

**Town of Riverhead IDA  
Economic Job Development Corp.  
Application for Financial Assistance**



## PROJECT SUMMARY

(for official use)

### GENERAL

Name of Project\_\_\_\_\_

Location of Project\_\_\_\_\_

Contact Person\_\_\_\_\_Telephone\_\_\_\_\_

Email\_\_\_\_\_

### KEY DATES

Application Submitted\_\_\_\_\_Project Inducement\_\_\_\_\_

Agenda Closing\_\_\_\_\_

### PROJECT TYPE

Industrial\_\_\_\_\_Not-for-Profit\_\_\_\_\_Commercial\_\_\_\_\_Office\_\_\_\_\_Other\_\_\_\_\_

Housing\_\_\_\_\_Manufacturing\_\_\_\_\_Retail\_\_\_\_\_Services\_\_\_\_\_

### PROJECT SIZE

Acreage\_\_\_\_\_New Construction (sq ft)\_\_\_\_\_

Rehab/Expansion (sq ft)\_\_\_\_\_Total Project Cost\_\_\_\_\_

### TYPE OF ASSISTANCE

Tax Exempt Bonds\_\_\_\_\_Taxable Bonds\_\_\_\_\_

### JOBS/PAYROLL

Retained Jobs\_\_\_\_\_Current Payroll\_\_\_\_\_Avg. Annual Wage\_\_\_\_\_

New Jobs\_\_\_\_\_Projected Payroll\_\_\_\_\_New Avg. Annual Wage\_\_\_\_\_

## PROJECT SUMMARY

(for official use)

### GENERAL

Name of Project Riverhead Charter School  
Location of Project 3685 Middle Country Road Calverton NY 11933  
Contact Person Nicola Graham Telephone \_\_\_\_\_  
Email \_\_\_\_\_

### KEY DATES

Application Submitted 10/6/23 Project Inducement \_\_\_\_\_  
Agenda Closing \_\_\_\_\_

### PROJECT TYPE

Industrial \_\_\_\_\_ Not-for-Profit ☒ Commercial \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_  
Housing \_\_\_\_\_ Manufacturing \_\_\_\_\_ Retail \_\_\_\_\_ Services \_\_\_\_\_

### PROJECT SIZE

Acreage 6 New Construction (sq ft) \_\_\_\_\_  
Rehab/Expansion (sq ft) \_\_\_\_\_ Total Project Cost \$18.675 million JM 10/20/23

### TYPE OF ASSISTANCE

Tax Exempt Bonds ☒ Taxable Bonds ☒ JM 10/20/23

### JOBS/PAYROLL

Retained Jobs \_\_\_\_\_ Current Payroll \_\_\_\_\_ Avg. Annual Wage \_\_\_\_\_  
New Jobs \_\_\_\_\_ Projected Payroll \_\_\_\_\_ New Avg. Annual Wage \_\_\_\_\_



# RIVERHEAD IDA ECONOMIC JOB DEVELOPMENT CORPORATION

TOWN OF RIVERHEAD

200 Howell Avenue  
Riverhead, New York 11901

P(631) 369-5129

F (631) 369-6925

## APPLICATION FOR FINANCIAL ASSISTANCE

Date \_\_\_\_\_

APPLICATION OF: \_\_\_\_\_  
COMPANY NAME

### OWNERSHIP OF PROPOSED PROJECT

Type of Application: ☒ Tax-Exempt Bond ☐ Taxable Bond ☐ Lease  
☐ Refunding Bond ☐ Not-for-Profit ☐ Other

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. This application must be filed in 1 hard copy and 1 electronic copy. A non-refundable application fee of \$4,000 is required at the time of submission of this application to the **Riverhead IDA Economic Job Development Corporation** (the "Agency" or the "LDC"). This fee will be applied to the Agency's Administrative Fee at closing.

At the time of inducement, Bond Counsel may require an initial retainer deposit which will be applied to fees incurred in connection with the Project, and will be reflected on their final statement at closing.

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

**PLEASE NOTE:** Prior to submitting a completed final application, please arrange to meet with the Agency's staff to review your draft application.

