

**CLINTON COUNTY
CAPITAL RESOURCE CORPORATION
APPLICATION FOR FINANCIAL ASSISTANCE
190 Banker Road, Suite 500
Plattsburgh, NY 12901
infoatIDAs@gmail.com**

*A nonrefundable administrative application fee of \$1,500 must be submitted at the time of the application, of which, \$750 will be applied to the project's closing cost. Checks may be made payable to: **Clinton County Capital Resource Corporation***

Please submit one (1) electronic copy and two (2) hard copies of the application (and any attachments) and SEQR (if applicable) to the address above. Include the check with the hard copies.

ALL APPLICATIONS MUST BE SUBMITTED TWO WEEKS PRIOR TO THE REGULAR SCHEDULED CRC MEETING

For a copy of the CCCRC meeting schedule as well as the CCCRC Uniform Tax Exempt Policy (UTEP) go to

www.clintoncountyida.com

Application Updated: 3/2014

Note to Applicant:

The information requested by this application is necessary to determine the eligibility of your project for Clinton County Capital Resource Corporation (the "CRC"). Please answer all questions, inserting "none" or "not applicable" where appropriate. If you are providing an estimate, please indicate by inserting "est." after the figure. Attach additional sheets if more space is needed for a response than provided.

Please submit two (2) hard copies of the application (and any attachments) and Environmental Review - SEQR (if applicable) to **CCCRC, 190 Banker Road, Suite 500, Plattsburgh, NY 12901 ATTN: Executive Director**. In addition, please send an electronic version of the entire application and SEQR (if applicable) as well as all attachments to infoatIDAs@gmail.com. Include within the hardcopy, a check made payable to the Clinton County Capital Resource Corporation in the amount of \$1500. **Submissions must be made two (2) weeks prior to the regular scheduled meetings of the CRC (2nd Monday of each month unless otherwise noted).**

Upon submission of this application to the CRC, the application becomes a public document. Be advised that any action brought before the CRC is public information. All agendas are issued and posted on the CRC website seven (7) days prior to Board meetings. If there is information that the applicant feels is of a proprietary nature, please identify as such, and that information will be treated confidentially to the extent permitted by the law.

By signing and submitting this application, the Applicant acknowledges that it received a copy of the Uniformed Tax Exempt Policy (UTEP) and all other policies mentioned. Policies can be obtained at www.clintoncountyida.com, follow link to Clinton County Capital Resource Corporation page.

A project financed through the CRC involves the preparation and execution of significant legal documents. These documents not only comply with New York State law but also conform to CRC policies in effect at time of closing (all policies are posted on the website). Please consult with an attorney before signing any documents in connection with the proposed project.

The applicant will receive an engagement letter from the CRC's legal counsel. The applicant will then be asked to sign the engagement letter acknowledging it understands that the project is responsible for **all** CRC legal costs related to the project, including when the project is re-conveyed. In addition, should the project not close and legal services have been rendered by the CRC legal counsel, the applicant will still be responsible for those costs.

If the project requires a public hearing, a representative from the applicant's organization is required to be present. A date will be coordinated by the CRC's legal counsel and/or Executive Director. If you have any questions regarding the application or the process, feel free to contact the CRC's Executive Director at (518) 324-2122 or (518) 563-3100 or inforatIDAs@gmail.com.

IMPORTANT NOTICE: The answers to the questions contained in this application are necessary to determine your firm's eligibility for bond funding and other assistance from Clinton County Capital Resource Corporation (the "CRC"). 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 CRC.

This application by applicant respectfully states:

APPLICANT: Behavioral Health Services North Inc.

APPLICANT'S STREET ADDRESS: 22 US OVAL Suite 218

CITY: Plattsburgh STATE/ZIP CODE: NY PHONE NO.: _518 563 8206_____

NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION: David LePage__

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

NAME OF FIRM: Stafford, Owens, Pillar, Kelleher, Murnane & Trombley

NAME OF ATTORNEY: __Susanna Pillar_____

ATTORNEY'S STREET ADDRESS: _One Cumberland Ave Plattsburgh, NY 12901_____

CITY: _Plattsburgh_____ STATE: NY _____ PHONE NO.: _561-4400_____

NOTE: PLEASE READ THE INSTRUCTIONS BELOW BEFORE FILLING OUT THIS APPLICATION.

1. The CRC will not consider any application unless, in the judgment of the CRC, said application 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. The CRC will not give final approval to this application until the CRC receives a completed environmental assessment form concerning the Project which is the subject of this application.
6. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the CRC (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 of 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.
7. The applicant will be required to pay to the CRC all actual costs incurred in connection with this application and the Project contemplated herein. The applicant will also be expected to pay all costs incurred by general counsel and special counsel to the CRC.
8. The CRC has established an application fee of One Thousand Five Hundred Dollars (\$1,500) to cover the anticipated costs of the CRC in processing this application. A check or money order made payable to the CRC must accompany each application. THIS APPLICATION WILL NOT BE ACCEPTED BY THE CRC UNLESS ACCOMPANIED BY THE APPLICATION FEE.
9. The CRC has established an Administrative Fee (attached) for each project in which the CRC participates. UNLESS THE CRC AGREES IN WRITING TO THE CONTRARY, THIS PROJECT FEE IS REQUIRED TO BE PAID BY THE APPLICANT AT OR PRIOR TO THE ISSUANCE OF BONDS OR THE GRANTING OF ANY OTHER ASSISTANCE BY THE CRC.
10. The CRC has established an Economic Incentive Recapture Policy, information concerning which is attached hereto.

