

MONTGOMERY COUNTY CAPITAL RESOURCE CORPORATION

APPLICATION

IMPORTANT NOTICE: The answers to the questions contained in this application are necessary to determine your firm's eligibility for financing and other assistance from the Montgomery County Capital Resource Corporation. These answers will also be used in the preparation of papers in this transaction. Accordingly, all questions should be answered accurately and completely by an officer or other employee of your firm who is thoroughly familiar with the business and affairs of your firm and who is also thoroughly familiar with the proposed project. This application is subject to acceptance by the Corporation.

TO: MONTGOMERY COUNTY CAPITAL RESOURCE CORPORATION
9 Park Street
Fonda, New York 12068
Attention: Chief Executive Officer

This application by applicant respectfully states:

APPLICANT: The Family Counseling Center of Fulton County, Inc.

APPLICANT'S ADDRESS: 11-21 Broadway

CITY: Gloversville STATE: NY ZIP CODE: 12078

PHONE NO.: 518-725-4310 FAX NO.: 518-725-2556

E-MAIL: mcountryman@thefamilycounselingcenter.org

NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION: Michael L. Countryman

IF APPLICANT IS REPRESENTED BY AN ATTORNEY, COMPLETE THE FOLLOWING:

NAME OF ATTORNEY: Matthew Wells (Bond, Schoeneck & King)

ATTORNEY'S ADDRESS: One Lincoln Center

CITY: Syracuse STATE: NY ZIP CODE: 13202-1355

PHONE NO.: 315-218-8174 FAX NO.: 315-218-8100 E-MAIL: mwells@bsk.com

NOTE: PLEASE READ THE INSTRUCTIONS ON PAGE 2 HEREOF BEFORE FILLING OUT THIS FORM.

INSTRUCTIONS

1. The Corporation will not approve any application unless, in the judgment of the Corporation, said application and the summary contains sufficient information upon which to base a decision whether to approve or tentatively approve an action.
2. Fill in all blanks, using “none” or “not applicable” or “N/A” where the question is not appropriate to the project which is the subject of this application (the “Project”).
3. If an estimate is given as the answer to a question, put “(est)” after the figure or answer which is estimated.
4. If more space is needed to answer any specific question, attach a separate sheet.
5. When completed, return eight (8) copies of this application to the Corporation at the address indicated on the first page of this application.
6. The Corporation will not give final approval to this application until the Corporation receives a completed environmental assessment form concerning the Project which is the subject of this application.
7. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Corporation (with certain limited exceptions) are open to public inspection and copying. If the applicant feels that there are elements of the Project which are in the nature of trade secrets or information, the nature of which is such that if disclosed to the public or otherwise widely disseminated would cause substantial injury to the applicant’s competitive position, the applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.
8. The applicant will be required to pay to the Corporation all actual costs incurred in connection with this application and the Project contemplated herein (to the extent such expenses are not paid out of the proceeds of the Corporation’s bonds issued or grants made to finance the project). The applicant will also be expected to pay all costs incurred by general counsel and bond counsel to the Corporation. The costs incurred by the Corporation, including the Corporation’s general counsel and bond counsel, may be considered as a part of the project and included as a part of the resultant bond issue or grant.
9. The Corporation has established an application fee of One Thousand Dollars (\$1,000) to cover the anticipated costs of the Corporation in processing this application. A check or money order made payable to the Corporation must accompany each application. THIS APPLICATION WILL NOT BE

ACCEPTED BY THE CORPORATION UNLESS ACCOMPANIED BY THE APPLICATION FEE.

10. The Corporation has also established an administrative fee equal to one percent (1%) of the aggregate principal amount of the bonds to be issued by the Corporation. The Corporation has also established an administrative fee for the issuance of refunding bonds for Corporation bond transactions. The Corporation will charge a separate fee for any grants or other financial assistance provided by the Corporation, and the amount of such fee shall be determined by the Corporation. THESE FEES ARE PAYABLE ON THE CLOSING DATE.

FOR CORPORATION USE ONLY

1.	Project Number	
2.	Date application Received by Corporation	, 20
3.	Date application referred to attorney for review	, 20
4.	Date copy of application mailed to members	, 20
5.	Date notice of Corporation meeting on application posted	, 20
6.	Date notice of Corporation meeting on application mailed	, 20
7.	Date of Corporation meeting on application	, 20
8.	Date Corporation conditionally approved application	, 20
9.	Date scheduled for public hearing	, 20
10.	Date Environmental Assessment Form ("EAF") received	, 20
11.	Date Corporation completed environmental review	, 20
12.	Date of final approval of application	, 20

SUMMARY OF PROJECT

Applicant: The Family Counseling Center of Fulton County, Inc.