[www.riverheadida.org](http://www.riverheadida.org)

I. COMPANY DATA

A. ORGANIZATION OR NOT-FOR-PROFIT (Applicant for Assistance)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ FEDERAL EMPLOYER I.D.# \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

ATTORNEY \_\_\_\_\_

(contact info) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. FACILITY USER – any entity proposed to be a user of the facility

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ FEDERAL EMPLOYER I.D.# \_\_\_\_\_

BUSINESS TYPE:

SOLE PROPRIETORSHIP ☐

GENERAL PARTNERSHIP ☐ or LIMITED PARTNERSHIP ☐

State and Date of Organization: \_\_\_\_\_

PRIVATELY HELD CORPORATION ☐ NOT-FOR-PROFIT ☒

PUBLIC CORPORATION ☐ LISTED ON \_\_\_\_\_ EXCHANGE

State and Date of Incorporation: \_\_\_\_\_

(Please provide additional names and information, if any, on a separate sheet and attach it to this questionnaire. If tenant is unknown, then enter unknown)

C. Please list any related person (facility user) that is also a user of the Project.

NAME

BUSINESS TYPE

RELATIONSHIP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- D. Please list any principal stockholders or partners of the Company or the Sublessee, if any (i.e., owners of 5% or more equity in the Company or the Sublessee):

<u>NAME</u>	<u>% OWNED</u>	<u>WHICH COMPANY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- E. Is the Company or the Sublessee related to any other person by reason of more than 50% common ownership? If so, indicate the name of each related person and the Company's or Sublessee's relationship to such person.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- F. Please list parent corporation, sister corporations and subsidiaries, if applicable.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- G. Has the Company or the Sublessee (or any other entity listed in answer to questions C-F above) been involved in or benefitted by any prior industrial development bond financing, LDC financing or JDA financing in the municipality in which this Project is located, whether through the Agency, JDA or another issuer? If so, please explain in full (e.g., name of issuer and beneficiary; original amount of issue; date of issue; current amount outstanding; purpose of issue; etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. Has the applicant ever filed for bankruptcy?

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I. Has the applicant or any of the top executives ever been convicted of a felony? If yes, please explain:

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J. Has the Company or the Sublessee (or any related person) applied to any other Economic Development Corporation in regard to this Project? If so, please provide details of any action taken with respect to and the current status of such application.

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K. List the major bank references of the Company.

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II. COMPANY'S OPERATIONS AT CURRENT LOCATION

A. Address \_\_\_\_\_

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B. Acreage of existing facility \_\_\_\_\_

C. Number of buildings and square feet of each building \_\_\_\_\_

- \_\_\_\_\_
- D. Owned or leased \_\_\_\_\_
- E. Please describe the type of operation and products and services at current location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. Employment (current number of full-time equivalent employees)  
\_\_\_\_\_
- F. Annual payroll amount \_\_\_\_\_
- G. NAICS code: \_\_\_\_\_

**\*\*Please attach the most recent quarterly New York State Department of Labor form 45.**

III. PROPOSED PROJECT DATA

- A. Proposed Location of Project - Please attach a tax map highlighting the location of the project. In addition, please give the real property tax map number and exact street address of the Project, including the village and town where the Project will be located. (If no street address, please include a survey and the most precise description available):

Address:

\_\_\_\_\_  
\_\_\_\_\_

Tax Map Number:

\_\_\_\_\_  
\_\_\_\_\_



B. Project Site - Please **submit 3 copies** of preliminary plans or sketches of the proposed acquisition, rehabilitation, or construction (under separate cover).

1. Acreage: \_\_\_\_\_
2. Acquisition of existing buildings:
  - a) Existing buildings to be acquired (number and square feet of each building):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b) Does the Project consist of additions and/or renovations to existing buildings? If so, indicate the nature of the expansion and/or renovation in reasonable detail.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. New construction:
  - a) Number and square feet of each new building to be constructed:  
\_\_\_\_\_  
\_\_\_\_\_
  - b) Builder or contractor contact information:  
\_\_\_\_\_  
\_\_\_\_\_
  - c) Architect and contact information:  
\_\_\_\_\_  
\_\_\_\_\_
4. Present use of the Project site:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Relationship of present user of Project site to the Company:

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C. What will the building or buildings to be acquired, constructed or expanded be used for by the Company (include description of products and services to be rendered)?