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

A. Identity of Company:

1. Company Name: Behavioral Health Services North Inc.

Present Address: 22 US Oval Suite 218 Plattsburgh

Zip Code: 12903

Employer's Federal ID No.: 14-1338346

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

3. Indicate type of business organization of Company:

a. Corporation. If so, incorporated in what country? _____; What State? NY
Date Incorporated 1948 _____; Type of Corporation? 501c3 _____;
Authorized to do business in New York? Yes ; No _____.

b. _____ Partnership. If so, indicate type of partnership _____;
Number of general partners _____; Number of limited partners _____.

c. _____ Sole proprietorship

4. Is the Company a subsidiary or direct or indirect affiliate of any other organization(s)? If so, indicate name of related organization(s) and relationship: N/A _____

B. Management of Company:

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

NAME AND HOME ADDRESS	OFFICE HELD	OTHER PRINCIPAL BUSINESS
Mark Lukens	President/CEO	N/A
Casey Gould	Chairperson	Rite-Aid Manager

2. Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation?
Yes _____; No .

3. Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)?
Yes _____; No .

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 .

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. Is Company publicly held? Yes _____; No x. If yes, please 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
Non Profit		

D. Company's principal bank(s) of account: Glens Falls Bank _____

II. DATA REGARDING PROPOSED PROJECT

A. Description of the Project: (Please provide a brief narrative description of the Project: 12,000 square ft. addition to existing Mental health outpatient clinic in Morrisonville, NY. It is our intent to provide primary care medical services to our clients on site. Data has shown this will provide better outcomes for our clients and prevent ER visits and hospital inpatient admissions.

B. Location of the Project:

1. Street Address: 2155 Rt 22b Morrisonville NY 12962 _____
2. City (if applicable): N/A _____
3. Town (if applicable): Plattsburgh _____
4. Village (if applicable): N/A _____
5. School District: Saranac _____
6. County: Clinton _____

C. Description of the Project site (if real estate is part of the Project):

1. Approximate size (in acres or square feet) of the Project site: 10 acres. Is a map, survey or sketch of the Project site attached? Yes x; No _____.

2. Are there existing buildings on the Project site? Yes x; No _____

a. If yes, indicate the number of buildings on the site: one _____

b. Also, please briefly identify each existing building and indicate the approximate size (in square feet) of each such existing building: 22,000 square ft existing building, a former elementary school, day care center, and now a mental health outpatient clinic and day rehabilitation program _____

b. Are the existing buildings in operation? Yes x; No _____. If yes, describe present use of present buildings: Mental Health outpatient clinic and day rehabilitation program _____

c. Are the existing buildings abandoned? Yes _____; No x. About to be abandoned?

Yes _____; No x.

If yes, describe: _____

d. Attach photograph of present buildings.

3. Utilities serving the Project site:

Water-Source: Town of Plattsburgh _____
Sewer-Source: Town of Plattsburgh _____
Electric-Source: NYSEG _____
Heat-Source: NYSEG _____

4. Present legal owner of the Project site: Applicant _____

a. If the Company owns the Project site, indicate date of purchase: 2/18/2011; purchase price: \$ 700,000.

b. If Company does not own the Project site, does Company have an option signed with the owner to purchase the Project site? Yes _____; No _____. If yes, indicate date option signed with the owner: _____, 20 ____; and the date the option expires: _____, 20 _____. N/A

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 owner of the Project site? Yes _____; No _____. If yes describe; N/A _____

5. To the best of your knowledge, are there any environmental concerns respecting the Project site or any structures thereon? Yes ___; No x. If yes, please explain: _____

6. a. Zoning District in which the Project site is located: Neighborhood Commercial & R-2

b. Are there any variances or special permits affecting the Project 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 _____; No x. If yes, indicate number and size of new buildings: _____

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: a 12,000 square ft. addition attached via a breezeway _____

3. Describe the principal uses to be made by the Company of the building or buildings to be acquired, constructed or expanded: Outpatient Mental Health Care and Primary Care offices _____

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 . If yes, describe the Equipment: _____

2. With respect to the Equipment to be acquired, will any of the Equipment being purchased have been previously used? Yes _____; No _____. If yes, please provide detail: _____
 N/A _____
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? Mental Health & Primary Care outpatient services _____

3. Will the Project be operated by a not-for-profit corporation? Yes ; No _____. If no, please explain: _____

4. Will the Project be owned by a not-for-profit corporation? Yes ; No _____. If no, please explain: _____

G. Project Status:

1. If the Project includes the acquisition of any land or buildings, have any steps been taken toward acquiring same? Yes _____; No . If yes, please discuss in detail the approximate stage of such acquisition: _____

