
Application for Financial Assistance

County of Clinton Industrial Development Agency (CCIDA)
190 Banker Road, Suite 500
Plattsburgh, NY 12901
infoatIDAs@gmail.com

*A nonrefundable administrative application fee of \$1500 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: **The County of Clinton IDA.***

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

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

*For a copy of the meeting schedule as well as the Uniform Tax Exempt Policy (UTEP) go to
www.clintoncountyida.com*

Application Updated:1/2015

Note to Applicant:

The information requested by this application is necessary to determine the eligibility of your project for Clinton County Industrial Development Agency (CCIDA) benefits. 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 SEQR (if applicable) to **CCIDA, 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 County of Clinton Industrial Development Agency in the amount of \$1500. **Submissions must be made two (2) weeks prior to the regular scheduled meetings of the CCIDA (2nd 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 received a copy of the Uniformed Tax Exempt Policy (UTEP) and all other policies mentioned. Policies can be obtained at www.clintoncountyyida.com.

A project financed through the CCIDA involves 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 will receive an engagement letter from the CCIDA's legal counsel. The applicant will then be asked to sign the engagement letter acknowledging it understands that the project is responsible for **all** CCIDA 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 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) 563-3100 or inforatIDAs@gamil.com.

PART I: Project Information

PROJECT'S CCIDA APPLICATION # _____ (Official Use)

Section A: Assistance

Type of Financial Assistance Requested - [Check One]

Straight Lease - Bond Financing - Both - Other -

If "Other," Explain: _____

Type of Benefits Project is Seeking - [Check All that Apply]

Real Estate Exemption/PILOT - Sales Tax Exemption - Mortgage Recording Tax Exemption - Tax-Exempt Bonds - Other -

**Note: If applicant is seeking bonds, a PILOT and/or exemption from sales and/or mortgage recording tax additional information will be required in Part II of this application.*

If Other, Explain: _____

Section B: Background

1.)

Company Name: Hudson Headwaters Health Network
Company Point of Contact: Christopher Tournier
Address: 9 Carey Rd Queensbury, NY 12804
Phone Number: () 518-761-0300 Ext 31558
Point of Contact's e-mail: ctournier@hhhn.org
Company Website: www.hhhn.org
Company NAICS Code: 621400
Employer Identification Number (EIN): 14-1628237

2.) Business Type [Check One]:

Private or Public Corporation

If Public, on what exchange is it listed? _____

Subchapter S

Sole Proprietorship

General Partnership

Limited Partnership

Limited Liability Corporation/Partnership

DISC

Not-for-profit

Other: _____

State of Incorporation (if applicable): New York

3.) Describe the nature of your business and its principal products and/or services:

HHHN operates federally qualified health centers - community based health clinics. Our mission is to provide the best health care and access to care for everyone in the community.

3a.) Will the project move its facility from another location in New York to Clinton County? Yes or No

3b.) Will the project result in the abandonment of an existing facility in New York? Yes or No

3c.) If "Yes" to 3a and/or 3b, is the reason for moving to another location in the state to remain competitive in your industry or the state? Yes or No

If "Yes," please explain

4.) Applicant's Stockholders, Directors and Officers (or Partners):

Stockholders/Directors/Officers	Name	Address	Business Affiliation/Percentage Ownership
See attachment #1			

4a.) Has anyone on this list been convicted of a Felony? Yes or No

If "Yes," Explain: _____

4b.) Has anyone on this list filed Bankruptcy? Yes or No

If "Yes," Explain: _____

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

Applicant's Counsel	
Name:	Jon Lapper
Firm:	Bartlett, Pontiff, Stewart & Rhodes
Address:	One Washington St. Glens Falls, NY 12801
Phone:	518-832-6434
E-mail:	jl@bpcrlaw.com
Applicant's Accountant	
Name:	Paul Ballasy
Firm:	Cohn Reznick
Address:	350 Church St Hartford, CT 06103
Phone:	959-200-7244
E-mail:	paul.ballasy@cohnreznick.com
Applicant's Bank Reference(s)	
Bank Name:	Glens Falls National Bank
Address:	250 Glen St Glens Falls, NY 12801
Phone:	518-793-4121
Website:	www.gfnational.com

6.) Project Type [Check All that Apply]:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehousing | <input type="checkbox"/> R & D | <input type="checkbox"/> Tax-Exempt |
| <input type="checkbox"/> Wind Farm | <input type="checkbox"/> Commercial | <input type="checkbox"/> Retail | <input checked="" type="checkbox"/> Medical |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Recreation | <input type="checkbox"/> Adaptive Reuse | <input type="checkbox"/> Other |
| <input type="checkbox"/> Small Alternative Energy | <input type="checkbox"/> Distributive Service | <input type="checkbox"/> Tourism Destination Facility | <input type="checkbox"/> Industrial (includes pollution control) |

*See CCIDA Eligible Project Policy for definitions www.clintoncountyyida.com

If "Other," please explain:

For Retail and Tourism Projects **ONLY** – All others Skip to Question 7

6a.) Retail Projects:

- Will the project's facility be used in making retail sales of physical goods to customers who visit the proposed facility? Yes or No
- Will the project's facility be used in providing services to customers who physically visit the facility? Yes or No
 - If "Yes" to either of the above, how much of the project's facility will be devoted to said use?
- Is the project a critical part of a larger, planned development in the community? Yes or No
- Has the project been endorsed by the local municipal chief executive officer or the local municipal governing body? Yes or No
- Is the project located in a former Empire Zone? Yes or No
- Is the project located in a Distressed Census track (based on the latest decennial Census)? Yes or No

(*Census Track Data Available at www.census.gov)

6b.) Tourism Destination Facility Projects:

- Will the project attract and/or service a significant number of Tourists that come from outside the economic development region (ED Region Includes: Clinton, Essex, Franklin, Hamilton, St. Lawrence, Jefferson and Lewis Counties)? Yes or No
 - If Yes, attach market analysis that demonstrates said attraction
- Is the project linked to other Tourism Facility Destinations in Clinton County? Yes or No
- Will the project agree to pay sales tax and occupancy taxes related to the operation of the facility? Yes or No

