry in the County of Rockland. RCIDA is self-funded and does not receive any public funds.

COUNTY OF ROCKLAND INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR FINANCIAL ASSISTANCE

PART I

(TO BE FILLED OUT BY ALL APPLICANTS)

A. APPLICANT INFORMATION

Applicant's Name: <u>CAMBRIDGE SECURITY SEALS LLC</u>	
Address: <u>960 ALABAMA AVENUE BROOKLYN NY 11207</u>	
Phone/Fax Numbers: <u>(T) 718-501-6677 (F) 718-649-0214</u>	
IRS Employer ID Number: <u>27-4345529</u>	
S.I.C. Code: <u>3089</u>	NY State Dept. of Labor # (if applicable):
Date of Application Submission: <u>5/31/11</u>	

Officer of Applicant completing this application (contact person):

Name: ELISHA TROPPER Title: PRESIDENT
Phone: 718-501-6677 ext. 150 Fax: 718-649-0214
Email: et@cambridgesecurityseals.com Company website: www.cambridgesecurityseals.com

Applicant's operation: Manufacturing Service Commercial Retail Not-for-Profit Other

Brief description of business:

Manufacturer + distributor of tamper-evident security seals

To describe what kind of entity Applicant is, please check one of the following:

- Public Corp. Private Corp. General Partnership Limited Partnership S Corp.
 Limited Liability Company 501(c)(3) Other (specify)

Applicant's State of Incorporation or Registration: NEW YORK

State(s) in which Applicant is qualified to do business: 50 states

Applicant's Attorney - Name: Andrew Greene, Esq. phone: 914-948-4800 fax: 914-948-4936

Firm and Address: Andrew GREENE & ASSOCIATES P.C. 202 MAMANOHOCK RIVE WHITE PLAINS NY 10601

Applicant's Accountant - Name: STEVE LEPSLTER phone: 516-746-5980 fax: 516-746-5988

Firm and Address: ~~BOZANNE~~ JAECHE, KEARNEY & LEPSLTER, CPAs P.C. 233 SEVENTH STREET, SUITE 201 GARDEN CITY, NY, 11530

B. PROJECT INFORMATION

Please briefly describe the proposed project; if machinery and equipment are to be acquired, please list the type(s):
CSS suite to develop a manufacturing facility to produce custom security seals. The plant will utilize injection molding presses, among others.

2. Address of proposed project:

230 US Route 202
Romana NY 10970

3. Town and/or village in which proposed project will be located: NAUGATON

4. Please give best estimates for all anticipated costs and proposed sources of financing involved in the project:

Uses of Funds

Sources of Funds

Land & building (acquisition)	\$ <u>1,650,000</u>	Agency bonds	_____
New construction	\$ _____	Bank Loans (Please identify sources)	_____
Renovations/Building improvements	\$ <u>400,000</u>	Company funds	_____
Machinery/Equipment	\$ <u>1,750,000</u>	Officer Equity/Loans	<u>1,201,000</u>
Leases/ Other Soft Costs	\$ <u>100,000</u>	Other sources (Please identify)	<u>Seller Financing - Real Est</u>
Other (explain)	\$ _____		<u>1,124,000</u>
Total Project Costs	\$ <u>3,900,000</u>	Total Project Sources	<u>1,575,000</u> <u>Equipment Leasing - 90%</u> <u>3,900,000</u>

Please explain costs, loans and other sources of funding on a separate sheet.

5. If all or a portion of the proposed project is used in making retail sales or services, please complete the Retail Questionnaire attached hereto. n/a

6. Please provide the following information regarding all present and proposed tenant(s) and sub-tenant(s) at the proposed project site, their percentage of occupancy, and affiliation with the Applicant. n/a

Name & Phone	Affiliation with Applicant	Square Feet & Floor (Percent of Occupancy)	Lease Expiration	Tenant Business

7. Is there a relationship, by virtue of common control or through related persons, directly or indirectly, between the Applicant and the present owner of the project site?

Yes No If Yes, please provide all details on attached sheet.

8. Will a real estate holding company, limited liability company, or partnership be formed to own the project or premises?