2. If the Project includes the acquisition of any Equipment, have any steps been taken toward acquiring same? Yes _____; No . 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 work on any such building or improvement begun? Yes _____; No . If yes, please discuss in detail the approximate extent of construction and the extent of completion. Indicate in you answer whether such specific steps have been completed as site clearance and preparation; completion of foundations; installation of footings; etc.: _____

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: \$ 100,000 in fees related to architect development _____

II. 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 . If yes, please complete the following for each existing or proposed tenant or subtenant:
***SEE BELOW**

1. Sublessee name: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Employer's Federal 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 Sublessee: _____
Term of lease or sublease to Sublessee: _____

2. Sublessee name: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Employer's Federal 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 Sublessee: _____
Term of lease or sublease to Sublessee: _____

3. Sublessee name: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Employer's Federal 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 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?

*It is our intent to partner with a local health care provider for primary care services at our new facility. At this time we are still negotiating. We will contract with another not-profit.

PROJECTED PROJECT INVESTMENT

A.	Land-Related Costs	
1.	Land acquisition	\$ _____
2.	Site preparation	859,725
3.	Utilities and infrastructure development	\$ 32,557
4.	Access roads and parking development	\$ _____
5.	Other land-related costs (describe)	\$ _____
B.	Building-Related Costs	
1.	Acquisition of existing structures	\$ _____
2.	Renovation of existing structures	\$ _____
3.	New construction costs	\$ 2,083,941
4.	Electrical systems	\$ 417,717
5.	Heating, ventilation and air conditioning	\$ 595,318
6.	Plumbing	\$ 241,998
7.	Other building-related costs (describe)-General Conditions	\$ 352,222
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.	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 and Construction Management	\$ 529,887
2.	Accounting/legal	\$ 40,000
3.	Other service-related costs (describe)Insurance	\$ 86,635
G.	Other Costs	
1.	Existing Mortgage	\$ 1,700,000
2.	Project Grant-NYS Dept. of Health	\$ -3,800,000
H.	Summary of Expenditures	
1.	Total Land Related Costs	\$ 892,282
2.	Total Building Related Costs	\$ 3,691,196
3.	Total Machinery and Equipment Costs	\$ _____
4.	Total Furniture and Fixture Costs	\$ _____
5.	Total Working Capital Costs	\$ _____
6.	Total Professional Service Costs	\$ 656,522
7.	Total Other Costs	\$ -2,100,000
TOTAL PROJECT INVESTED A+B+C+D+E+F+G		\$ 3,140,000

PROJECTED CONSTRUCTION EMPLOYMENT IMPACT

I. Please provide estimates of total construction jobs at the Project:

Year	Construction Jobs (Annual wages and benefits \$40,000 and under)	Construction Jobs (Annual wages and benefits over \$40,000)
Current Year	5	21
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

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

Year	Total Annual Wages and Benefits
Current Year	\$ 1,650,000
Year 1	\$ _____
Year 2	\$ _____

PROJECTED PERMANENT EMPLOYMENT IMPACT

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

Year	Existing Jobs (Annual wages and benefits \$40,000 and under)	Existing Jobs (Annual wages and benefits over \$40,000)
Current Year	27	24
Year 1	32	29
Year 2		
Year 3		
Year 4		
Year 5		

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

Year	New Jobs (Annual wages and benefits \$40,000 and under)	New Jobs (Annual wages and benefits over \$40,000)
Current Year	0	0
Year 1	5	5
Year 2	5	5
Year 3	5	5
Year 4	7	7
Year 5	10	10

PROJECTED OPERATING IMPACT

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

Additional Purchases (1 st year following project completion)	\$ 150,000
Estimated Additional Sales (1 st full year following project completion)	\$ 300,000

--

II. Please provide estimates for the impact of Project on existing real property taxes and new real property taxes: Tax Exempt Property

Year	Existing Real Property Taxes	New Real Property Tax Payments
Current Year		
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		
Year 6		
Year 7		
Year 8		
Year 9		
Year 10		

FINANCIAL ASSISTANCE EXPECTED FROM THE CRC:

I. Financing.

- A. Is the applicant requesting that the CRC issue bonds to assist in financing the Project? Yes ; No . If yes, indicate:
- a. Amount of loan requested: 3,140,000 Dollars; and
- b. Maturity requested: 20 Years.

NOTE: THE POLICY OF THE CRC IS TO INDUCE FOR FIVE TO TEN PERCENT ABOVE THE AMOUNT OF THE LOAN REQUESTED. THIS WILL NOT ALTER THE CRC'S ADMINISTRATIVE FEE WITH RESPECT TO THE PROJECT, WHICH FEE IS NORMALLY PAID AT CLOSING, BECAUSE SUCH FEE IS BASED ON THE ACTUAL BOND AMOUNT ISSUED AND OTHER FINANCIAL ASSISTANCE ACTUALLY UTILIZED, AS MEASURED BY THE CRC.

