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## Application for Workforce Development Program

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County of Clinton Industrial Development Agency (CCIDA)  
137 Margaret Street, Suite 209  
Plattsburgh, NY 12901  
[infoatIDAs@gmail.com](mailto:infoatIDAs@gmail.com)

*A nonrefundable administrative application fee of \$500 must be submitted at the time of the application. Checks made payable to: **The County of Clinton IDA.***

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

***ALL APPLICATIONS MUST BE SUBMITTED TWO WEEKS PRIOR TO THE REGULAR SCHEDULED CCIDA MEETING; A PRESENTATION WILL BE REQUIRED AND THE SUBSEQUENT RESOLUTIONS WILL BE VOTED ON AT THE FOLLOWING MEETING***

*For a copy of the meeting schedule go to [www.clintoncountyida.com](http://www.clintoncountyida.com)*

**Note to Applicant:**

The information requested by this application is necessary to determine the eligibility of your project for investment by the Clinton County Industrial Development Agency (CCIDA). 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) to **CCIDA, 137 Margaret Street, Suite 209, Plattsburgh, NY 12901 ATTN: Executive Director**. In addition, please send an electronic version of the entire application, including all attachments, to [infoatIDAs@gmail.com](mailto:infoatIDAs@gmail.com). Include within the hardcopy, a check made payable to the County of Clinton Industrial Development Agency in the amount of \$500. **Submissions must be made two (2) weeks prior to the regular scheduled meetings of the CCIDA (2<sup>nd</sup> Monday of each month unless otherwise noted).**

Upon submission of this application to the CCIDA, the application becomes a public document. Be advised that any action brought before the CCIDA is public information. All agendas are issued and posted on the CCIDA’s 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 has received a copy of any CCIDA policies mentioned herein. Policies can be obtained at [www.clintoncountyida.com](http://www.clintoncountyida.com).

An investment by the CCIDA in a workforce development project may involve the preparation and execution of significant legal documents. These documents not only comply with New York State law but also conform to CCIDA 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 may receive an engagement letter from the CCIDA’s legal counsel. The applicant would be asked to sign the engagement letter acknowledging it understands that the applicant is responsible for **all** CCIDA legal costs related to the project. In addition, should the project not close and legal services have been rendered by the CCIDA 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 CCIDA’s legal counsel and/or Executive Director. If you have any questions regarding the application or the process, feel free to contact the CCIDA’s Executive Director at (518) 565-4600 or [infoatIDAs@gamil.com](mailto:infoatIDAs@gamil.com).

**PART I: PROJECT INFORMATION**

**CCIDA APPLICATION # \_\_\_\_\_ (OFFICIAL USE)**

**Section A:Project Type** (Check All That Apply)

- Investment in Workforce Development
- Straight Lease and/or Bond Financing
- Other

If “Straight Lease and/or Bond Financing,” complete and submit the applicable Agency Application for Financial Assistance

If “Other,” Explain: \_\_\_\_\_

**Section B:Background**

**1.)**

Applicant Name:
Primary Point of Contact:
Address:
Phone Number:
Point of Contact’s e-mail:
Applicant Website:
Applicant NAICS Code (if applicable):
Employer Identification Number (EIN):

**2.) Organization Type (corporation, limited liability company, partnership, not-for-profit, etc.):**

\_\_\_\_\_

**3.)Applicant’s Stockholders, Directors and Officers (or Partners):**

<b>Stockholders/Directors/Officers</b>	<b>Name</b>	<b>Address</b>	<b>Business Affiliation/Percentage Ownership</b>

3(a) Has anyone on this list been convicted of a Felony? Yes  or No

If "Yes," Explain: \_\_\_\_\_

3(b) Has anyone on this list filed Bankruptcy? Yes  or No

If "Yes," Explain: \_\_\_\_\_

**4.) Applicant's Counsel, Accountant and Bank References:**

<b>Applicant's Counsel</b>
Name: Firm: Address: Phone: E-mail:
<b>Applicant's Accountant</b>
Name: Firm: Address: Phone: E-mail:
<b>Applicant's Bank Reference(s)</b>
Bank Name: Address: Phone: Website:

**5.) Nature of Operations [Check All that Apply]:**

- |  |                                      |  |                                     |
|--|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehousing | <input type="checkbox"/> R & D   | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Retail        | <input type="checkbox"/> Medical     | <input type="checkbox"/> Industrial<br>(includes<br>Pollution control) | <input type="checkbox"/> Other      |

If "Other," Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6.)Describe the nature of your business, the principal workforce, and your history of employing individuals in Clinton County, New York and the greater North Country region:**

**7.)Describe the nature of the deficiency in the applicant’s target workforce:**

7(a)Has the applicant undertaken an improvement project which cannot be properly staffed due to the deficiency described above? Yes  or No

7(b)If the answer to Question 7(a) is “Yes,” did the applicant undertake such improvement project with financial assistance from the CCIDA? Yes  or No

7(c)Is the applicant considering undertaking a future improvement project that is delayed or otherwise not feasible due to the deficiency described above? Yes  or No

7(d)Will the applicant undertake a future improvement project (ex. construction of a new building, renovations to an existing building, acquisition and installation of new equipment, etc.) without the completion of a workforce development project?

Yes  or No

If “Yes,” Explain: \_\_\_\_\_

7(e)If the Applicant is able to undertake a workforce development project, will the applicant complete a subsequent improvement project and request financial assistance from the CCIDA? Yes  or No

**8.) Explain your proposed workforce development project in detail. This description should include explanation of all of the activities/operations which will occur due to this project; the location (address) of the site; the impact of the proposed project on the applicant's workforce, and any additional anticipated impacts on the workforce throughout Clinton County, New York and the greater North Country region.**

**Additional Information:**

- 8(a) Estimated Start Date:
- 8(b) Estimated Completion Date:
- 8(c) Municipality Project is located in:
- 8(d) School District Project is located in:
- 8(e) Related educational or training institution

**Section C: Project Costs**

**1.) What is the estimated Total Project Cost? (Note: More in-depth information will be required in Part II of this application)**

Category	Costs
Training:	\$
Education:	\$
Equipment:	\$
Other:	\$
Total:	\$

If "Other," Explain: \_\_\_\_\_

1(a) What percentage of training positions will be filled by existing employees of the applicant? \_\_\_\_\_%

1(b) What percentage of training positions will be filled by local individuals not already employed by the applicant? \_\_\_\_\_%

1(c) What percentage of training positions will be filled by individuals relocating to the North Country region? \_\_\_\_\_%

In connection with all positions, please review the requirements of the CCIDA Workforce Development Program Policy which including, among other things, the requirement that the anticipated employment impact to be generated by the completion of the project be maintained for a minimum period of ten (10) years.

**2.) Financing Sources:**

2(a) State the sources reasonably necessary for the financing of the workforce development project, using the following categories:

<u>Description of Sources</u>	<u>Amount</u>
Private Sector Financing	\$ _____
Public Sector	\$ _____
Federal Programs	\$ _____
State Programs	\$ _____
Local Programs	\$ _____
Applicant Equity	\$ _____
Other (specify, e.g., tax credits)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL AMOUNT OF PROJECT FINANCING SOURCES</b>	\$ _____

2(b) Have any of the above expenditures already been made by the applicant?  
Yes ; No . If yes, indicate particulars.

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

2(c) The percentage of Project costs to be financed from public sector sources is estimated to equal the following: \_\_\_\_\_%

**Section D: Employment Information**

**1.) Employment Impact**

1(a) Indicate the number of people presently employed by in the target industry and the additional number that will be trained and employed due to the completion of the workforce development project, using the tables below for (1) employees of the Applicant and/or identified local employers or target developers, (2) independent contractors, and (3) employees of independent contractors. Such information should also indicate whether existing positions are a result of an economic development improvement project previously undertaken with the involvement of the CCIDA.