Yes No

If yes, please provide the name and address of same, the kind of entity (corporation, partnership, etc.), and its officers, partners, shareholders, members, and their respective percentage ownership, etc.

SEE ATTACHED

C. EMPLOYMENT INFORMATION

Complete the following information for the project location only. Do not include any subcontractors or sub-consultants; include only employees and owners/principals on your payroll and on the payroll of your tenants at the project location. (Note: If the project is to be leased, provide responses to the following questions for the tenant on a separate attachment.) The Applicant acknowledges by submitting this application that it will adhere to the County of Rockland Industrial Development Agency Labor Policy and General Municipal Law, Article 18-A, Section 858-b Equal Employment Opportunities. (See Appendix B)

1. Number of jobs to be created and/or retained by the Applicant: 30+

Projected Employment for the Applicant on an annual basis:

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th year
<u>10</u>	<u>17</u>	<u>25</u>	<u>30</u>	<u>30+</u>	<u>30+</u>	<u>35+</u>

2. Total projected number of new jobs to be created over the next 7 years by the Applicant: 30-35+

3. How many employees does Applicant employ in Rockland County as of the date of this Application?

Full Time 0 Part Time 0

4. How many employees does Applicant employ outside of Rockland County, but in New York State, as of the date of this Application?

Full Time 6 Part Time 0

5. Does Applicant intend to employ new employees at the proposed site, and/or will Applicant transfer current employees from premises presently being used? Please provide details. See attached

6. Will the completion of the project result in the abandonment and/or removal of a plant or facility of Applicant, or of a proposed occupant of the project, or employees of either, from an area in New York State (but outside of Rockland County) to an area within Rockland County?

Yes No

If the answer to "6" is Yes, 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:

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

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

If the answer to "6" is Yes, please continue and answer "7" and "8."

7. Is the project reasonably necessary to preserve the competitive position of the Applicant, or of any proposed occupant of the project, in its industry?

Yes No

8. 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 "7" and/or "8" is Yes, please provide information below. (If additional space is required, attach a separate sheet of paper.)

See attached

9. Does the Applicant have any agreement to contract with a municipality for the lease or purchase of the project or any project facilities?

Yes No

If the answer to "9" is Yes, the project is not eligible for financial assistance by the Agency.

D. FINANCIAL ASSISTANCE REQUESTED

Please check all that apply:

		<u>Amount Requested</u>
<input type="checkbox"/>	Tax-exempt bond financing	\$ _____
<input type="checkbox"/>	Taxable bond financing	\$ _____
<input checked="" type="checkbox"/>	Mortgage recording tax exemption	\$ _____ (based on mortgage principal of \$1,285,000)
<input checked="" type="checkbox"/>	Sales tax exemption	\$ _____ (based on approx. \$400,000 in taxable sales)

Will you be requesting a payment in lieu of taxes (PILOT) agreement? Yes No

If payments in lieu of taxes are requested, the Applicant may be entitled to such tax abatements and benefits as the affected taxing jurisdictions (village, town and county governments, and local school district) agree to provide. **Please do not indicate a dollar amount on this form.**

E. DUE DILIGENCE

1. List name(s), address(es), phone and fax numbers of any other entity in which, directly or indirectly, Applicant or any of its shareholders, partners, directors, or officers individually or collectively hold 5% or more of the stock or ownership interest (an Affiliate). Please include real estate holding company, if applicable.

Entity Name	Address	Phone/Fax Number	Percent Interest
JAB CAPITAL HOLDINGS LLC	960 ALABAMA AVE BROOKLYN NY 11207	718-649-1666	99.99 %
T3 ASSOCIATES LLC	960 ALABAMA AVE BROOKLYN NY 11207	914-733-3333	99.99 %
HEY REALTY LLC	960 ALABAMA AVE BROOKLYN NY 11207	718-649-1666	33 1/3 %

2. Has Applicant, or any stockholder, partner, officer or director, or any entity with which any of the foregoing individuals have been associated, ever been adjudicated bankrupt or placed in receivership, or otherwise been the subject of a bankruptcy or similar proceedings (prior or current)?