- B. If the answer to question 1 is yes, is the interest on such bonds intended to be exempt from federal income taxation? Yes ; No .
- C. 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
 - b. automobile sales or service? Yes ; No
 - c. recreation or entertainment? Yes ; No
 - d. golf course? Yes ; No
 - e. country club? Yes ; No
 - f. massage parlor? Yes ; No
 - g. tennis club? Yes ; No
 - h. skating facility (including roller skating, skateboard and ice skating)? Yes ; No
 - i. racquet sports facility (including handball and racquetball court): Yes ; No
 - j. hot tub facility? Yes ; No
 - k. suntan facility? Yes ; No
 - l. racetrack? Yes ; No
 - m. airplane? Yes ; No
 - n. skybox or private luxury box? Yes ; No
 - o. health club facility? Yes ; No
 - p. gambling? Yes ; No
 - q. sale of alcoholic beverages for consumption off premises? Yes ; No
- D. If the answer to any of the above questions contained in question 3 is yes, please furnish details on a separate attachment.

II. Tax Benefits

- A. Is the applicant expecting that the financing of the Project will be secured by one or more mortgages? Yes ; No . If yes, what is the MAXIMUM amount of financing to be secured by mortgages? \$ 3,140,000.
- B. Is the applicant expecting to be appointed agent of the CRC for purposes of exemption from of N.Y.S. Sales Tax or Compensating Use Tax? Yes ; No .

COST BENEFIT ANALYSIS:

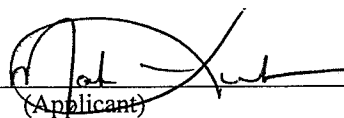
Costs = Financial Assistance

Benefits = Economic Development

Estimated Sale Tax Exemption \$	<u>0</u>	Jobs created	<u>5</u>
Estimated Mortgage Tax Exemption \$	<u>31,400</u>	Jobs retained	<u>0</u>
Estimated Amount of Bond proceeds \$	<u>3,140,000</u>	Private funds invested	<u>0</u>

REPRESENTATIONS BY THE APPLICANT: The applicant understands and agrees with the CRC as follows:

- A. Job Listings. The applicant agrees that, if the Project receives any Financial Assistance from the CRC, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the DOL”) and with the administrative entity (collectively with the DOL, the “JTPA Entities”) of the service delivery area created by the federal job training partnership act (Public Law 97-300) (“JTPA”) in which the Project is located.
- B. First Consideration for Employment: The applicant agrees that, if the Project receives any Financial Assistance from the CRC, except as otherwise provided by collective bargaining agreements, where practicable, the applicant will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for new employment opportunities created as a result of the Project.
- C. Annual Sales Tax Filings: The applicant agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the CRC, in accordance with Section 874(8) of the General Municipal Law, the applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the applicant and all consultants or subcontractors retained by the applicant.
- D. Annual Employment Reports: The applicant agrees that, if the Project receives any Financial Assistance from the CRC, the applicant agrees to file, or cause to be filed, with the CRC, on an annual basis, reports regarding the number of people employed at the project site
- E. Absence of Conflicts of Interest: The applicant has received from the CRC a list of the members, officers and employees of the CRC. No member, officer or employee of the CRC has an interest, whether direct or indirect in any transaction contemplated by this Application, except as hereinafter described:


 (Applicant)

6/8/17

BY: Mark Lukens President KEO

NOTE: THE CRC WILL COLLECT AN ADDITIONAL ADMINISTRATIVE FEE AS DESCRIBED IN THE CRC GUIDELINES, AT THE TIME OF CLOSING.

NOTE: APPLICANT MUST COMPLETE THE APPROPRIATE VERIFICATION APPEARING ON PAGES 17 THROUGH 19 HEREOF BEFORE A NOTARY PUBLIC AND MUST SIGN AND ACKNOWLEDGE THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 21.

Acknowledgements and Yearly Filings

As a condition to issuing financial assistance to the applicant, the Clinton County Capital Resource Corporation (the "CRC") is required by the New York State Comptroller's office to obtain the following supplementary information yearly for the duration of the transaction:

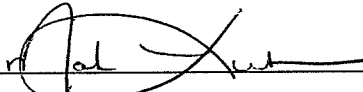
1. Outstanding balance at beginning and end of year and principal payments made during year.
2. The current interest rate (for adjustable rate bonds the rate at the end of the year is needed).
3. Current year tax exemptions for county, local (towns) and school taxes.
4. PILOT (Payment In Lieu Of Taxes) payments made each year to county, local and school taxing authorities.
5. Documentation and affidavits regarding the use of local construction workers in the construction phase of the Project.
6. Once project commences operations the number of part-time/seasonal workers employed in terms of full-time equivalents and actual number of workers.
7. Average salary of the jobs to be created or retained.

In addition to the above, in reporting the first year we will need:

1. An amortization schedule showing the planned principal reduction each year for the life of the issue.
2. The amount exempted for:
 - (a) sales tax
 - (b) mortgage recording tax
3. Each year of construction – Sale tax and documents and affidavits regarding the use of local construction workers in the construction phase of the project
4. Documents and affidavits regarding the number of part-time/seasonal workers employed in terms of full-time equivalents and actual number of workers.

