

**TOWN OF BROOKHAVEN LOCAL DEVELOPMENT CORPORATION (LDC)  
APPLICATION FOR FINANCIAL ASSISTANCE**

DATE: 2/12/2020

APPLICATION OF: Brookhaven Memorial Hospital d/b/a Long Island Community Hospital  
Applicant Name / Ownership of Proposed Project

ADDRESS: 101 Hospital Road  
Patchogue, NY 11772

Type of Application:  Tax-Exempt Bond     Taxable Bond     Lease  
 Refunding Bond

Please respond to all items either by filling in blanks, by attachment (by marking space "see attachment number 1", etc.) or by N.A., where not applicable. Application must be filed with one original and one copy. A non-refundable application fee is required at the time of submission of this application to the LDC. The non-refundable application fee is \$2,000 for applications under \$5 million and \$4,000 for applications of \$5 million or more.

Transaction Counsel to the LDC may require a retainer which will be applied to fees incurred and actual out-of-pocket disbursements made during the inducement and negotiation processes, and will be reflected on their final statement at closing.

Information provided herein will not be made public by the LDC prior to the passage of an official Inducement Resolution, but may be subject to disclosure under the New York State Freedom of Information Law.

Prior to submitting a completed final application, please arrange to meet with the LDC's staff to review your draft application. Incomplete applications will not be considered. The Board reserves the right to require that the applicant pay for the preparation of a Cost Benefit Analysis, and the right to approve the company completing the analysis.

PLEASE NOTE: It is the policy of the Brookhaven LDC to encourage the use of local labor and the payment of the area standard wage during construction on the project.

Please write or call:  
Town of Brookhaven Local Development Corporation  
c/o Town of Brookhaven Division of Economic Development

One Independence Hill  
Farmingville, New York 11738

(631) 451-6563

I. Company Data

A. ORGANIZATION OR NOT-FOR-PROFIT (APPLICANT FOR ASSISTANCE)

Organization Name: Brookhaven Memorial Hospital d/b/a Long Island Community Hospital  
Address: 101 Hospital Road  
Patchogue, NY 11772  
Contact: Brenda Farrell Title: Vice President - Chief Financial Officer  
Phone Number: [REDACTED] E-mail: [REDACTED]  
Federal Employer ID Number: [REDACTED]

B. ANY RELATED ENTITY PROPOSED TO BE A USER OF THE FACILITY:

NAME	RELATIONSHIP
NONE	

C. ORGANIZATION'S COUNSEL:

BOND COUNSEL

Firm Name: Katten Muchin Rosenman LLP  
Address: 575 Madison Avenue  
New York, NY 10022-2585  
Individual Attorney: James S. Normile Phone: \_\_\_\_\_

D. BANK REFERENCES AND / OR SOURCE OF FINANCING

Name: <u>UBS</u>	Name: _____
Address: <u>1285 Avenue of the Americas</u>	Address: _____
<u>New York, NY 10019</u>	_____
Contact: <u>Lisa Rogers</u>	Contact: _____

E. PRINCIPLE STOCKHOLDERS (INCLUDING PARENT ORGANIZATION) OR PARTNERS, IF ANY (5% OR MORE EQUITY)

NAME	PERCENT OWNED
NONE	

F. Has the applicant ever filed for bankruptcy?

**NO**

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G. Have any of the top executives ever been convicted of a felony?

**NO**

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If yes, please explain:

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H. Has the applicant ever been convicted of a felony?

**NO**

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If yes, please explain:

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I. List parent corporation, sister corporations and subsidiaries (if applicable):

**Brookhaven Health Care Services Corporation**

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**14 Glover LLC**

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J. Has the applicant (or any related corporation or person) been involved in or benefited by any prior Industrial Development Agency or LDC financing in the municipality in which this project is located, whether by this agency or another issuer? (Municipality herein means city, town or village, or if the project is not in an incorporated city, town or village, the unincorporated areas of the county in which it is located.) If so, explain in full:

Yes, Town of Brookhaven LDC, Brookhaven Memorial Hospital Medical Center, Series 2014A&B

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Town of Brookhaven IDA, Brookhaven Memorial Hospital Medical Center, Series 2006A

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Town of Brookhaven IDA, Brookhaven Memorial Hospital Medical Center, Series 2000A

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K. OPERATION AT CURRENT LOCATION:

1. Employment: \* 2,300 2. Payroll \$125,000,000

3. Describe applicant's operation:

Acute Care Hospital

4. Size of existing facility acreage: 35.80 acres

5. Number of buildings and square feet: 3 bldgs (See 'buildings' below)

6. North American Industry Classification System Number: NAICS N/A

\* Please attach the most recent quarterly New York State Dept. of Labor form 45. (See VI. E)

II. PROPOSED PROJECT DATA

A. Location of project: (include as an attachment a map showing the location)

Address: 101 Hospital Rd., Patchogue, NY 11772

Suffolk County Tax Map: District 0200 Section 957.00 Block 1.00 Lot 0001.002

B. Project Site: (Include as an attachment copies of survey, preliminary site plan, architectural rendering of the facility)

1. Acreage: Same as above

2. Buildings:

A) Existing number and square feet of each building:

1) Main Hospital Bldg. = 357,653 sq. ft.;

2) Sewage Treatment Plant = 4864 sq. ft.; 3) Boiler Plant = 6075 sq. ft.

B) Does the project consist of additions and/or renovations to existing buildings? If yes, indicate the nature of expansion or renovation:

NO

C) New Construction – number and square feet of each building:

NONE

D) Builder or contractor and address: N/A

E) Architect name and address: N/A  
\_\_\_\_\_  
\_\_\_\_\_

3. Indicate present use of site: N/A  
\_\_\_\_\_

4. Indicate relationship of applicant to present user of site (if any):  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

C. Proposed project ownership (applicant or separate real estate entity):  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

D. What will the building or buildings to be acquired, constructed or expanded be used for by the applicant?:  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

E. If any space in the project is to be leased to third parties, indicate the total square footage of the project to be leased to each tenant, and the proposed use by each tenant:  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

F. List principal items or categories of equipment to be acquired as part of this project:  
N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Has construction work on this project begun? If yes, complete the following:

- (a.) SITE CLEARANCE: YES \_\_\_ NO \_\_\_ % COMPLETE \_\_\_
- (b.) FOUNDATION: YES \_\_\_ NO \_\_\_ % COMPLETE \_\_\_
- (c.) FOOTINGS: YES \_\_\_ NO \_\_\_ % COMPLETE \_\_\_
- (d.) STEEL: YES \_\_\_ NO \_\_\_ % COMPLETE \_\_\_
- (e.) MASONRY: YES \_\_\_ NO \_\_\_ % COMPLETE \_\_\_
- (f.) OTHER: \_\_\_\_\_

\_\_\_\_\_  
N/A  
\_\_\_\_\_

H. Existing facilities within New York State:

- 1) Are there other facilities owned, leased, or used by the applicant (or a related company or person) within the state? If so, describe whether owned, leased, or other terms of use:

Yes - see attached list  
\_\_\_\_\_  
\_\_\_\_\_

- 2) If there are other facilities within the state, is it expected that any of these facilities will close or be subject to reduced activity?

YES \_\_\_ NO xx

- 3) If you answered yes to question 2 above, please indicate the reason for the expansion in the Town of Brookhaven:

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) Will the project meet zoning requirements at the proposed location?

YES xx NO \_\_\_

- 5) If a change of zoning is required, please provide the details/status of the change of zone request.

N/A  
\_\_\_\_\_  
\_\_\_\_\_

I. Does the applicant, or any related corporation or person, have a lease on the project site?

YES \_\_\_ NO xx

## LI Community Hospital Off-Site Locations

H.

### Long Island Community Hospital Bellport Primary Care Center

515 Bellport Ave, Bellport, NY 11713

### Long Island Community Hospital Pulmonary Rehabilitation Program

100 Hospital Road, Suite 121, Patchogue, NY 11772

### Long Island Community Hospital Wound Care and Hyperbaric Medicine

33 Medford Avenue (Route 112), Suite D, Second Floor, Patchogue, New York 11772

### Long Island Community Hospital Wound Care and Hyperbaric Medicine

300 Kennedy Drive, Hauppauge, NY 11788

### Brookhaven Medicine

100 Hospital Road, Suite 203, Patchogue, New York 11772

### Long Island Community Hospital Dialysis Center

109 West Main Street, Patchogue, New York 11772

# LI Community Hospital Off-Site Locations

H.