Contact Person: Michael L. Countryman

Phone Number: 518-725-4310, ext. 118

Occupant: Executive Director

Project Location: 11-21 Broadway, Gloversville, New York 12078

Approximate Size of Project Site: existing 9,000 sq. ft. plus 18,578 sq. ft. addition

Description of Project:

The Center is preparing to expand its 9,000 sq. ft. 11-21 Broadway building in Gloversville by erecting an 18,578 sq. ft. addition. The Center has hired Architecture + to design the expansion, CT Male & Associates for an environmental study, Gaetano Construction as project manager and general contractor, and has purchased land adjacent to the existing building on which to build and provide ample parking.

With features like better flow and way finding signage, the building will match the high-quality of service the clients expect. And, the new space will serve as a good recruitment tool when the organization is in the hiring process and competing with other agencies in neighboring counties. With the additional space, the Center will be able to consolidate several departments in one location gaining efficiencies and saving funds by eliminating four lease payments for satellite office space, one in a neighboring city and three others in Gloversville. These have been necessary to accommodate the number of therapists, in private offices, needed to serve the increased needs of the community. On an interim basis, an additional clinic satellite on Fulton Street in Gloversville has been rented to address the current waitlist. It will house 10 – 12 additional clinicians until the expansion is completed at which time, all clinicians will be centralized in one building. The expanded building also has space for medically assisted substance abuse treatment for which the Center will have 175 licenses. The plan includes designated space to treat patients, an observation room for their first visit and to check vital signs and dosage side effects, and a laboratory for testing.

The expansion will offer much more than expanded space. The new space will include a meeting space that will allow for full staff meetings, group meetings, educational presentations, including one children's room with a tile floor for ease of cleaning. The floorplan will integrate the program supervisors with their staff members and place children's services at the center to discourage workplace silos. The Domestic Violence program and Crisis programs will be co-located in the building with a separate parking area for emergency vehicles and an adjacent and separate entrance for law enforcement. A separate entrance will preserve the dignity of someone brought in with handcuffs and separate them from other clients.

This year we have served about 800 individuals whom reside in Montgomery County. Many of these individuals are on Medicaid or a Managed Care plan funded in part by Montgomery County tax payers. Had we not been there to deliver these outpatient mental health services, individuals would have continued to decompensate and potentially been hospitalized, raising the cost to tax payers. Our expansion project will provide us the ability to serve more Montgomery County residents with mental illness and medication assisted treatment for substance abuse and specifically combat the opioid epidemic.

In addition, we currently employ 22 residents of Montgomery County infusing just under \$1.0 million of salaries into those communities. That disposable income is used to pay property taxes in Montgomery County and to purchase goods and services locally. In summary, just over 20% of our staff reside in Montgomery County and I would expect about the same percentage of our new hires associated with the expansion will come from Montgomery County as well.

Type of Project: ☐ Manufacturing ☐ Warehouse/Distribution
 ☐ Commercial ☒ Not-For-Profit
 ☐ Other-Specify

Employment Impact: Existing Jobs 96
 New Jobs 10

Project Cost: \$ 8,334,000

Type of Financing: ☒ Tax-Exempt ☐ Taxable

Amount of Bonds or Grants Requested: \$ 8,334,000

Estimated Value of Tax-Exemptions:

Mortgage Recording Taxes:	\$ <u>80,000</u>
Other (please specify):	\$ _____

I. INFORMATION CONCERNING THE PROPOSED OCCUPANT OF THE PROJECT (HEREINAFTER, THE "COMPANY").

A. Identity of Company:

1. Company Name: The Family Counseling Center of Fulton County, Inc.

Present Address: 11-21 Broadway, Gloversville, NY

Zip Code: 12078

Employer's ID No.: 14-1599758

2. If the Company differs from the Applicant, give details of relationship: N/A

3. Indicate type of business organization of Company:

a. Yes Corporation (If so, incorporated in what country?
What State? New York Date Incorporated?
08/02/1976 Type of Corporation? Non - Profit
Authorized to do business in New York? Yes X; No).

b. Partnership (if so, indicate type of partnership ,
Number of general partners , Number of limited partners).

c. Limited liability company,
Date created? .

d. Sole proprietorship

4. Is the Company a subsidiary or direct or indirect affiliate of any other organization(s)? No If so, indicate name of related organization(s) and relationship:

B. Management of Company:

1. List all owners, officers, members, directors and partners (complete all columns for each person):

NAME (First, Middle, Last) HOME ADDRESS	OFFICE HELD	OTHER PRINCIPAL BUSINESS
Shawn Cleland P.O. Box 283 Caroga Lake, NY 12032	President	N/A
Amanda Rose PO Box 228 2474 State Highway 30 Mayfield, New York 12117	Vice President	N/A
Marilyn Smith, Treasurer 309 Glebe Street Johnstown, NY 12095	Treasurer	N/A
The Rev. Ralph English 1209 Dam Road, Galway Lake Broadalbin, New York 12025	Assistant Treasurer	N/A
Mary Ann Harzinski 412 South Williams Street Johnstown, NY 12095	Secretary	N/A
Denise Walsh 303 South Melcher Street Johnstown, NY 12095	Member – at – Large	N/A
Mary-Jo Ferrauilo-Davis 111 James Drive Broadalbin, NY 12025	Board Member	N/A
Mark Finkle 31 Kingsboro Avenue Gloversville, NY 12078	Board Member	N/A
Lisa Mitchell 84 Spring Avenue Gloversville, New York 12078	Board Member	N/A
Diane Purcell 23 Grandview Drive	Board Member	N/A

Gloversville, NY 12078		
Gail Ryan 37 Wooster Street Gloversville NY 12078	Board Member	N/A
Michael Schaus 138 Harrison Street PO Box 831 Gloversville, New York 12078	Board Member	N/A
Susan Stein 33 North Park Drive Gloversville, NY 12078	Board Member	N/A
Michael L. Countryman 311 State Hwy 331 St. Johnsville, NY 13452	Executive Director	N/A
Peter Lawrence 148 Montgomery Street Canajoharie, NY 13317	Deputy Executive Director	N/A
Shelby Mead 438 Carlisle Road Canajoharie, NY 13317	Finance Director	N/A

2. Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation? Yes ____; No X.
3. Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)? Yes ____; No X.
4. Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt? Yes ____; No X.
(If yes to any of the foregoing, furnish details in a separate attachment).
5. If the answer to any of questions 2 through 4 is yes, please, furnish details in a separate attachment.

C. Principal Owners of Company:

1. Principal owners of Company: Is Company publicly held? Yes ____; No X.
If yes, list exchanges where stock traded: .

2. If no, list all stockholders having a 5% or more interest in the Company:

NAME	ADDRESS	PERCENTAGE OF HOLDING
None		

D. Company's Principal Bank(s) of account: NBT Bank

II. DATA REGARDING PROPOSED PROJECT

A. Summary: (Please provide a brief narrative description of the Project.)

The Center is preparing to expand its 9,000 sq. ft. 11-21 Broadway building in Gloversville by erecting an 18,578 sq. ft. addition. It will also be renovating the existing 9,000 sq. ft. structure that is at least 20 years old, to be efficient and consistent architecturally to the newly constructed 18,578 sq. ft.

B. Location of Proposed Project:

1. Street Address 11-21 Broadway
2. City of Gloversville
3. Town of
4. Village of
5. County of Fulton

C. Project Site:

1. Approximate size (in acres or square feet) of Project site: 2.0 acres (est.)
Is a map, survey or sketch of the project site attached? Yes X; No ____.

2. Are there existing buildings on project site? Yes X; No ____.
- a. If yes, indicate number and approximate size (in square feet) of each existing building: 9,000 sq. ft.
- b. Are existing buildings in operation? Yes X; No ____.
If yes, describe present use of present buildings:
- c. Are existing buildings abandoned? Yes ____; No X. About to be abandoned? Yes ____; No X. If yes, describe:
- d. Attach photograph of present buildings. See Attached
3. Utilities serving project site:
- Water-Municipal: Yes, City of Gloversville Water Department
Other (describe)
- Sewer-Municipal: Yes, City of Gloversville Water Department
Other (describe)
- Electric-Utility: Yes, National Grid
Other (describe)
- Heat-Utility: Yes, National Grid – Natural Gas
Other (describe)
4. Present legal owner of project site:
- a. If the Company owns project site, indicate date of purchase: December 12, 2018; Purchase price: \$ 150,000.
- b. If Company does not own the Project site, does Company have option signed with owner to purchase the Project site? Yes ____; No _____. If yes, indicate date option signed with owner: _____, 20____; and the date the option expires: _____, 20____.
- c. If the Company does not own the project site, is there a relationship legally or by common control between the Company and the present owners of the project site? Yes ____; No _____. If yes, describe:

5. a. Zoning District in which the project site is located: Commercial

b. Are there any variances or special permits affecting the site? Yes ____; No X. If yes, list below and attach copies of all such variances or special permits:

D. Description of Proposed Construction:

1. Does part of the Project consist of the acquisition or construction of a new building or buildings? Yes X; No _____. If yes, indicate number and size of new buildings:
The project consists of the construction of a new addition of 18,578 sq. ft. and the renovating of our current 9,000 sq. ft. building.