This information is required by January 31st of each succeeding year and shall be submitted in writing to the Clinton County Capital Resource Corporation, 190 Banker Road, Suite 500, Plattsburgh, NY 12901. (Fax: 518-562-2232).

We have reviewed, understand and will comply with the above, as required by the New York State Comptroller's Office.

Name:  Title: President / CEO
Date: 6/8/17 Mark Lakens

CONSTRUCTION EMPLOYMENT AGREEMENT

Recognizing the mission of Clinton County Capital Resource Corporation (the "CRC") to promote construction employment opportunities for residents of Clinton County, New York and in consideration of the extension of financial assistance by the CRC for the project which is the subject of this application (the "Project"), BHSN (the "Company") understands that it is the CRC's policy that benefiting private entities should employ New York State residents and agrees to provide the information requested below as a way to provide local construction opportunities. The Company also agrees to provide an estimate of the number, type and duration of construction jobs to be created through CRC assistance, whether employment is gained directly through the Company, its general contractor, or individual vendors.

Upon completion of the Project, the Company shall, if requested by the CRC, submit to the CRC a Construction Completion Report in which is identified names and business addresses of the prime contractor, sub-contractors and vendors engaged in the construction of the Project.

<u>Relevant Company Information: BHSN</u> Company: BHSN _____ Company representative for Contract Bids and Awards: David LePage _____ Mailing Address: 22 US OVAL Suite 218 _____ Plattsburgh, NY 12903 _____ Phone: 518 563 8206 _____ Fax: _____ Email: dlepage@bhsn.org _____	<u>General Contractor, if determined: N/A</u> Contractor: _____ Representative: _____ Mailing Address: _____ _____ Phone: _____ Fax: _____ Email: _____
---	---

Construction start date is estimated to be 8/10/17 with occupancy to be taken on 6/15/18 (estimated)?

Construction Phase or Process	Duration of Construction Phase	# to be employed
Site Work	4 Months	26
Building	7 Months	26
Site		

Construction Phase or Process	Duration of Construction Phase	# to be employed

Dated 6/8/17

Behavioral Health Services North Inc.
Name of Applicant

Signed [Signature]
Printed Name and Position Mark Lukens President / CEO

CLINTON COUNTY CAPITAL RESOURCE CORPORATION

ADMINISTRATIVE FEE POLICY

ADMINISTRATIVE FEE

Clinton County Capital Resource Corporation (the "CRC") charges the following administrative fees for the issuance of bonds, leaseback transaction or related CRC transactions: 0.75%.

TRANSFER FEES

The CRC charges an administrative fee of 0.10%, with a minimum of \$500 for the transfer of Bonds or Leases to new property owners. The new property owner is also obligated to pay for any legal fees associated with such transfer.

APPLICATION FEE

A non-refundable application fee of \$1,500 is also required for all proposed bond issues and leaseback transactions (of which \$750 may be applied to reduce the administrative fee payable at closing). In addition, all necessary legal expenses associated with the issuance will be paid by the applicant.

ENVIRONMENTAL REVIEW/LEAD AGENCY FEE

Dependent upon the nature of a given project, the CRC may charge a fee for serving as Lead Agency for the purpose of SEQRA. Such fees will be agreed to in writing prior to any commitment.

SPECIAL MEETING FEE

If a special meeting of the CRC is held at the Project Applicant's request, the CRC may charge a fee of \$500 for each such special meeting so requested.

Clinton County Capital Resource Corporation
Economic Incentive Recapture Policy

Recapture policies are a response to a concern that economic development incentives do not achieve desired results.

Clinton County has been fortunate in that the return on public sector investment in private sector development has generally met or exceeded expectations. As New York State Law requires that each Capital Resource Corporation has a Regular Return, it is appropriate to adopt a policy that insures the investments in economic development.

Application for Economic Development Assistance

The Clinton County CRC's application for assistance requires projected financial information as well as detailed information concerning the incentive requested. These applications include the following:

1. A description of the construction jobs resulting from the proposed project, including the following:
 - a. The estimated total number of jobs that will be held by Clinton County residents;
 - b. The estimated wages and value of fringe benefits to be provided.
2. A description of the permanent jobs resulting from the proposed project, including the following:
 - a. Existing employment by category with wages and benefits;
 - b. Projected new employment by year for three (3) years by category with wages and benefits.
3. A description of non-employment-related economic benefits, including the following:
 - a. Property taxes and special assessments by jurisdiction for three (3) years;
 - b. Sales tax on construction materials, furnishings and fixtures for the initial project;
 - c. Mortgage recording tax.

Reporting Requirements

1. On an annual basis for the duration of the term of the assistance provided, the company will provide the following information:
 - a. Average annual employment by category with wages, benefits and residence of employee;
 - b. Property taxes and special assessments paid;
 - c. Local and New York State sales tax paid;
 - d. Any other information relevant to the project that the CRC deems appropriate, or is mandated by New York State law.