## Long Island Community Hospital Home Care

103 West Main Street, Patchogue, New York 11772

## Long Island Community Hospital Hospice

105 West Main Street, Patchogue, New York 11772

## Long Island Community Hospital

101 Hospital Road, Patchogue, New York 11772

## Long Island Community Hospital Outpatient Imaging

100 Hospital Road, Suite 101, Patchogue, New York 11772

## Long Island Community Hospital Cardiac Rehabilitation Center

100 Hospital Road, Suite 121, Patchogue, New York 11772

## Long Island Community Hospital Diabetes Wellness Program

109 West Main Street, Patchogue, New York 11772



J. Does the applicant now own the project site?

YES XX NO     

1. If yes, indicate:

A) Date of purchase: 1956

B) Purchase price: Donation

C) Balance of existing mortgage (if any): Re-Financing as stated

D) Holder of mortgage: TD Bank, IDB Bank

E) Special conditions: None

2. If no, indicate:

A) Present owner of site: N/A

B) Does the applicant or any related person or corporation have an option or a contract to purchase the site and/or any buildings on the site?

YES      NO     

If yes, indicate:

1) Date signed: N/A

2) Purchase price: N/A

3) Settlement date: N/A

4) Please attach a copy of option or contract.

K. Is there a relationship legally or by virtue of common control or ownership between the applicant and the seller of the project (and/or its shareholders)? If yes, please describe this relationship:

N/A

L. How much equity will the applicant have in this project?

N/A

III. PROJECT COSTS

A. Give an accurate estimate of cost of all items:

	AMOUNT
LAND	\$ <u>N/A</u>
BUILDING	\$ <u>N/A</u>
SITE WORK	\$ <u>N/A</u>
LEGAL FEES	\$ <u>N/A</u>
ENGINEERING FEES	\$ <u>N/A</u>
LEGAL & FINANCIAL CHARGES	\$ <u>N/A</u>
EQUIPMENT	\$ <u>N/A</u>
RECORDING FEES	\$ <u>N/A</u>
OTHER (SPECIFY)	\$ _____
TOTAL	\$ _____

B. METHOD OF FINANCING COSTS

	Amount	Term
1. Tax-exempt LDC financing:	\$ <u>66,000,000</u>	<u>30</u> years
2. Taxable LDC financing:	\$ <u>N/A</u>	<u>N/A</u> years
3. Governmental financing:	\$ <u>N/A</u>	<u>N/A</u> years
4. Other loans:	\$ <u>N/A</u>	<u>N/A</u> years
5. Applicant's equity contribution:	\$ <u>N/A</u>	<u>N/A</u> years
Total Project Costs	\$ <u>N/A</u>	

C. Have any of the above costs been paid or incurred (including contracts of sale or purchase orders) as of the date of this application?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give particulars on a separate sheet.

D. Are costs of working capital, equipment or moving expenses included in the proposed uses of bond proceeds? Give details:

YES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Will any of the funds borrowed through the LDC be used to repay or refinance an existing mortgage or outstanding loan? Give details:

We anticipate using a portion of the funds to refund the Hospital's Series 2006A bonds, Series 2014A bonds and Series 2014 bonds and potentially refunding existing equipment leases.

- F. Has the applicant made any arrangements for the marketing or the purchase of the bond or bonds? If so, indicate with whom:

**UBS will serve as the underwriter on the Series 2020 Bonds**

IV. MEASURE OF GROWTH AND BENEFITS

- A. If the applicant presently operates in the Town of Brookhaven, give current employment and payroll. Also give reasonable estimates of employment and payroll directly attributable to the facility to be built in the Town of Brookhaven.

<b>CURRENT EMPLOYMENT FIGURES</b>	<b>UNDER \$30,000</b>	<b>\$30,000 - \$50,000</b>	<b>\$50,000 - \$75,000</b>	<b>OVER \$75,000</b>
Number of Full-Time Employees (FTE) earning:	N/A	589	279	708
Number of Part-Time Employees (FTE) earning:	N/A	128	20	5

TOTAL PAYROLL FOR FULL-TIME EMPLOYEES	N/A	\$ 110.1M
TOTAL PAYROLL FOR PART-TIME EMPLOYEES	N/A	\$ 14.1M
TOTAL PAYROLL FOR ALL EMPLOYEES	N/A	\$ 124.2M