<b>TYPE OF EMPLOYMENT</b>					
<b>Employees of Applicant</b>					
	Professional or Managerial	Skilled	Semi-Skilled	Un- Skilled	Totals
Present Full Time					
Present Part Time					
Present Seasonal					
First Year Full Time					
First Year Part Time					
First Year Seasonal					
Second Year Full Time					
Second Year Part Time					
Second Year Seasonal					

**TYPE OF EMPLOYMENT**  
**Independent Contractors**

	Professional or Managerial	Skilled	Semi-Skilled	Un- Skilled	Totals
Present Full Time					
Present Part Time					
Present Seasonal					
First Year Full Time					
First Year Part Time					
First Year Seasonal					
Second Year Full Time					
Second Year Part Time					
Second Year Seasonal					

**TYPE OF EMPLOYMENT**  
**Employees of Independent Contractors**

	Professional or Managerial	Skilled	Semi-Skilled	Un- Skilled	Totals
Present Full Time					
Present Part Time					
Present Seasonal					
First Year Full Time					
First Year Part Time					
First Year Seasonal					
Second Year Full Time					
Second Year Part Time					
Second Year Seasonal					

1(b) Indicate below (1) the estimated salary and fringe benefit<sup>1</sup> averages or ranges and (2) the estimated number of employees residing in the North Country Economic Development Region for all the jobs, both retained and created, listed in the tables described in part D(1)(a) above for each of the categories of positions listed in the chart below.

<b>RELATED EMPLOYMENT INFORMATION</b>				
	Professional or Managerial	Skilled	Semi-Skilled	Un-Skilled
Estimated Salary and Fringe Benefit Averages or Ranges				
Estimated Number of Employees Residing in the North Country Economic Development Region <sup>2</sup>				

1(c) Please describe the projected timeframe for the creation of any new jobs with respect to the undertaking of the Project: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* FTE: Any combination of two (2) or more part-time jobs that when combined together, constitute the equivalent of a job of at least thirty-five (35) hours per week.

<sup>1</sup> With respect to fringe benefits, please include a separate note if the Project is expected to provide onsite child care services.

<sup>2</sup> The North Country Economic Development Region consists of the following counties: Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, and St. Lawrence.

## PART II: REPRESENTATIONS AND CERTIFICATION BY APPLICANT

\_\_\_\_\_ (name of authorized representative of the Applicant submitting application) deposes and says that he/she is \_\_\_\_\_ (Title) of \_\_\_\_\_ (hereinafter referred to as the "Applicant"), the corporation/partnership/limited liability company named in this Application; that he/she has read the foregoing Application and knows the content thereof, that the same is true to his/her knowledge.

Deponent further says that the reason this verification is made by the deponent and not by the Applicant is because the said Applicant is a legal entity - corporation/partnership/limited liability company - as opposed to an actual person. The grounds of the deponent's belief relative to all matters in said Application which are not upon his/her own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of the Application as well as acquired by the deponent in the course of his/her duties, as an officer and from the books and papers of the Applicant.

On behalf of said Applicant, deponent acknowledges and agrees that the Applicant shall be and is responsible for all costs incurred by the County of Clinton Industrial Development Agency (hereinafter referred to as the "Agency") acting on behalf of the attached application whether or not the application, the project it describes, the attendant negotiations and financial assistance is carried to successful conclusion. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails to act within a reasonable or specified period of time to take reasonable, proper, or requested action or withdraws, abandons, cancels, or neglects that application (or if in cases of bonds the Agency or the Applicant are unable to find buyers willing to purchase the total bond issue requested), then, and in that event, upon presentation of invoice, the Applicant shall pay to the Agency, its agents or assigns all actual costs involved in conduct of the application, up to that date and time, including fees of Agency counsel. A non-refundable application fee of \$500 is required with this application. Make check payable to: County of Clinton IDA. Upon successful closing of the transaction, the Applicant shall pay to the Agency an administrative fee set by the Agency not to exceed an amount equal to .25% of the total benefited transaction. The cost incurred by the Agency and paid by the Applicant, including the Agency's counsel and the administrative fee, may be considered as a cost of the project and included as part of the resultant transaction. The Applicant should also be aware that the Applicant is responsible for all fees and legal costs incurred by the Agency for re-conveyance of titles at the end of the project. The Agency reserves the right to visit the project site on an annual basis during the benefit period.

