

**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 SEQOR (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.clintoncountynida.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 infoatIDAs@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: Champlain Valley Physicians Hospital Medical Center

APPLICANT'S STREET ADDRESS: 75 Beekman Street

CITY: Plattsburgh STATE/ZIP CODE: NY, 12901 PHONE NO.: 518-562-7047

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

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

NAME OF FIRM: Stafford, Owens, Piller, Murnane, Kelleher, & Trombley, PLLC

NAME OF ATTORNEY: Susanna Piller

ATTORNEY'S STREET ADDRESS: One Cumberland Avenue

CITY: Plattsburgh STATE: NY PHONE NO.: 518-561-4400

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: Champlain Valley Physicians Hospital Medical Center _____
Present Address: 75 Beekman Street, Plattsburgh, NY _____
Zip Code: 12901 _____
Employer's Federal ID No.: 14-1338471 _____
2. If the Company differs from the Applicant, give details of relationship: N/A _____
3. Indicate type of business organization of Company:
 - a. X Corporation. If so, incorporated in what country? USA _____; What State? New York _____;
Date Incorporated 1926 _____; Type of Corporation? Nonprofit hospital, 501c3 _____;
Authorized to do business in New York? Yes X; No ____.
 - b. _____ Partnership. If so, indicate type of partnership _____;
Number of general partners _____; Number of limited partners _____.
 - c. _____ 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: (CPI) Community Providers is the sole member of Champlain Valley Physicians Hospital Medical Center. The University of Vermont Health Network is the sole member of CPI _____

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
See attached.		

2. Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation?
Yes _____; No X.
3. Has any person listed above ever been convicted of a criminal offense (other than a minor traffic violation)?
Yes _____; No X.
4. Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt? Yes _____; No X.
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
N/A		

D. Company's principal bank(s) of account: Key Bank #21003773 _____

II. DATA REGARDING PROPOSED PROJECT

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

This is a total refunding and there is no new construction project or new money being requested except approximately \$500,000 in closing costs. We are requesting to refund the following bonds:

	<u>Outstanding</u>
2007A	\$17,580,000
2007B	\$11,185,000
2006A	\$ 2,800,000
2002A	<u>\$ 5,450,000</u>
Total	\$37,015,000

Then issue Tax Exempt Revenue Refunding Bonds, Series 2016 as bank direct placements with the potential for an A and B series.

B. Location of the Project:

1. Street Address: 75 Beekman Street _____
2. City (if applicable): Plattsburgh _____
3. Town (if applicable): Plattsburgh _____
4. Village (if applicable): _____
5. School District: Plattsburgh _____
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: N/A. Is a map, survey or sketch of the Project site attached? Yes _____; No _____.
2. Are there existing buildings on the Project site? Yes X; No _____
 - a. If yes, indicate the number of buildings on the site: 4 _____
 - b. Also, please briefly identify each existing building and indicate the approximate size (in square feet) of each such existing building: 1) Main Hospital (359,900 sq ft) houses inpatient tower, ER, OR, and outpatient services. 2) Medical Arts Building (sq ft included above) houses lab, cardiology, and physician offices. 3) 206 Medical Building (35,457 sq ft) houses physician offices not owned by Applicant. 4) 210 Medical Building, houses general office space. _____

b. Are the existing buildings in operation? Yes ☒; No _____. If yes, describe present use of present buildings:
Acute hospital services and employed physician offices. _____

c. Are the existing buildings abandoned? Yes ____; No ☒. About to be abandoned? Yes ____; No ____.
If yes, describe: _____

d. Attach photograph of present buildings.

3. Utilities serving the Project site:

Water-Source: City of Plattsburgh _____
Sewer-Source: City of Plattsburgh _____
Electric-Source: City of Plattsburgh _____
Heat-Source: Gas _____

4. Present legal owner of the Project site: Champlain Valley Physicians Hospital Medical Center _____

a. If the Company owns the Project site, indicate date of purchase: _____, 20____; purchase price:
Unknown but prior to 1926 _____.

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____.