<b>PROJECTED EMPLOYMENT FIGURES - YEAR ONE</b>	<b>UNDER \$30,000</b>	<b>\$30,000 - \$50,000</b>	<b>\$50,000 - \$75,000</b>	<b>OVER \$75,000</b>
Number of Full-Time Employees (FTE) earning:	N/A	581	238	767
Number of Part-Time Employees (FTE) earning:	N/A	127	21	5

TOTAL PAYROLL FOR FULL-TIME EMPLOYEES	N/A	\$ 112.3M
TOTAL PAYROLL FOR PART-TIME EMPLOYEES	N/A	\$ 14.4M
TOTAL PAYROLL FOR ALL EMPLOYEES	N/A	\$ 126.7M

<b>PROJECTED EMPLOYMENT FIGURES - YEAR TWO</b>	<b>UNDER \$30,000</b>	<b>\$30,000 - \$50,000</b>	<b>\$50,000 - \$75,000</b>	<b>OVER \$75,000</b>
Number of Full-Time Employees (FTE) earning:	N/A	593	233	781
Number of Part-Time Employees (FTE) earning:	N/A	125	24	5

TOTAL PAYROLL FOR FULL-TIME EMPLOYEES	N/A	\$ 114.5M
TOTAL PAYROLL FOR PART-TIME EMPLOYEES	N/A	\$ 14.7M
TOTAL PAYROLL FOR ALL EMPLOYEES	N/A	\$ 129.2M

The Board reserves the right to visit the facility to confirm that job creation numbers are being met.

V. PROJECT CONSTRUCTION SCHEDULE

A. What is the proposed date for commencement of construction or acquisition of the project?

N/A

B. Give an accurate estimate of the time schedule to complete the project and when the first use of the project is expected to occur:

N/A

C. At what time or times and in what amount or amounts is it estimated that funds will be required?

N/A

VI. SUBMIT THE FOLLOWING INFORMATION OF THE APPLICANT

- A. Financial statements for the last two fiscal years (unless included in the applicant's annual report).
- B. What, if any, will be the expected increase in the applicant's gross income? \$ None
- C. In addition, please attach the financial information described in items A and B of any expected guarantor of the proposed bond issue.
- D. Completed Long Environmental Assessment Form.
- E. Most recent quarterly filing of NYS Department of Labor form 45, as well as the most recent fourth quarter filing. Please remove the employee Social Security numbers and note the full-time equivalency for part-time employees.

VII. The Company hereby authorizes the LDC, without further notice or consent, to use the Company's name, logo and photographs related to the Facility in its advertising, marketing and communications materials. Such materials may include web pages, print ads, direct mail and various types of brochures or marketing sheets, and various media formats other than those listed (including without limitation video or audio presentations through any media form). In these materials, the LDC also has the right to publicize its involvement in the Project.

Initial BJA

Town of Brookhaven Local Development Corporation  
Payment in Lieu of Tax (PILOT) Policy

An annual fee of \$1,000 will be due to the LDC in addition to the PILOT payment to cover ongoing costs incurred by the Agency on behalf of the project.

1. The Town of Brookhaven Local Development Corporation (LDC) may grant, or be utilized to obtain a partial or full real property tax abatement for a determined period which can be as long as ten years. To be eligible for this abatement there would be a requirement of new construction, or renovation, and a transfer of title of the real property to the Town of Brookhaven LDC.
2. The Chief Executive Officer (CEO) of the LDC or his or her designee shall consult with the Town Assessor to ascertain the amounts due pursuant to each PILOT Agreement. Thereafter, the PILOT payment for each project shall be billed to the current lessees. The lessees can pay the PILOT payment in full by January 31<sup>st</sup> of each year, or in two equal payments due January 31<sup>st</sup> and May 31<sup>st</sup> of each year of the PILOT Agreement. The CEO or his or her designee shall send all PILOT invoices to the lessees on a timely basis.
3. The Town of Brookhaven LDC shall establish a separate, interest bearing bank account for receipt and deposit of all PILOT payments. The CEO or his or her designee shall be responsible for depositing and maintaining said funds with input from the Chief Financial Officer (CFO).
4. The CEO or his or her designee shall remit PILOT payments and penalties if any, to the respective taxing authorities in the proportionate amounts due to said authorities. These remittances shall be made within thirty (30) days of receipt of the payments to the LDC.
5. If first-half PILOT payments are not received on a timely basis (as outlined in paragraph 2 hereof), the following interest and penalties shall accrue:

(i)	2/1 to 2/28	1% of the amount due
(ii)	3/1 to 3/31	2% of the amount due
(iii)	4/1 to 4/30	3% of the amount due
(iv)	5/1 to 5/31	4% of the amount due
(v)	6/1 to 6/30	5% of the amount due
(vi)	7/1 to 7/31	5% of the amount due
(vii)	8/1 to 8/31	5% of the amount due
(viii)	9/1 to 9/30	5% of the amount due
(ix)	10/1 to 10/31	5% of the amount due
(x)	11/1 to 11/30	5% of the amount due

PILOT payments paid after May 31<sup>st</sup> shall pay interest and penalties as follows:

(i)	6/1 to 6/30	5% interest and 5% penalty
(ii)	7/1 to 7/31	6% interest and 5% penalty
(iii)	8/1 to 8/31	7% interest and 5% penalty
(iv)	9/1 to 9/30	8% interest and 5% penalty
(v)	10/1 to 10/31	9% interest and 5% penalty
(vi)	11/1 to 11/30	10% interest and 5% penalty

For PILOT payments past due beyond one year, additional interest and penalties will accrue.

6. If a PILOT payment is not received by January 31<sup>st</sup> of any year or May 31<sup>st</sup> of the second-half of the year the lessee shall be in default pursuant to the PILOT Agreement. The LDC may give the lessee notice of said default. If the payment is not received within sixty (60) days of when due, the CEO shall notify the Board, and thereafter take action as directed by the Board.
7. The CEO shall maintain records of the PILOT accounts at the LDC office.
8. Nothing herein shall be interpreted to require the LDC to collect or disburse PILOT payments for any projects which are not LDC projects.
9. Should the Applicant fail to reach employment levels as outlined in their application to the LDC, the Board reserves the right to reduce or suspend the PILOT Agreement, declare a default under the Lease or the Installment Sales Agreement, and/or convey the title back to the Applicant.
10. This policy has been adopted by the LDC Board upon recommendation of the Governance Committee and may only be amended in the same manner.

NOTE: A payment-in-lieu-of-tax (PILOT) will only be required if the applicant does not own the land on which the building is to be built and is subject to a long-term lease.

CERTIFICATION

Richard T. Margulis (name of Chief Executive Officer of applicant submitting application) deposes and says that he or she is the President & CEO (title) of Brookhaven Memorial Hospital d/b/a Long Island Community Hospital, the corporation (company name) named in the attached application; that he or she has read the foregoing application and knows the contents thereof; that the same is true to his or her knowledge.

Deponent further says that the reason this verification is being made by the Deponent and not by Brookhaven Memorial Hospital d/b/a Long Island Co. (applicant name) is because the said applicant is a corporation. The grounds of Deponent's belief relative to all matters in the said application which are not stated upon his or her 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 or her duties as an officer of and from 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 Brookhaven Local Development Corporation (hereinafter referred to as the "LDC") acting on behalf of the Applicant in connection with this application and all matters relating to the issuance of bonds. 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 or if the Applicant is unable to find buyers willing to purchase the total bond issue required, then upon presentation of invoice, Applicant shall pay to the LDC, its agents or assigns, all actual costs incurred with respect to the application, up to that date and time, including fees to bond counsel for the LDC and fees of general counsel for the LDC. Upon successful conclusion and sale of the required bond issue, the Applicant shall pay to the LDC an administrative fee set by the LDC not to exceed an amount equal to 1% of the total project cost financed by the bond issue, which amount is payable at closing. The LDC's bond counsel's fees and the administrative fee may be considered as a cost of the project and included as part of any resultant bond issue.

Deponent further certifies that he or she has read the Payment in Lieu of Tax (PILOT) Policy of the Town of Brookhaven Local Development Corporation and will agree to the terms thereof.

*Richard T. Margulis*  
Chief Executive Officer of Company

Sworn to me before this 11  
Day of February, 20 20

*Carol Ann Oakley*  
(seal)

CAROL ANN OAKLEY  
Notary Public, State of New York  
No. 52-4621203  
Qualified in Suffolk County  
Commission Expires June 30, 2023