2. Does part of the Project consist of additions and/or renovations to existing buildings located on the Project site? Yes X; No _____. If yes, indicate the buildings to be expanded or renovated, the size of any expansions and the nature of expansion and/or renovation:

The Center is preparing to expand its 9,000 sq. ft. 11-21 Broadway building in Gloversville by erecting an 18,578 sq. ft. addition. It will also be renovating the existing 9,000 sq. ft. structure that is at least 20 years old, to be efficient and consistent architecturally to the newly constructed 18,578 sq. ft.

3. Describe the principal uses to be made by the Company of the building or buildings to be acquired, constructed or expanded:

To expand our current array of mental health services and addictions treatment in response to our community needs. With the additional space, the Center will be able to consolidate several departments in one location gaining efficiencies and saving funds by eliminating four lease payments for satellite office space, one in a neighboring city and three others in Gloversville.

This year we have served about 800 individuals whom reside in Montgomery County. Many of these individuals are on Medicaid or a Managed Care plan funded in part by Montgomery County tax payers. Had we not been there to deliver these outpatient mental health services, individuals would have continued to decompensate and potentially been hospitalized, raising the cost to tax payers. Our expansion project will provide us the ability to serve more Montgomery County residents with mental illness and medication assisted treatment for substance abuse and specifically combat the opioid epidemic.

E. Description of the Equipment:

1. Does a part of the Project consist of the acquisition or installation of machinery, equipment or other personal property (the "Equipment")? Yes ____; No X. If yes, describe the Equipment:

2. With respect to the Equipment to be acquired, will any of the Equipment be Equipment which has previously been used? Yes ____; No X. If yes, please provide detail:
3. Describe the principal uses to be made by the Company of the Equipment to be acquired or installed: N/A

F. Project Use:

1. What are the principal products to be produced at the Project?
N/A
2. What are the principal activities to be conducted at the Project?
The Project will allow The Family Counseling Center to provide additional services that treat mental illness and substance abuse diagnoses. We will also be able to enhance our health coaching services reducing emergency room visits, advocacy to domestic violence victims, assessment and care to people suffering from a mental health crisis.
3. Will the Project be owned by a not-for-profit corporation? Yes X; No _____. If yes, please provide detail:
4. If the answer to 3 is yes, is the corporation exempt from taxation under Section 501(c) of the Internal Revenue Code of 1986, as amended? Yes X; No _____. If yes, please indicate details and which subsection of Section 501(c). Filed under Employer Identification Number: 14-1599758 and subsection 3.

G. Other Involved Agencies:

1. Please indicate all other local agencies, boards, authorities, districts, commissions or governing bodies (including any city, county and other political subdivision of the State of New York and all state departments, agencies, boards, public benefit corporations, public authorities or commissions) involved in approving or funding or directly undertaking action with respect to the Project. For example, do you need a municipal building permit to undertake the Project? Do you need a zoning approval to undertake the Project? If so, you would list the appropriate municipal building department or planning or zoning commission which would give said approvals.

City of Gloversville Planning Board
 NYS Office of Mental Health
 Fulton County Board of Supervisors

- 2019
2. Describe the nature of the involvement of the federal, state or local agencies described above:
 City of Gloversville Planning Board have granted approval of the project on March 5,
 NYS Office of Mental Health have awarded a \$1.5 million grant

H. Project Status:

1. If the Project includes the acquisition of any land or buildings, have any steps been taken toward acquiring same? Yes X; No _____. If yes, please discuss in detail the approximate stage of such acquisition:
 10 Carpenter Street was purchased on December 12, 2018
2. If the Project includes the acquisition of any Equipment, have any steps been taken toward acquiring same? Yes ____; No X____. If yes, please discuss in detail the approximate stage of such acquisition:
3. If the Project involves the construction or reconstruction of any building or other improvement, has construction or reconstruction work on any such building or improvement begun? Yes X____; No _____. If yes, please discuss in detail the approximate extent of construction or reconstruction and the extent of completion. Indicate in your answer whether such specific steps have been completed as site clearance and preparation; completion of foundations; installation of footings; etc.:
 In purchasing 10 Carpenter Street to provide us with the footprint to expand, we completed a phase I environmental assessment and removed an existing structure to prepare the site for the construction of our new facility. All architectural drawings have been completed and certified.
4. Please indicate amount of funds expended on the Project by the Company in the past three (3) years and the purposes of such expenditures:

<u>Vendor</u>	<u>Amount</u>	<u>Explanation</u>
CT Male	\$2,000.00	Environmental Research Deposit
CT Male	\$10,000.00	Environmental Research
Architecture+	\$22,000.00	Architecture/Design Fees
Gaetano	\$6,077.00	Project Management Fees
Ferguson & Foss	\$1,800.00	Survey of property
Garth Allen	\$150,000.00	Purchase of 10 Carpenter

Architecture+	\$100,000.00	Architecture/Design Fees
CT Male	\$3,124.52	Environmental Research
Architecture+	\$8,635.00	Architecture/Design Fees
Architecture+	\$8,635.00	Architecture/Design Fees
Architecture+	\$34,304.76	Architecture/Design Fees
Gaetano	\$86,800.00	Demo of building
CT Male	\$4,309.11	Asbestos
Architecture+	\$12,250.00	Architecture/Design Fees
<u>\$449,935.39</u>		

I. Method of Construction After Corporation Approval:

1. If the Corporation approves the project which is the subject of this application, there are two methods that may be used to construct the project. The applicant can construct the project privately and sell the project to the Corporation upon completion. Alternatively, the applicant can request to be appointed as "agent" of the Corporation, in which case certain laws applicable to public construction may apply to the project. Does the applicant wish to be designated as "agent" of the Corporation for purposes of constructing the project? Yes X; No ____.

2. If the answer to question 1 is yes, does the applicant desire such "agent" status prior to the closing date of the financing? Yes X; No ____.

III. INFORMATION CONCERNING LEASES OR SUBLEASES OF THE PROJECT. (PLEASE COMPLETE THE FOLLOWING SECTION IF THE COMPANY INTENDS TO LEASE OR SUBLEASE ANY PORTION OF THE PROJECT).

A. Does the Company intend to lease or sublease more than 10% (by area or fair market value) of the Project? Yes ____; No X. If yes, please complete the following for each existing or proposed tenant or subtenant:

1. Sublessee name:

Present Address:

City:

State:

Zip:

Employer's ID No.:

Sublessee is: ____ Corporation: ____ Partnership: ____ Sole Proprietorship
Relationship to Company:

Percentage of Project to be leased or subleased:

Use of Project intended by Sublessee:

Date of lease or sublease to Sublessee:

Term of lease or sublease to Sublessee:

2. Sublessee name:

Present Address:

City: State: Zip:

Employer's ID No.:

Sublessee is:

_____ Corporation: _____ Partnership: _____ Sole Proprietorship
Relationship to Company:

Percentage of Project to be leased or subleased:

Use of Project intended by Sublessee:

Date of lease or sublease to Sublessee:

Term of lease or sublease to Sublessee:

3. Sublessee name:

Present Address:

City: State: Zip:

Employer's ID No.:

Sublessee is: _____ Corporation: _____ Partnership: _____ Sole Proprietorship
Relationship to Company:

Percentage of Project to be leased or subleased:

Use of Project intended by Sublessee:

Date of lease or sublease to Sublessee:

Term of lease or sublease to Sublessee:

B. What percentage of the space intended to be leased or subleased is now subject to a binding written lease or sublease?

IV. Employment Impact

A. Indicate below the number of people presently employed at the project site and the number that will be employed at the project site at end of the first and second years after the project has been completed (Do not include construction workers). Also indicate below the number of workers employed at the project site representing newly created positions as opposed to positions relocated from other project sites of the applicant. Such information regarding relocated positions should also indicate whether such positions are relocated from other project sites financed by obligations previously issued by the Corporation.

TYPE OF EMPLOYMENT					
	PROFESSIONAL MANAGERIAL	SKILLED	SEMI- SKILLED	UNSKILLED	TOTALS
Present Full Time	7	37	50		94
Present Part Time					
Present Seasonal					
First Year Full Time	7	47	50		104
First Year					

Part Time					
First Year Seasonal					
Second Year Full Time					
Second Year Part Time					
Second Year Seasonal					

B. Please prepare a separate attachment describing in detail the types of employment at the project site. Such attachment should describe the activities or work performed for each type of employment.