Recapture Provisions

1. If the company shifts production activity to a facility outside of Clinton County and, as a result, fails to achieve the economic benefits projected, then the CRC will declare the agreement to be in default and require the value of the incentives utilized to date to be repaid, with interest (determined as the New York State legal interest rate).
2. If it is determined that the economic benefits projected have not been achieved for reasons other than described above, then the CRC will afford the company a hearing where the company can be heard as to the issue. The following criteria will be used to determine if a valid explanation exists for failure to achieve the economic benefits projected by the company.
 - a. Natural Disaster: If a natural disaster such as a fire, flood, or tornado disrupts the business.
 - b. Industry Trends: An evaluation of industry trends will be made relevant to the company, and a determination reached as to whether the company is in a market that is declining. International and national data will be used in the evaluation. An industry is considered in decline when, measured by the appropriate SIC code, it experiences employment or revenue declines—beyond its control—of 10% or more over 3 years.

- c. Loss of Major Supplier or Customer: If the loss of a customer or supplier represents 15% or more of the sales of the company.
 - d. Productivity Improvements: If new technology, equipment or general productivity improvements result in the need for less than projected employees or investment.
 - e. Unfair Competition: If an international competitor utilizes an unfair competitive advantage to acquire market share.
3. If the CRC, based on criteria outlined in points 1 and 2 above, then determines that the company's reasons for failing to meet the economic benefit projections are invalid, the CRC can declare the agreement to be in default and require the value of the incentive utilized to date to be repaid, with interest.
 4. The CRC granting the economic incentive retains all rights to impose, delay or waive penalties.
 5. The policy is effective as of the date of project approval and applies to all current and future projects.
 6. One or more recapture agreements, and appropriate security with respect thereto, may be required as part of the closing documents.

VERIFICATION

(If Applicant is a Corporation)

STATE OF NY)
 COUNTY OF Clinton) SS.:

Mark Lukeas _____ deposes and says that he is the
 (Name of officer of applicant)
President / CFO of Behavioral Health Services North
 (Title) (Company Name) Inc.

the CRC 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.

[Signature] _____ 6/8/17
 (Officer of applicant)

Sworn to before me this
8 day of June, 2017

Deborah M. Boswell
 Notary Public

DEBORAH M. BOSWELL
 Notary Public, State of New York
 Qualified in Clinton County
 Commission Expires May 1, 2018.

VERIFICATION

N/A

(If applicant is partnership)

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

_____, deposes and says that he is one of the
(Name of Individual)

members of the firm of _____, the partnership named in the attached
(Partnership name)

application; that he has read the foregoing application and know 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

VERIFICATION

(If applicant is a sole proprietor)

MA

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

_____, deposes and says that he has read the foregoing
(Name of Individual)

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

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED BY THE CRC UNLESS THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 21 IS SIGNED BY THE APPLICANT.

HOLD HARMLESS AGREEMENT

Applicant hereby releases Clinton County Capital Resource Corporation and the members, officers, servants, agents and employees thereof (hereinafter collectively referred to as the "CRC") from, agrees that the CRC shall not be liable for and agrees to indemnify, defend and hold the CRC harmless from and against any and all liability arising from or expense incurred by (A) the CRC'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 tax exemptions and other assistance requested therein are favorably acted upon by the CRC, (B) the CRC's financing, refinancing, acquisition, construction and/or installation of the Project described therein and (C) any further action taken by the CRC with respect to the Project; 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 and 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 CRC or the Applicant are unable to reach final agreement with respect to the Project, then, and in that event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the CRC, its agents or assigns, all actual costs incurred by the CRC in the processing of the Application, including attorneys' fees, if any.

Behavioral Health Services North
(Applicant) Inc.

BY: [Signature] 6/8/17

Sworn to before me this

8 day of June, 20 17

Deborah M. Boswell
Notary Public

DEBORAH M. BOSWELL
Notary Public, State of New York
Qualified in Clinton County
Commission Expires May 1, 20 18.

**TOWN OF PLATTSBURGH
PLANNING BOARD MEETING
APRIL 18, 2017**

Resolution No. 17-28A

Motioned by: Jeff Wagner

WHEREAS, the Town of Plattsburgh's Planning Board has before it a project known as the:

BEHAVIORAL HEALTH SERVICES NORTH SITE PLAN 2017- Request to construct a 12,500 +/- sq. ft. addition to an existing mental health care clinic with additional improvements including landscaping, lighting, stormwater and parking. Located at 2155 State Route 22B with public water and public sewer, Zoned NC & R2, Tax Map Parcel #'s 205.4-3-27.1 & 27.2 Applicant: BHSN/Mark Luken, CEO; Surveyor: Engineering Ventures, P.C. **SEQRA DETERMINATION;** and

WHEREAS, Part 617 of the Environmental Conservation Law - "State Environmental Quality Review Act", provides for the review of any "ACTION" to determine the effect of the action on the environment, along with any related administrative procedures for the implementation, authorization or approval of the action; and

WHEREAS, said Part 617 of the Environmental Conservation Law provides for an involved agency to review any action for the purpose of determining the effect of the action on the environment; and