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D. 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 of that space by each tenant. Although the tenants may not yet be known, the purposes for which the Project will be used must still be indicated. Use a separate sheet, if necessary.

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E. List principal items or categories of equipment to be acquired as part of the Project.

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F. Has construction work on the Project begun? If so, complete the following:

- |    |                |                              |                             |                  |
|----|----------------|------------------------------|-----------------------------|------------------|
| 1. | Site clearance | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ % complete |
| 2. | Foundation     | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ % complete |
| 3. | Footings       | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____ % complete |

4. Steel ☐ yes ☐ no \_\_\_\_\_% complete

5. Masonry ☐ yes ☐ no \_\_\_\_\_% complete

6. Other (describe below):

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G. Existing facilities within New York State:

1. Are there other facilities owned, leased or used by the Applicant (or any related person) within the state? If so, tell whether such facilities are owned, leased or otherwise used and describe the terms of the Company's (or any related person's) interest in such facilities.

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2. If there are other facilities within the state, is it expected that any of these other facilities will close or be subject to reduced activity as a result of the proposed Project?

☐ yes

☒ no

3. If you answered "Yes" to question 2, above, please explain in detail how current facilities will be utilized and whether the Project is reasonably necessary for the Company to maintain its competitive position in its industry.

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4. Has the Applicant thought about moving to another state? If so, please explain.

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5. Will the Project meet current zoning requirements at its proposed location?

☒ yes

☐ no

- a) What is the present zoning? \_\_\_\_\_
- b) What zoning is required? \_\_\_\_\_
- c) If a change of zoning is required, please provide the details/status of any change of zoning request.

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- H. Does the Applicant (or any related person) currently lease the Project site?

☐ yes

☒ no

- I. Does the Applicant (or any related person) now own the Project site?

☒ yes

☐ no

1. If yes, indicate:

- a) Date of purchase \_\_\_\_\_
- b) Purchase price \_\_\_\_\_
- c) Balance of existing mortgage \_\_\_\_\_
- d) Holder of mortgage \_\_\_\_\_
- e) Special conditions \_\_\_\_\_

2. If no, does the Company (or any related person) have an option or a contract to purchase the site and/or any buildings on the site?

☐ yes

☒ no

3. If so, please **attach a copy** of the option or contract and indicate:

- a) Date signed \_\_\_\_\_
- b) Purchase price \_\_\_\_\_
- c) Proposed settlement/closing date \_\_\_\_\_

J. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. How much equity will the applicant have in this project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### IV. PROJECT COSTS

- A. Give an accurate estimate of the cost of each of the following items, specifying in each instance the portion of such costs to be financed with tax-exempt bond proceeds, if applicable:

	tax exempt only <input type="checkbox"/>
LAND*.....	( ) %
ACQUISITION AND REHABILITATION COSTS:	
Existing Building**.....	( ) %
Cost of Rehabilitation**.....	( ) %
COSTS OF NEW CONSTRUCTION:	
Construction of New Building .....	( ) %
New Additions to or Expansions of Existing Building .....	( ) %
ENGINEERING & ARCHITECTURAL FEES.....	( ) %
EQUIPMENT TO BE INSTALLED AT FACILITY .....	( ) %
LEGAL FEES (Bank, Bond & Company) .....	( ) %
FINANCIAL CHARGES (specify):.....	( ) %
OTHER FEES/CHARGES, etc. (specify): .....	( ) %
.....	( ) %
TOTAL PROJECT COSTS:	\$ ( ) %
AMOUNT OF BOND REQUESTED:	\$ ( ) %

\* If acquiring land, please note that Federal law prohibits the use of 25% or more of tax-exempt bond proceeds for the purchase of land.

\*\* If acquiring existing buildings, please note that Federal law prohibits the acquisition of existing buildings with tax-exempt bond proceeds unless the rehabilitation expenses of the building are equal to or greater than 15% of the portion of the cost of acquiring the building that is financed with tax-exempt bond proceeds. Rehabilitation does not include any amount expended on new construction (additions or expansions).