Yes No If Yes, please provide all details on attached sheet.

3. Have any of Applicant's stockholders, partners, officers or directors ever been convicted of any criminal proceedings?

Yes No If Yes, please provide all details on attached sheet.

4. Is Applicant, or any stockholder, partner, officer or director of Applicant, a plaintiff or defendant in any civil or criminal proceedings?

Yes No If Yes, please provide all details on attached sheet.

5. If you responded Yes to the previous two questions, in what litigation is Applicant, or any of the individuals and entities currently involved, either as plaintiffs or as named defendants? Provide all details on attached sheet.

Does Applicant have any material contingent liabilities? (e.g., pending claims; federal, state or local tax liens and liability.)

Yes No If Yes, please provide all details on an attached sheet.

7. Has Applicant filed all required tax returns with appropriate governmental jurisdiction entities?

Yes No If No, please provide all details on attached sheet.

Please provide the following information:

8. Company Principals (Please attach brief resumes and relationship, if any, among company principals.)

Name	Title	Address	Social Security Number	Date of Birth
ELISHA TROTTA	PRESIDENT	17 HAVERFORD ME SUMMER ATLOSIS	130-511-7189	1-21-69

9. Banking Relationships

Bank Name	Contact Person	Phone/Fax	Type of Account
Signature Bank	Bruce Watterson	516-408-5015	CHECKING, LOAN
TD Bank	Steve Plangatis	718-290-1225	CHECKING


F. ANALYSIS OF THE COSTS AND BENEFITS OF THE PROJECT

Please describe the costs and benefits of the proposed project for the affected taxing jurisdictions. The analysis should compare the costs and benefits of the project both (i) assuming the financial assistance requested by this application is granted and (ii) assuming no financial assistance is approved. **Please contact the IDA Executive Director if assistance is required in completing this section.**

APPENDIX A SHORT ENVIRONMENTAL ASSESSMENT FORM

Instructions: All applicants to the County of Rockland Industrial Development Agency must complete Project Information, Part I.

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

1. APPLICANT / SPONSOR <u>CAMBRIDGE SECURITY SEALS LLC</u>	2. PROJECT NAME <u>CAMBRIDGE PROJECT</u>
3. PROJECT LOCATION: Municipality <u>HAVERSTRAW</u> County <u>ROCKLAND</u>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <u>230 VS 202 ROMONA NY</u>	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration <u>n/a</u>	
6. DESCRIBE PROJECT BRIEFLY: <u>n/a</u>	
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 RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly:	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input type="checkbox"/> Residential <input checked="" 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 name and permit/approval:	
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 name and permit/approval:	
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>CAMBRIDGE SECURITY SEALS LLC</u> 	Date <u>5/21/11</u>
Note: If the action is a Coastal Area and you are a State agency, complete the Coastal Assessment Form first.	

APPENDIX A

Date Received _____

PART II – IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE 1 THRESHOLD IN 6 NYCRR, PART 617.4? If Yes, coordinate the review process and use the FULL EAF.

Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.

Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?

Yes No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

Yes No If Yes, explain briefly:

PART III – DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked Yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide on attachments, as necessary, the reasons supporting this determination.

Name of Lead Agency

Date

Print or type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)

APPENDIX B

LABOR POLICY

County of Rockland Industrial Development Agency

Declaration of Motivation

For the employment of local trades people

During the construction phase of IDA-benefited projects

The County of Rockland Industrial Development Agency (IDA), formed pursuant to the New York State Industrial Development Act (the "Act"), was created for the purpose of promoting employment opportunities for, and the general prosperity and economic welfare of Rockland County residents. The IDA is authorized by the Act to enter into agreements making benefits available to qualified applicants in order to facilitate the location or the expansion of their businesses or facilities in Rockland County. When the IDA approves a project, these benefits are made available to the applicant.

Construction jobs, although limited in time duration, are vital to the overall employment opportunities in Rockland County. The IDA believes that companies benefiting from its programs should encourage the employment of local contractors and professionals during the construction phase of projects. In this way the IDA can generate significant benefits to advance the County's general prosperity. It is, therefore, the policy of the IDA that firms benefiting from its programs be encouraged to promote employment opportunities in Rockland County during all project phases, including the construction phase.