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; _____

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

6. a. Zoning District in which the Project site is located: _____

b. Are there any variances or special permits affecting the Project site? Yes ____; No _____.
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 ☒.
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 ____;
No ☒. If yes, indicate the buildings to be expanded or renovated, the size of any expansions and the nature of
expansion and/or renovation: _____

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

E. Description of the Equipment:

1. Does a part of the Project consist of the acquisition or installation of machinery, equipment or other personal property (the "Equipment")? Yes _____; No X. If yes, describe the Equipment: _____
2. With respect to the Equipment to be acquired, has any of the Equipment being purchased 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? _____
2. What are the principal activities to be conducted at the Project? _____
3. Will the Project be operated by a not-for-profit corporation? Yes X; No _____. If no, please explain: _____
4. Will the Project be owned by a not-for-profit corporation? Yes X; 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: N/A _____
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: N/A _____
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.: N/A _____

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: N/A _____

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 X _____. If yes, please complete the following for each existing or proposed tenant or subtenant:

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

PROJECTED PROJECT INVESTMENT

A.	Land-Related Costs	
1.	Land acquisition	\$ _____
2.	Site preparation	\$ _____
3.	Utilities and infrastructure development	\$ _____
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	\$ _____
4.	Electrical systems	\$ _____
5.	Heating, ventilation and air conditioning	\$ _____
6.	Plumbing	\$ _____
7.	Other building-related costs (describe)	\$ _____
C.	Machinery and Equipment Costs	
1.	Production and process equipment	\$ _____
2.	Packaging equipment	\$ _____
3.	Warehousing equipment	\$ _____
4.	Installation costs for various equipment	\$ _____
5.	Other equipment-related costs (describe)	\$ _____
D.	Furniture and Fixture Costs	
1.	Office furniture	\$ _____
2.	Office equipment	\$ _____
3.	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	\$ _____
2.	Accounting/legal	\$ _____
3.	Other service-related costs (describe)	\$ _____
G.	Other Costs	
1.	Refunding _____	\$ 37,015,000
2.	Closing costs _____	\$ 500,000
H.	Summary of Expenditures	
1.	Total Land Related Costs	\$ _____
2.	Total Building Related Costs	\$ _____
3.	Total Machinery and Equipment Costs	\$ _____
4.	Total Furniture and Fixture Costs	\$ _____
5.	Total Working Capital Costs	\$ _____
6.	Total Professional Service Costs	\$ _____
7.	Total Other Costs	\$ _____
TOTAL PROJECT INVESTED A+B+C+D+E+F+G		\$ 37,515,000

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	N/A	
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

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

Year	Total Annual Wages and Benefits
Current Year	\$ _____ N/A _____
Year 1	\$ _____
Year 2	\$ _____

PROJECTED PERMANENT EMPLOYMENT IMPACT

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	1,315	1,441
Year 1	Same as above	Same as above
Year 2	Same as above	Same as above
Year 3	Same as above	Same as above
Year 4	Same as above	Same as above
Year 5	Same as above	Same as above

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	N/A	
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

PROJECTED OPERATING IMPACT

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

Additional Purchases (1st year following project completion) \$ _____ N/A _____

Estimated Additional Sales (1st full year following project completion) \$ _____

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

Year	Existing Real Property Taxes	New Real Property Tax Payments
Current Year	N/A	
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 ☒ X ___; No _____. If yes, indicate:

- a. Amount of loan requested: not to exceed 37,515,000 ___ Dollars; and
- b. Maturity requested: ___ 26 ___ 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 ☒ X ___; 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 ☒ X ___
- b. automobile sales or service? Yes ____; No ☒ X ___
- c. recreation or entertainment? Yes ____; No ☒ X ___
- d. golf course? Yes ____; No ☒ X ___
- e. country club? Yes ____; No ☒ X ___
- f. massage parlor? Yes ____; No ☒ X ___
- g. tennis club? Yes ____; No ☒ X ___
- h. skating facility (including roller skating, skateboard and ice skating)? Yes ____; No ☒ X ___
- i. racquet sports facility (including handball and racquetball court): Yes ____; No ☒ X ___
- j. hot tub facility? Yes ____; No ☒ X ___
- k. suntan facility? Yes ____; No ☒ X ___
- l. racetrack? Yes ____; No ☒ X ___
- m. airplane? Yes ____; No ☒ X ___
- n. skybox or private luxury box? Yes ____; No ☒ X ___
- o. health club facility? Yes ____; No ☒ X ___
- p. gambling? Yes ____; No ☒ X ___
- q. sale of alcoholic beverages for consumption off premises? Yes ____; No ☒ X ___

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? **Uncertain** Yes _____; No _____. If yes, what is the MAXIMUM amount of financing to be secured by mortgages? \$_____.
- 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 X_____.