B. Method of financing costs:

	<u>AMOUNT</u>	<u>TERM</u>	
1. Tax-exempt LDC financing	\$ <u>18,175,000</u>	<u>25</u>	years
2. Taxable LDC financing	\$ <u>500,000</u>	<u>10</u>	years JM 10/20/23
3. JDA or other governmental funding	\$ _____	_____	years
4. Other loans	\$ _____	_____	years
5. Applicant/Owner's equity contribution***	_____	_____	years
TOTAL PROJECT COSTS:	\$ <u>18,675,000</u>	JM 10/20/23	

- 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 so, please give particulars on a separate sheet.

- D. Are costs of working capital, moving expenses, work in progress, or stock in trade included in the proposed uses of the tax-exempt bond proceeds? Give details.

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

Bonds to be used to current refund existing 2013A and 2013B Bonds  
and pay excess cost of issuance, if any. JM 10/20/23

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\*\*\* If a project financing with bond proceeds is to be owned by a realty company/partnership, but will be subleased for use by another person, at least a 5% owner equity contribution is suggested.

B. Method of financing costs:

	<u>AMOUNT</u>	<u>TERM</u>
1. Tax-exempt LDC financing	\$ _____	_____ years
2. Taxable LDC financing	\$ _____	_____ years
3. JDA or other governmental funding	\$ _____	_____ years
4. Other loans	\$ _____	_____ years
5. Applicant/Owner's equity contribution <sup>***</sup>	_____	_____ years
TOTAL PROJECT COSTS:	\$ _____	

- 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 so, please give particulars on a separate sheet.

- D. Are costs of working capital, moving expenses, work in progress, or stock in trade included in the proposed uses of the tax-exempt bond proceeds? Give details.

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

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<sup>\*\*\*</sup> If a project financing with bond proceeds is to be owned by a realty company/partnership, but will be subleased for use by another person, at least a 5% owner equity contribution is suggested.



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

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V. MEASURES OF GROWTH AND BENEFITS

- A. Please complete the chart below by indicating on line #1 the present number of full-time or equivalent employees and the annual payroll for all current facilities of the Company. On line #2, please provide the information with respect to Town of Riverhead facilities only. (If no facilities are currently in the Town of Riverhead, indicate "0.") On lines #3 and #4, provide projections of retained and new employment and payroll at the proposed Project in the Town of Riverhead for the first and second year (cumulative) after the Project's completion:

	Full Time or Equivalent Employees	Annual Payroll \$
1. PRESENT (All Current Facilities)	<hr/>	<hr/>
2. PRESENT (Riverhead Only)	<hr/>	<hr/>
3. FIRST YEAR (Riverhead Only)	<hr/>	<hr/>
4. SECOND YEAR (Riverhead Only)	<hr/>	<hr/>
5. THIRD YEAR (Riverhead Only)	<hr/>	<hr/>
6. FOURTH YEAR (Riverhead Only)	<hr/>	<hr/>

- B. What, if any, will be the expected increase in the annual dollar amount of sales (or rent or income)? \$ 

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- C. Describe, if applicable, other benefits anticipated as a result of this Project. This should include benefits to the municipality. Use an additional sheet if necessary.

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VI. PROJECT CONSTRUCTION SCHEDULE

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

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- B. Give an accurate estimate of the time schedule to complete the Project and when the first use of Project is expected to occur (use additional sheets if necessary).

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- C. At what time or times and in what amount or amounts is it estimated that funds will be required? Please provide your most accurate present estimate.

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VII. ATTACH THE FOLLOWING FINANCIAL INFORMATION OF THE COMPANY

- A. Financial statements for last two fiscal years (unless included in the applicant's annual report).
- B. Company's annual reports (or Form 10-K's) for the two most recent fiscal years.
- C. Quarterly reports (Form 10-Q's) and current reports (Form 8-K's) since the most recent annual report, if any.
- D. In addition, please attach the financial information described above in items A, B, and C of any expected guarantor of the proposed bond issue other than the Company.
- E. Most recent quarterly filing of NYS Department of Labor form NYS 45. Please remove Social Security numbers and note the full time equivalency for PT jobs.