The IDA also requires companies benefiting from its programs to pay prevailing wages, in and during the project construction phase and to make efforts to employ local contractors and professionals.

Upon receipt of IDA benefits, all applicants will be required to provide to the IDA's Executive Director the following information:

1. Contact information of the applicant contact person who will be responsible and accountable for providing information about the bidding for and awarding of future construction contracts relative to the application and project.
2. Description of the nature of construction jobs created by the project, including, in as much detail as possible, the number, type and duration of construction positions.
3. A *Construction Completion Report* listing the names and business locations of prime contractors, subcontractors and vendors who have been engaged in the construction phase of the project and confirmation that prevailing wages have been paid.

The IDA will post the contact information and description of construction jobs available on its website, www.redc.org "IDA."

The IDA reserves the right to modify and/or rescind benefits granted to any company under its *Uniform Tax Exemption Policy* for the failure to comply with any of the provisions contained herein.

Approved/Effective: November 30, 2004

APPENDIX B

Article 18-A, 858-b. Equal employment opportunities

1. Each agency shall ensure that all employees and applicants for employment are afforded equal employment opportunity without discrimination.
2. Except as is otherwise provided by collective bargaining contracts or agreements, new employment opportunities created as a result of projects of the agency shall be listed with the New York State department of labor community services division, and with the administrative entity of the service delivery area created by the federal job training partnership act (P.L. No. 97-300) in which the project is located. Except as is otherwise provided by collective bargaining contracts or agreements, sponsors of the project shall agree, where practicable, to first consider persons eligible to participate in the federal job training partnership (P.L. No. 97-300) programs who shall be referred by administrative entities of service delivery areas created pursuant to such act or by the community services division of the department of labor for such new employment opportunities.

(added 1993, c. 356, 9)

Note: The administrative entity in Rockland County is Tomorrow's Workplace.

APPENDIX B-1

PREVAILING WAGE SPECIAL CONDITION

The IDA requires companies / applicants benefiting from its programs to pay prevailing wages in and during the project construction phase for the Project contemplated herein (the "Project") and during any subsequent renovation or construction at the Project and to make efforts to employ local contractors and professional in compliance with the requirements below:

1. Company / Applicant / Contractor / General Requirements


- A. The Company/Applicant/Contractor shall comply with the New York State Prevailing Wage Law, Labor Law, Article 8, Section 220 et. seq. as if the Project was a "public work" project as defined by the statute. Not less than the current prevailing rate of wages as determined by wage schedules provided by the Bureau of Public Work shall be paid to all laborers, workers and mechanics performing work at the Project. All contractor's bonds, if required, shall include a provision as will guarantee the faithful performance of such prevailing wage requirement in connection with the Project.
- B. Additional requirements shall include, but not be limited to: (a) the contractor must send a written request to the Labor Department's Bureau of Public Work for an appropriate wage schedule, (b) the contractor must attach the wage schedule to the bid specifications, (c) when awarding a contract, the contractor must attach the wage schedule to the contract, and (d) before work begins, the contractor and subcontractor(s) must post wage schedules at the construction site so that workers know what they are entitled to.

2. Flowdown Requirements

Contractor shall ensure that all agreements with its subcontractors to perform work on or at the Project contain the following provisions:

- A. Contractor shall comply with the New York State Prevailing Wage Law, Labor Law, Article 8, Section 220 et. seq. as if the Project was a "public work" project as defined by the statute for all construction, alteration, demolition, installation, repair or maintenance work over \$1,000 performed at the Project. Contractor's obligations under prevailing wage laws include without limitation: pay at least the applicable prevailing wages as if the project was a "public work" as defined by the statute for activities performed at the Project; comply with overtime and working hour requirements; comply with apprenticeship obligations; comply with payroll recordkeeping requirements; and comply with other obligations as required by law.
- B. Contractor shall ensure that the above requirements are included in all its contracts and any layer of subcontractors for activities for the Project.

Consented and Agreed to:

 PRESIDENT

Applicant Name / Title