WHEREAS, public comment opportunity was provided in consideration of this Project on April 18, 2017; and

WHEREAS, the detailed preliminary site plan application, and related materials including: County Planning Board Comments (239m), Site Plans (14 sheets), Architectural Plans (five sheets), elevation rendering, Traffic and SEQRA Narrative, NYSHPO correspondence, Stormwater Pollution Prevention Plan and a response to the Planning Department March 21, 2017 review letter which have been reviewed by the Town's Planning Department which has submitted a recommendations letter dated April 14, 2017 to the Planning Board for the Planning Board's consideration; and

WHEREAS, the Town's Planning Board reviewed the information filed with the application for the Project, including but not limited to the EAF Part 1 and additional information provided to supplement and clarify the same; and

WHEREAS, the Town's Planning Board conducted a detailed and comprehensive environmental review of the Project to determine whether there was a significant impact which would require the preparation of a Draft Environmental Impact Statement (DEIS); now, therefore be it

RESOLVED, that the Town's Planning Board does hereby determine that the Behavioral Health Services North Site Plan 2017 does constitute a "UNLISTED ACTION" in accordance with said Environmental Review procedures and a coordinated review was not conducted; and, be it further

RESOLVED, that the Town's Planning Board acting as the "Lead Agency" in a SEQRA Review does hereby receive and place on file the _____ Subdivision and/or X Site Plan applications, maps, plans, completed EAF and other related material submitted; and, be it further

RESOLVED, that the Town Planning Board has reviewed the Planning Department's recommendations and findings herein and does determine that:

- a) The overall scope of the Project development is less than the scope of the development permitted by the town's zoning regulations; and
- b) The access and traffic proposed in the Project were reviewed by the Town Planning Board and found acceptable; and
- c) The stormwater management plan will manage and mitigate additional increases in site generated stormwater runoff with stormwater controls in accordance with the Towns Zoning Ordinance and NYSDEC regulations; and
- d) There will be no erosion and sedimentation as there is no additional development proposed for this action from the existing development and water quality will be properly controlled by the existing drainage improvements, and it is further

RESOLVED, that the Project does not:

- a) involve a substantial adverse change in existing air quality, ground or surface water quality, traffic or noise levels, solid waste production, potential for erosion, flooding or drainage problems;
- b) involve the removal or destruction of large quantities of vegetation or the interference with plant or animal life or impacts on a significant habitat area; substantial adverse impacts on a threatened or endangered species of plant or animal, or the habitat area of such species, or other significant adverse impacts to natural resources,
- c) conflict with the Town's current plans or goals for the area where the project is located
- d) impair the character or quality of the neighborhood;
- e) represent a major change in the use of energy;

- f) create any hazards to human health;
- g) represent a substantial change in the use of the land;
- h) increase the number of people who would come to the site absent such development in an undesirable/unmanaged manner; or
- i) impair the environmental characteristics of the area; and, it is further

RESOLVED, that the Town Planning Board of the Town of Plattsburgh after review of the said ___ Subdivision and/or X Site Plan application, maps, plan, completed EAF, and related materials does hereby determine as "Lead Agency" for the SEQRA Review process that the "Project" will NOT have a significant effect on the environment. Therefore, the preparation of a DEIS is NOT required; and, be it further

RESOLVED, that the Town Planning Board does hereby declare that the Project and environmental review process considered for the development does adequately and sufficiently satisfy the requirements of the State Environmental Quality Review Act for the Project; and be it further

RESOLVED, that a copy of this resolution be forwarded to other involved agencies who may be reviewing the Project for their records and files, and be it further

RESOLVED, that the Planning Board of the Town of Plattsburgh does hereby authorize and direct the Chairperson of the Planning Board to have prepared and to execute a "Notice of No Significant Environmental Impact" (NEGATIVE DECLARATION) for this "Project"; and, be it further

RESOLVED, that the "Notice of No Significant Environmental Impact" (NEGATIVE DECLARATION) shall be disseminated to those involved Agencies and Governmental Units as required by said Environmental Conservation and all related material shall be maintained on file at the Town Hall Offices of the Planning Board and available for Public Inspection.

Seconded By: Tim Palmer

Discussion (Not Verbatim): Town Senior Planner, Trevor Cole informed the Planning Board that the project had submitted a complete SEQRA short form EAF Part I and that Staff had completed the Part II for their review. Mr. Cole indicated that no significant environmental issues associated with the project had been identified and recommended the Planning Board file a Negative Declaration of environmental significance for the project. The Planning Board unanimously agreed.

Roll Call:	<u>Yes</u>	<u>No</u>
Anne Brandell	X	
Jeff Wagner	X	

Tim Palmer
Terry Besaw
David Kimmel
Sandy Latourelle, Chairperson
Terry Senecal
Maureen Faucher (Alt.)