[www.riverheadida.org](http://www.riverheadida.org)

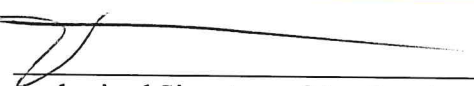
CERTIFICATION

Raymond Ankrum (Name of chief executive officer of company submitting application) deposes and says that (s)he is the Superintendent (title) of Riverhead Charter School (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 to his knowledge.

Deponent further says that the reason this verification is being made by the deponent and not by N/A (company name) is because said company is a corporation.

The grounds of deponent's belief relative to all matters in 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 said corporation and from the books and papers of said corporation.

As an officer of said corporation (hereinafter referred to as the "Applicant"), deponent acknowledges and agrees that Applicant shall be and is responsible for all costs incurred by the Riverhead IDA Economic Job Development Corporation (herein referred to as "Agency") acting on behalf of Applicant in connection with this application and all matters relating to the issuance of bonds. If, for any reason whatsoever, 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 Applicant is unable to find buyers willing to purchase the total bond issue, then upon presentation of an invoice, Applicant shall pay to the Agency, 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 Agency and fees of general counsel for the Agency. Upon the successful conclusion and sale of the bond issue, the Applicant shall pay to the Agency an administrative fee set by the Agency not to exceed an amount equal 1% one percent of the face amount of the project cost financed by the bond issue, which amount is payable at closing. The Applicant understands that the Agency's bond counsel's fees, general counsel's fees and administrative fee are considered issuance expenses and, therefore, can only be paid for or reimbursed out of the proceeds of any resultant tax-exempt bond issue up to an aggregate amount not exceeding 2% of the face amount of such tax-exempt issue.

  
Authorized Signatory of Applicant

Sworn to before me this 17<sup>th</sup>  
day of October, 2023

(Seal)

SANDRA C SANTOS-KEEL  
Notary Public - State of New York  
No. 01SA6293842  
Qualified in Suffolk County  
My Commission Expires Dec. 16, 2025



617.21  
Appendix C  
State Environmental Quality Review  
SHORT ENVIRONMENTAL ASSESSMENT FORM  
For UNLISTED ACTIONS Only

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

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres                      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No   If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OF LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, list agency(s) and permit/approvals	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Applicant/sponsor name: _____ Date: _____  Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the  
Coastal Assessment Form before proceeding with this assessment**

**OVER**

## PART II - ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12? If YES, coordinate the review process and use the FULL EAF.

☐ YES

☐ NO

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6?

If NO, a negative declaration may be superseded by another involved agency.

☐ YES

☐ NO

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

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

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

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

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

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

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

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

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

☐ YES

☐ NO

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

☐ YES

☐ NO

If Yes, explain briefly

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

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

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

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

\_\_\_\_\_  
Name of Lead Agency

\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
Signature of Preparer (if different from Responsible Officer)

## PART I — PROJECT INFORMATION

### Prepared by Project Sponsor

**NOTICE:** This document is designed to assist in determining whether the action proposed may have a significant effect on the environment. Please complete the entire form, including Parts A through E. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and public review. Please provide any additional information you believe will be needed to complete Parts 2 and 3.

It is expected that completion of the EAF will be dependent on information currently available and will not involve new studies, research or investigation. If information requiring such additional work is unavailable, so indicate and specify each instance.

Name of Action		
Location of Action (Include Street Address, Municipality and County)		
Name of Applicant/Sponsor (and contact person)		Business Telephone
Address		
City/PO	State	Zip Code
Name of Owner (if different)		Business Telephone
Address		
City/PO	State	Zip Code
Description of Action:		

**Please Complete Each Question—Indicate N/A if Not Applicable**

#### A. SITE DESCRIPTION

1. Present land use: ☐ Urban ☐ Industrial ☐ Commercial ☐ Residential (suburban)  
☐ Rural (non farm) ☐ Agricultural ☐ Other \_\_\_\_\_
2. Total Acreage of project area: \_\_\_\_\_ acres.