V. Project Cost

A. Anticipated Project Costs. State the costs reasonably necessary for the acquisition of the project site and the construction of the proposed project including the acquisition and installation of any machinery and equipment necessary or convenient in connection therewith, and including any utilities, access roads or appurtenant facilities, using the following categories:

<u>Description of Cost</u>	<u>Amount</u>
Land	\$ <u>150,000</u>
Buildings	\$ <u>7,553,738</u>
Machinery and equipment costs	\$ _____
Utilities, roads and appurtenant costs	\$ _____
Architects and engineering fees	\$ <u>299,935</u>
Costs of Bond issue (legal, financial and printing)	\$ <u>352,500</u>
Construction loan fees and interest (if applicable) (if applicable)	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL PROJECT COSTS	\$ <u>8,356,173</u>

- B. Have any of the above expenditures already been made by the applicant? Yes X; No _____. If yes, indicate particulars.

<u>Vendor</u>	<u>Amount</u>	<u>Explanation</u>
CT Male	\$2,000.00	Environmental Research Deposit
CT Male	\$10,000.00	Environmental Research
Architecture+	\$22,000.00	Architecture/Design Fees
Gaetano	\$6,077.00	Project Management Fees
Ferguson & Foss	\$1,800.00	Survey of property
Garth Allen	\$150,000.00	Purchase of 10 Carpenter
Architecture+	\$100,000.00	Architecture/Design Fees
CT Male	\$3,124.52	Environmental Research
Architecture+	\$8,635.00	Architecture/Design Fees
Architecture+	\$8,635.00	Architecture/Design Fees
Architecture+	\$34,304.76	Architecture/Design Fees
Gaetano	\$86,800.00	Demo of building
CT Male	\$4,309.11	Asbestos
Architecture+	\$12,250.00	Architecture/Design Fees
	<u>\$449,935.39</u>	

VI. BENEFITS EXPECTED FROM THE CORPORATION

A. Financing

1. Is the applicant requesting that the Corporation issue bonds to assist in financing the project? Yes X; No _____. If yes, indicate:
 - a. Amount of loan requested: 8,334,000 Dollars;
 - b. Maturity requested: 25 Years.
2. Is the interest on such bonds intended to be exempt from federal income taxation? Yes X; No _____.
3. If the answer to question 2 is yes, will any portion of the Project be used for any of the following purposes:
 - a. retail food and beverage services: Yes _____; No X
 - b. automobile sales or service: Yes _____; No X
 - c. recreation or entertainment: Yes _____; No X
 - d. golf course: Yes _____; No X
 - e. country club: Yes _____; No X
 - f. massage parlor: Yes _____; No X
 - g. tennis club: Yes _____; No X
 - h. skating facility (including roller skating, skateboard and ice skating):
Yes _____; No X
 - i. racquet sports facility (including handball and racquetball court): Yes _____;
No X
 - j. hot tub facility: Yes _____; No X
 - k. suntan facility: Yes _____; No X
 - l. racetrack: Yes _____; No X
 - m. airplane: Yes _____; No X
 - n. skybox or private luxury box: Yes _____; No X
 - o. health club facility: Yes _____; No X
 - p. gambling: Yes _____; No X
 - q. sale of alcoholic beverages for consumption off premises:
Yes _____; No X
4. If the answer to any of the above questions contained in question 3 is yes, please furnish details on a separate attachment. N/A
5. Is the Applicant requesting the Corporation to issue federally tax-exempt Enterprise Zone bonds? Yes _____; No X.

B. Tax Benefits

1. Is the applicant expecting that the financing of the Project will be secured by one or more mortgages? Yes ____; No X. If yes, what is the approximate amount of financing to be secured by mortgages? \$ _____.

2. What is the estimated value of each type of tax-exemption being sought in connection with the Project? Please detail the type of tax-exemption and value of the exemption.

a. Mortgage Recording Taxes: \$ 80,000
b. Other (please specify):

_____ \$ _____
_____ \$ _____

C. Project Cost/Benefit Information. Complete the attached Cost/Benefit Analysis so that the Corporation can perform a cost/benefit analysis of undertaking the Project. Such information should consist of a list and detailed description of the benefits of the Corporation undertaking the Project (e.g., number of jobs created, types of jobs created, economic development in the area, etc.). Such information should also consist of a list and detailed description of the costs of the Corporation undertaking the Project (e.g., tax revenues lost, buildings abandoned, etc.).

VII. REPRESENTATIONS BY THE APPLICANT. The applicant understands and agrees with the Corporation as follows:

A. Annual Employment Reports: The applicant understands and agrees that, if the Project receives any Financial Assistance from the Corporation, the applicant agrees to file, or cause to be filed (including any tenants located in the Project), with the Corporation, on an annual basis, reports regarding the number of people employed at the project site.