X
X
Excused
X
X
Present, not voting

Carried: 6-0

Christina Breyette
Deputy Clerk



Short Environmental Assessment Form

Part 1 - Project Information


Instructions for Completing

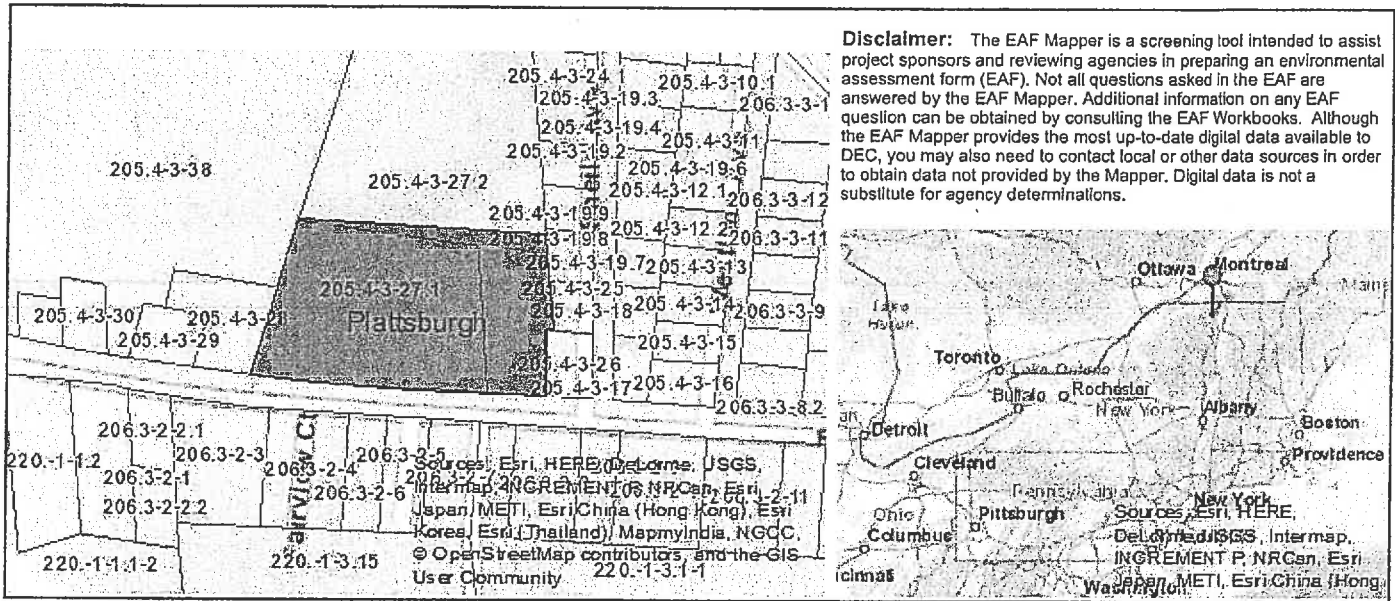
Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: Behavioral Health Services North Additions and Alterations			
Project Location (describe, and attach a location map): 2155 State Route 22B, Morrisonville, NY 12962 (See Attached Map)			
Brief Description of Proposed Action: The project will involve the construction of a 12,500-SF+/- addition to the Behavioral Health Services North Morrisonville Clinic. In addition to the proposed building addition, the project will involve the construction of a 1,000 SF Maintenance Garage for storage of maintenance equipment, tools, and vehicles. The project will improve parking with the construction of a new parking area east of the proposed addition and east of the existing parking area, while also re-striping the existing parking area to maximize the spaces. The site is serviced by public water and sewer from the Town of Plattsburgh. Water connection will be down internally though the existing building and sewer will connect into an existing sewer service from the existing building. Landscaping, lighting, stormwater management, and other infrastructure will be installed to prevent adverse effects to surrounding areas.			
Name of Applicant or Sponsor: Behavioral Health Services North, Inc.		Telephone: (518) 563-8206	
		E-Mail:	
Address: 22 US Oval, Suite 218			
City/PO: Plattsburgh		State: NY	Zip Code: 12903
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: Town of Plattsburgh, NYSDEC SPDES Permit, DASNY		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		10.15 acres	
b. Total acreage to be physically disturbed?		3.60 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		10.15 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation service(s) available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: <u>Behavioral Health Services North, Inc.</u> <u>Mark Lukens, President/CEO</u> Date: <u>2/28/17</u></p> <p>Signature: <u></u></p>		



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National Register of Historic Places]	No
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No

Project:	BHSN Site Plan 2017
Date:	April 18, 2017

**Short Environmental Assessment Form
Part 2 - Impact Assessment**

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Project: BHSN Site Plan 2017

Date: April 18, 2017

Short Environmental Assessment Form Part 3 Determination of Significance

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

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.

Town of Plattsburgh Planning Board _____ April 18, 2017 _____
 Name of Lead Agency _____ Date _____

Sandra Latourelle _____ Chairperson _____
 Print or Type Name of Responsible Officer in Lead Agency _____ Title of Responsible Officer _____

Sandy Latourelle _____ *[Signature]* _____
 Signature of Responsible Officer in Lead Agency _____ Signature of Preparer (if different from Responsible Officer) _____

PRINT FORM