APPROXIMATE ACREAGE	CURRENTLY	AFTER COMPLETION
Meadow or Brushland (Non-agricultural)	_____ acres	_____ acres
Forested	_____ acres	_____ acres
Agricultural (includes orchards, cropland, pasture, etc.)	_____ acres	_____ acres
Wetland (Freshwater or Tidal as per Articles 24, 25, or ECL)	_____ acres	_____ acres
Water Surface Area	_____ acres	_____ acres
Unvegetated (rock, earth or fill)	_____ acres	_____ acres
Roads, and other paved surfaces	_____ acres	_____ acres
Buildings (ground floor coverage)	_____ acres	_____ acres

Other (indicate type)

**Totals**

\_\_\_\_\_ acres

\_\_\_\_\_ acres

\_\_\_\_\_ acres

\_\_\_\_\_ acres

3. What is predominant soil type(s) on the project site? \_\_\_\_\_
- a. Soil drainage: ☐ Well drained (\_\_\_\_% of site); ☐ Moderately well drained (\_\_\_\_% of site);  
☐ Poorly drained (\_\_\_\_% of site).
- b. If any agricultural land is involved, how many acres of soil are classified within soil group 1 through 4 of the NYS Land Classification System? \_\_\_\_\_ acres. (See NYCRR 370).
4. Are there bedrock outcroppings on project site? ☐ Yes ☐ No
- a. What is depth to bedrock? \_\_\_\_\_ (in feet).
5. Approximate percentage of proposed site with slopes: 0-10% \_\_\_\_\_%; 10-15% \_\_\_\_\_%; 15% or greater \_\_\_\_\_%
6. Is project substantially contiguous to, or contain a building, site, or district, listed on the State or the National Registers of Historic Places? ☐ Yes ☐ No.
7. Is project substantially contiguous to a site listed on the Register of National Natural Landmarks? ☐ Yes ☐ No.
8. What is the depth of the water table? \_\_\_\_ (in feet)
9. Is site located over a primary, principal, or sole source aquifer? ☐ Yes ☐ No.
10. Do hunting, fishing, or shell fishing opportunities currently exist in the project area?  
☐ Yes ☐ No.
11. Does project site contain any species of plant or animal life that is identified as threatened or endangered? ☐ Yes ☐ No. According to: \_\_\_\_\_  
Identify each species: \_\_\_\_\_
12. Are there any unique or unusual land forms on the project site (i.e., cliffs, dunes, other geological formations) ☐ Yes ☐ No. If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
13. Is the project site presently used by the community or neighborhood as an open space or recreation area? ☐ Yes ☐ No. If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
14. Does the project site include scenic views known to be important to the community?  
☐ Yes ☐ No.
15. Streams within or contiguous to project area:  
a. Name of stream and name of river to which it is tributary: \_\_\_\_\_
16. Lakes, ponds, wetland areas within or contiguous to project area? ☐ Yes ☐ No.  
a. Name \_\_\_\_\_ b. Size (in acres) \_\_\_\_\_
17. Is site served by existing public utilities? ☐ Yes ☐ No.  
a. If Yes, does sufficient capacity exist to allow connection? ☐ Yes ☐ No.  
b. If Yes, will improvements be necessary to allow connections? ☐ Yes ☐ No.
18. Is the site located in an agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA Sections 303 and 304? ☐ Yes ☐ No. If yes, describe: \_\_\_\_\_
19. Is the site located in or substantially contiguous to a Critical Environmental Area designated pursuant to Article 8 of the ECL and 6 NYCRR 617? ☐ Yes ☐ No.
20. Has the site ever been used for storage or disposal of solid or hazardous waste? ☐ Yes ☐ No.



## B. PROJECT DESCRIPTION

1. Physical dimensions and scale of project (fill in dimensions as appropriate)
  - a. Total contiguous acreage owned or controlled by project sponsor: \_\_\_\_ acres.
  - b. Project acreage to be developed: \_\_\_\_ acres initially; \_\_\_\_ acres ultimately.
  - c. Project acreage to remain undeveloped: \_\_\_\_ acres.
  - d. Length of project, in miles \_\_\_\_\_ (if appropriate)
  - e. If the project is an expansion, indicate percent of expansion proposed \_\_\_\_%;
  - f. The number of off-street parking spaces existing: \_\_\_\_\_ proposed: \_\_\_\_\_
  - g. Maximum vehicular trips generated per hour \_\_\_\_\_ (upon completion of project)?
  - h. If residential, number and type of housing units:

	One-Family	Two-Family	Multiple-Family	Condominium
Initially	_____	_____	_____	_____
Ultimately	_____	_____	_____	_____
  - i. Dimension (in feet) of largest proposed structure \_\_\_\_' height; \_\_\_\_ width \_\_\_\_ length
  - j. Linear feet of frontage along a public thoroughfare project will occupy is? \_\_\_\_ ft.
2. How much natural material (i.e., rock, earth, etc.) will be removed from the site? \_\_\_\_ tons/cubic yards.
3. Will disturbed areas be reclaimed? ☐ Yes ☐ No ☐ N/A.
  - a. If yes, for what intended purpose is the site being reclaimed? \_\_\_\_\_
  - b. Will topsoil be stockpiled for reclamation? ☐ Yes ☐ No.
  - c. Will upper subsoil be stockpiled for reclamation? ☐ Yes ☐ No.
4. How many acres of vegetation (trees, shrubs, ground cover) will be removed from site? \_\_\_\_ acres.
5. Will any mature forest (over 100 years old) or other locally-important vegetation be removed by this project? ☐ Yes ☐ No.
6. The anticipated period of construction (including demolition): \_\_\_\_\_ months (including demolition)
7. If multi-phased:
  - a. Total number of phases anticipated \_\_\_\_\_
  - b. Anticipated date of commencement Phase I: \_\_\_\_ month \_\_\_\_\_ year (including demolition)
  - c. Approximate completion date of final phase: \_\_\_\_ month \_\_\_\_\_ year
  - d. Is Phase I functionally necessary to subsequent phases? ☐ Yes ☐ No.
8. Will blasting occur during construction? ☐ Yes ☐ No.
9. Number of jobs generated: during construction \_\_\_\_; after project is complete \_\_\_\_.
10. Number of jobs eliminated by this project: \_\_\_\_.
11. Will project require relocation of any people, businesses, or facilities? ☐ Yes ☐ No.  
If yes, explain: \_\_\_\_\_
12. Is surface liquid waste disposal involved? ☐ Yes ☐ No
  - a. If yes, indicate type of waste (sewage, industrial, etc.) and amount \_\_\_\_\_

- b. Name of water body into which effluent will be discharged \_\_\_\_\_
13. Is subsurface liquid waste disposal involved? ☐ Yes ☐ No Type \_\_\_\_\_
14. Will surface area of an existing water body increase or decrease by proposal? ☐ Yes ☐ No  
Explain \_\_\_\_\_
15. Is project or any portion of project located in a 100 year flood plain? ☐ Yes ☐ No
16. Will the project generate solid waste? ☐ Yes ☐ No.
- a. If yes, what is the amount generated per month? \_\_\_\_\_ tons.
- b. If yes, will an existing solid waste facility be used? ☐ Yes ☐ No
- c. If yes, give name \_\_\_\_\_
- d. Will any wastes **not** go into a sewage disposal system or into a sanitary landfill?  
☐ Yes ☐ No.
- e. If yes, explain: \_\_\_\_\_
17. Will the project involve disposal of solid waste? ☐ Yes ☐ No.
- a. If yes, what is the anticipated rate of disposal? \_\_\_\_\_ tons/month.
- b. If yes, what is the anticipated site life? \_\_\_\_\_ years.
18. Will project use herbicides or pesticides? ☐ Yes ☐ No. If yes, identify: \_\_\_\_\_
19. Will project routinely produce odors (more than one hour per day)? ☐ Yes ☐ No.
20. Will project produce operating noise exceeding the local ambient noise levels? ☐ Yes ☐ No.
21. Will project result in an increase in energy use? ☐ Yes ☐ No.  
If yes, indicate type(s) \_\_\_\_\_
22. If water supply is from wells, indicate pumping capacity \_\_\_\_\_ gallons/minute.
23. Total anticipated water usage per day: \_\_\_\_\_ gallons/day.
24. Does project involve any local, state or federal funding? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

Approvals/Permits Required.