B. Absence of Conflicts of Interest: The applicant has received from the Corporation a list of the members, officers and employees of the Corporation. No member, officer or employee of the Corporation has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

(Applicant)

BY: 

NOTE: APPLICANT MUST ALSO COMPLETE THE APPROPRIATE VERIFICATION APPEARING ON PAGES 19 THROUGH 22 HEREOF BEFORE A NOTARY PUBLIC AND MUST SIGN AND ACKNOWLEDGE THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 23

VERIFICATION

(If Applicant is a Corporation)

STATE OF _____)
) SS.:
COUNTY OF _____)


Michael L. Countryman deposes and says that he is the

(Name of chief executive of applicant)

Executive Director of The Family Counseling Center,

(Title) (Company Name)

the corporation named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. Deponent further says that the reason this verification is made by the deponent and not by said company 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.


(officer of applicant)

Sworn to before me this
____ day of _____, 20__.

(Notary Public)

VERIFICATION

(If applicant is sole proprietor)

STATE OF _____)
) SS.:
COUNTY OF _____)

_____, deposes and says
(Name of Individual)

that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. 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.

Sworn to before me this
 ____ day of _____, 20__.

(Notary Public)

(If applicant is partnership)

STATE OF _____)
) SS.:
COUNTY OF _____)

(Name of Individual)

that he is one of the members of the firm of _____,
(Limited Liability Company)

the limited liability company named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. 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 a member of and from the books and papers of said limited liability company.

Sworn to before me this _____ day of _____, 20__.

(Notary Public)

VERIFICATION

(If applicant is limited liability company)

STATE OF _____)
) SS.:
COUNTY OF _____)

_____, deposes and says

(Name of Individual)

that he is one of the members of the firm of _____,
(Partnership Name)

the partnership named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. 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 a member of and from the books and papers of said partnership.

Sworn to before me this
____ day of _____, 20__.

(Notary Public)

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED BY THE CORPORATION UNLESS THE
HOLD HARMLESS AGREEMENT APPEARING ON PAGE 23 IS SIGNED BY THE APPLICANT.

HOLD HARMLESS AGREEMENT

Applicant hereby releases Montgomery County Capital Resource Corporation and the members, officers, servants, agents and employees thereof (hereinafter collectively referred to as the "Corporation") from, agrees that the Corporation shall not be liable for and agrees to indemnify, defend and hold the Corporation harmless from and against any and all liability arising from or expense incurred by (i) the Corporation's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the application or the project described therein or the issue of bonds or grants requested therein are favorably acted upon by the Corporation, and (ii) the Corporation's financing of the Project described therein; including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the Corporation or the Applicant are unable to find buyers willing to purchase the total bond issue requested, then, and in that event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Corporation, its agents or assigns, all actual costs incurred by the Corporation in the processing of the Application, including attorneys' fees, if any.

(Applicant)

BY:

A handwritten signature in black ink, appearing to read "Robert L. Wilkman", is written over a horizontal line.

Sworn to before me this
____ day of _____, 20__.

(Notary Public)

TO: Project Applicants
 FROM: Montgomery County Capital Resource Corporation
 RE: Cost/Benefit Analysis

In order for the Montgomery County Capital Resource Corporation (the "Corporation") to prepare a Cost/Benefit Analysis for a proposed project (the "Project"), the Applicant must answer the questions contained in this Project Questionnaire (the "Questionnaire") and complete the attached Schedules. This Questionnaire and the attached Schedule will provide information regarding various aspects of the Project, and the costs and benefits associated therewith.

Since we need this Questionnaire to be completed before we can finalize the Cost/Benefit Analysis, please complete this Questionnaire and forward it to us at your earliest convenience.

PROJECT QUESTIONNAIRE

1.	Name of Project Beneficiary ("Company"):	The Family Counseling Center
2.	Brief Identification of the Project:	Building a Healthier Community
3.	Estimated Amount of Project Benefits Sought:	
A.	Amount of Bonds Sought:	\$ 8,334,000
B.	Amount of Grants Sought:	\$
C.	Value of Sales Tax Exemption Sought	\$
D.	Value of Real Property Tax Exemption Sought	\$
E.	Value of Mortgage Recording Tax Exemption Sought	\$

PROJECTED PROJECT INVESTMENT

A.	Land-Related Costs	
1.	Land acquisition	\$ 150,000
2.	Site preparation	\$ 534,776
3.	Landscaping	\$
4.	Utilities and infrastructure development	\$
5.	Access roads and parking development	\$
6.	Other land-related costs (describe)	\$
B.	Building-Related Costs	
1.	Acquisition of existing structures	\$
2.	Renovation of existing structures	\$ 1,400,379
3.	New construction costs	\$ 3,800,336
4.	Electrical systems	\$ 540,500
5.	Heating, ventilation and air conditioning	\$ 1,214,030
6.	Plumbing	\$ 63,717
7.	Other building-related costs (describe)	\$
C.	Machinery and Equipment Costs	