Compliance with Article 18-A of the New York General Municipal Law. The applicant confirms and hereby acknowledges that as of the date of this application, the applicant is in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) thereof.

Compliance with Federal, State, and Local Laws. The applicant is in substantial compliance with applicable local, state, and federal tax, worker protection, and environmental laws, rules, and regulations.

False or Misleading Information. The applicant understands that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination and recapture of any investment of Agency funds in the workforce development program undertaken in connection with this application.

Absence of Conflicts of Interest. The applicant acknowledges that the members, officers and employees of the Agency are listed on the Agency's website. No member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

Additional Information. Additional information regarding the requirements noted in this Application and other requirements of the Agency is included the Agency's Policy Manual which can be accessed at <http://www.clintoncountyida.com/>.

I affirm under penalty of perjury that all statements made on this application are true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
(CEO/President of Company)

**NOTARY**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(seal)

**APPLICATION ATTACHMENT A:**

**Acknowledgements and Yearly Filings**

As a condition to investing in a proposed workforce development project, County of Clinton Industrial Development Agency (“CCIDA”) will require a project beneficiary to provide the following supplementary information annually for the duration of the transaction:

1. Documentation and affidavits regarding the percentage of individuals trained, working and remaining in Clinton County, New York.
2. Documentation supporting and demonstrating the use of any investment made by the Agency on eligible costs, as set forth in the Agency’s Workforce Development Program Policy.
3. Documentation regarding the use of related grant funding, if applicable.

**This information is required by January 31st of each succeeding year and shall be submitted in writing to the County of Clinton Industrial Development Agency, 137 Margaret Street, Suite 209, Plattsburgh, NY 12901. (Fax: 518-565-4616)**

We have reviewed, understand and will comply with the above.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICATION ATTACHMENT B

### County of Clinton IDA Workforce Development Program Fee Schedule:

<i>Type</i>	<b>Cost</b>	<b>Description</b>
<i>Application Fee</i>	<b>\$500</b>	The Agency will charge a nonrefundable administrative application fee for finance transactions equal to \$500 upon submission of an application by a project.
<i>Fee Issuance for Workforce Development Program Project</i>	<b>.25 of 1%</b>	The Agency will charge said fee on the total benefited project costs. Such fee shall be payable upon the successful conclusion of the sale of obligations (bonds) or upon the execution and delivery of the documents providing financial assistance (straight lease not involving bonds). Fees shall be applied towards administrative costs to the Agency and are non-refundable.
<i>Special Meeting Fee</i>	<b>\$500</b>	The Agency will charge a nonrefundable administrative fee for a special meeting of the IDA held at the project's request.
<i>IDA Legal Fees</i>	<b>Varies</b>	The project is responsible for paying all legal costs and/or other third party costs incurred by the Agency on behalf of the project. Fees shall be applied towards administrative costs to the Agency and are non-refundable.

\*The Agency Board reserves the right to determine and impose other administrative fees on Agency projects in consideration for financial assistance being granted by the Agency and/or the costs incurred by the Agency. The Agency may provide for a different application fee and/or a different administrative fee for a particular project by resolution duly adopted by the Agency Board.

**APPLICATION ATTACHMENT C**

**CONSTRUCTION EMPLOYMENT AGREEMENT**

Recognizing the mission of County of Clinton Industrial Development Agency (the "Agency") to promote construction employment opportunities for residents of Clinton County, New York and in consideration of the extension of financial assistance by the Agency for the project which is the subject of this application (the "Project"), \_\_\_\_\_ (the "Company") understands that it is the Agency'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 Agency 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 Agency, submit to the Agency 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.

Relevant Company Information:

Company: \_\_\_\_\_  
 Company representative for Contract Bids and Awards: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Email: \_\_\_\_\_

General Contractor, if determined:

Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Email: \_\_\_\_\_

Construction start date is estimated to be \_\_\_\_\_ with occupancy to be taken on \_\_\_\_\_ (estimated)?

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

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

\_\_\_\_\_  
 Dated

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Signed

\_\_\_\_\_  
 Printed Name and Position