		Type		Submittal Date	
City, Town, Village Board	<input type="checkbox"/> Yes <input type="checkbox"/> No				
City, Town, Village Planning Board	<input type="checkbox"/> Yes <input type="checkbox"/> No				
City, Town Zoning Board	<input type="checkbox"/> Yes <input type="checkbox"/> No				
City, County Health Department	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Local Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Regional Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No				
State Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Federal Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**C. ZONING AND PLANNING INFORMATION**

1. Does proposed action involve a planning or zoning decision? ☐ Yes ☐ No.  
If yes, indicate specific decision required:  
☐ zoning amendment; ☐ zoning variance; ☐ special use permit; ☐ subdivision; ☐ site plan;  
☐ new/revision of master plan; ☐ resource management plan; ☐ other \_\_\_\_\_
2. What is the present zoning classification(s) of the site? \_\_\_\_\_
3. What is the maximum potential development of the site if developed as permitted by the present zoning? \_\_\_\_\_
4. What is the proposed zoning of the site? \_\_\_\_\_
5. What is the maximum potential development of the site if developed as permitted by the proposed zoning? \_\_\_\_\_
6. Is the proposed action consistent with the recommended uses in adopted local land use plans?  
☐ Yes ☐ No.
7. What are the predominant land use(s) and zoning classifications within a ¼-mile radius of proposed action? \_\_\_\_\_
8. Is the proposed action compatible with adjoining, surrounding land uses within a ¼-mile radius?  
☐ Yes ☐ No.
9. If the proposed action requires the subdivision of land, how many lots are proposed? \_\_\_\_\_
  - a. What is the minimum lot size proposed? \_\_\_\_\_
10. Will proposed action require any authorization(s) for the formation or extension of sewer or water districts? ☐ Yes ☐ No.
11. Will the proposed action create an increased demand for any community provided services (recreation, education, police, fire protection)? ☐ Yes ☐ No
  - a. If yes, is existing capacity sufficient to handle projected demand? ☐ Yes ☐ No.
12. Will the proposed action result in the generation of traffic significantly above present levels?  
☐ Yes ☐ No.
  - a. If yes, is the existing road network adequate to handle the additional traffic?  
☐ Yes ☐ No.

**D. INFORMATIONAL DETAILS**

Attach any additional information as needed to clarify your project. If there are or may be any adverse impacts associated with your proposal, please discuss such impacts and the measures which you propose to mitigate or avoid them.

**E. VERIFICATION**

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

Applicant/Project Sponsor Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

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# 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.

<b>Part 1 – Project and Sponsor Information</b>			
Riverhead Charter School			
Name of Action or Project:			
Refunding of School's outstanding 2013A and 2013B Bond Issues			
Project Location (describe, and attach a location map):			
3685 Middle Country Road Calverton, NY 11933			
Brief Description of Proposed Action:			
<p>Refunding of School's 2013 Bond Issues associated with the finance of the Project. The Project consisted of the construction by the Institution of an approximately 50,000 square foot, two-story building and related infrastructure improvements, including a parking area and driveways (collectively, the "New Facility"), which replaced an existing modular building and is located adjacent to the Institution's two pre-existing buildings containing approximately 8,200 square feet of space (the "Existing Facility", and with the New Facility, hereinafter referred to as the "Facility") located on approximately six acres of Institution-owned land at 3685 Middle Country Road, Calverton, Suffolk County, New York (the "Land"), together with related machinery, equipment and furniture (the "Equipment") (the Facility, the Land and the Equipment being hereinafter collectively referred to as the "Project Facility"). The Project is complete.</p>			
Name of Applicant or Sponsor:		Telephone: 631-369-5800 ext. 2240	
Riverhead Charter School		E-Mail: ngraham@rcsli.org	
Address:			
3685 Middle Country Road			
City/PO:		State:	Zip Code:
Calverton,		NY	11933
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO
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.			YES
			<input checked="" type="checkbox"/>
			<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO
If Yes, list agency(s) name and permit or approval:			YES
			<input checked="" type="checkbox"/>
			<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		6 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		6 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input 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,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<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?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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 plan?	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? 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"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor/name: <u>Riverhead Charter School</u> Date: <u>10/17/2023</u>  Signature: <u></u> Title: <u>Superintendent</u>		