1.	Production and process equipment	\$	
2.	Packaging equipment	\$	
3.	Warehousing equipment	\$	
4.	Installation costs for various equipment	\$	
5.	Other equipment-related costs (describe)	\$	
D. Furniture and Fixture Costs			
1.	Office furniture	\$	
2.	Office equipment	\$	
3.	Computers	\$	
4.	Other furniture-related costs (describe)	\$	
E. Working Capital Costs			
1.	Operation costs	\$	
2.	Production costs	\$	
3.	Raw materials	\$	
4.	Debt service	\$	
5.	Relocation costs	\$	
6.	Skills training	\$	
7.	Other working capital-related costs (describe)	\$	
F. Professional Service Costs			
1.	Architecture and engineering	\$	299,935
2.	Accounting/legal	\$	352,500
3.	Other service-related costs (describe)	\$	
G. Other Costs			
1.		\$	
2.		\$	
H. Summary of Expenditures			
1.	Total Land-Related Costs	\$	684,776
2.	Total Building-Related Costs	\$	7,018,962
3.	Total Machinery and Equipment Costs	\$	
4.	Total Furniture and Fixture Costs	\$	
5.	Total Working Capital Costs	\$	
6.	Total Professional Service Costs	\$	652,435
7.	Total Other Costs	\$	

PROJECTED PROFIT

- I. Please provide projected profit as defined by earnings after income tax but before depreciation and amortization:

YEAR	Without IDA benefits	With IDA benefits
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$

PROJECTED CONSTRUCTION EMPLOYMENT IMPACT

- I. Please provide estimates of total construction jobs and the total annual wages and benefits of construction jobs at the Project:

Year	Number of Construction Jobs	Total Annual Wages and Benefits	Estimated Additional NYS Income Tax
Current Year		\$	\$
Year 1	20 FTE	\$ 2,175,000	\$ 130,500
Year 2	20 FTE	\$ 725,000	\$ 43,500
Year 3		\$	\$
Year 4		\$	\$
Year 5		\$	\$

PROJECTED PERMANENT EMPLOYMENT IMPACT

- I. Please provide estimates of total number of existing permanent jobs to be preserved or retained as a result of the Project:

Year	Professional	Skilled	Semi-Skilled	Unskilled
Current Year	7	37	50	
Year 1	7	47	50	
Year 2				
Year 3				
Year 4				
Year 5				

- II. Please provide estimates of total new permanent jobs to be created at the Project:

Year	Professional	Skilled	Semi-Skilled	Unskilled
Current Year				
Year 1		10		
Year 2				
Year 3				
Year 4				

Year 5				
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III. Please provide estimates for the following:

A. Creation of New Job Skills relating to permanent jobs. Please complete Schedule A.

IV. Provide the projected percentage of employment that would be filled by Montgomery County residents: Unknown

A. Provide a brief description of how the project expects to meet this percentage:

PROJECTED OPERATING IMPACT

I. Please provide estimates for the impact of Project operating purchases and sales:

Additional Purchases (1 st year following project completion)	\$ _____
Additional Sales Tax Paid on Additional Purchases	\$ _____
Estimated Additional Sales (1 st full year following project completion)	\$ _____
Estimated Additional Sales Tax to be collected on additional sales (1 st full year following project completion)	\$ _____

II. Please provide a brief description for the impact of other economic benefits expected to be produced as a result of the Project:

CERTIFICATION

I certify that I have prepared the responses provided in this Questionnaire and that, to the best of my knowledge, such responses are true, correct and complete.

I understand that the foregoing information and attached documentation will be relied upon, and constitute inducement for, the Corporation in providing financial assistance to the Project. I certify that I am familiar with the Project and am authorized by the Company to provide the foregoing information, and such information is true and complete to the best of my knowledge. I further agree that I will advise the Corporation of any changes in such information, and will answer any further questions regarding the Project prior to the closing.

Date Signed: 12/10/ __, 2019.

Name of Person Completing Project Questionnaire on behalf of the Company.

Name: Michael L. Countryman

Title: Executive Director

Phone Number: 518-725-4310, ext. 118

Address: 11-21 Broadway
Gloversville, NY 12078

Signature: Michael L. Countryman

CREATION OF NEW JOB SKILLS

[illegible]

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