COST BENEFIT ANALYSIS:

Costs = Financial Assistance

Benefits = Economic Development

Estimated Sale Tax Exemption \$ _____	Jobs created _____
Estimated Mortgage Tax Exemption \$ _____	Jobs retained _____
Estimated Amount of Bond proceeds \$ _____	Private funds invested _____

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:

Champlain Valley Physicians Hospital Medical Center _____
 (Applicant)

BY: _____

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 20.

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: Joyce Rafferty _____ Title: Vice President of Finance _____

Date: 3/24/2016 _____

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"), Champlain Valley Physicians Hospital Medical Center (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.

Relevant Company Information:

Company: N/A _____

Company representative for Contract Bids and Awards: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

General Contractor, if determined:

Contractor: N/A _____

Representative: _____

Mailing Address: _____

Phone: _____ Fax: _____

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 _____

Champlain Valley Physicians Hospital Medical Center
Name of Applicant

Signed _____

Joyce Rafferty, Vice President of Finance
Printed Name and Position

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

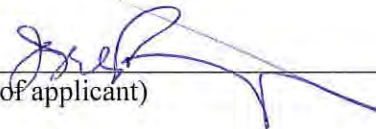
(If Applicant is a Corporation)

STATE OF New York)
) SS.:
 COUNTY OF Clinton)

Joyce Rafferty deposes and says that he is the
 (Name of officer of applicant)


Vice President of Finance of Champlain Valley Physicians Hospital Medical Center,
 (Title) (Company Name)

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.


 (Officer of applicant)

Sworn to before me this

24th day of March, 20 16


 Notary Public

ANGELA M BUCCI
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01BU6230441
 Qualified In Clinton County
 My Commission Expires November 01, 2018

VERIFICATION

(If applicant is partnership)

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

_____, N/A _____, deposes and says that he is one of the
(Name of Individual)
members of the firm of _____,
(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)

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.

Champlain Valley Physicians Hospital Medical Center
(Applicant)

BY: _____

Sworn to before me this

24th day of March, 20 16

Angela M. Bucci
Notary Public

ANGELA M BUCCI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01BU6230441
Qualified In Clinton County
My Commission Expires November 01, 2018

Last Name	First Name	Position	Address	City	State	Zip	Profession/Principal Business
Anderson, MD	David		917 Cumberland Head Road	Plattsburgh	NY	12901	Meadowbrook
Bernardi	John		589 Hardscrabble Road	Cadyville	NY	12918	United Way
Donnery, DPM	Joseph		538 Canning Road	Saranac	NY	12981	Plattsburgh Podiatry
Duley	Victoria		104 Cooper Drive	Plattsburgh	NY	12901	The Development Corporation
Edwards	Alexander		60 Lakeview Drive	Plattsburgh	NY	12901	Alexander Edwards & Company, CPAs
Fedi, MD	Paolo		168 US Oval	Plattsburgh	NY	12903	Beaumont GI Services
Gleeson-Kreig, PhD	JoAnn		10 Brandell Drive	Plattsburgh	NY	12901	SUNY Plattsburgh
Grasso	Paul		21 Wildwood Estates	Plattsburgh	NY	12901	The Development Corporation
Hay	Virginia	Secretary	5 Brooksbend Road	Plattsburgh	NY	12901	Retired, Nurse
Recny	Thomas		1031 Highland Road	Keeseville	NY	12944	Mold-Rite Plastics
Recore	Alice	Chair	38 Agnew Road	Morrisonville	NY	12962	Retired, Mountain Lake PBS
Sabella	Drew	Treasurer	12 Oakdale Drive	Plattsburgh	NY	12901	Retired, Business Owner, Anthony's Restaurant & Bistro
Senecal	Amy		9 Kennedy Avenue	Plattsburgh	NY	12901	NYS Courts
Smith	Robert	Vice Chair	23 Concord Avenue	Plattsburgh	NY	12901	Nine Hospitality Group
Snyder, MD	Curt		37 Solar Way	Morrisonville	NY	12962	CVPH