

UCIDA

Ulster County Industrial Development Agency

FEE SCHEDULE GUIDELINES

Section 1. APPLICABILITY

This policy shall apply to all Applicants of the Ulster County Industrial Development Agency (the "Agency").

Section 2. APPLICATION FEES

The Agency has established an application fee of one thousand dollars (\$1,000.00) to cover the anticipated costs of the Agency in processing each application. A non-refundable check or money order made payable to the Agency must accompany each application.

Section 3. BACKGROUND CHECK

The Agency has established a Background Check Policy. Applicants are responsible for the actual cost of all background checks.

Section 4. PROJECT FEES

Unless the Agency otherwise agrees in writing, the Project Fee is required to be paid by the Applicant at/or prior to the granting of financial assistance by the Agency.

New Project	The Agency's Project Fee is 1% percent of the total Project cost for new Project applications.
Transfer of -Ownership of an existing Project	The Agency's Project Fee is at minimum \$3,000 for transfer of ownership of an existing Project.

The Applicant must complete the Post-Closing Affidavit (attached) at the completion of the Project. A post-closing increase in the Project Fee will occur if the final Project cost exceeds the estimated Project cost included in the application by more than 1.5%. The balance due on the increased Project Fee will be due within 60 days of submission of the Post-Closing Affidavit.

New York State imposes an additional Bond Issuance Fee for bonds issued by the Agency. The fee is a percentage of the principal amount of the bonds and is calculated as follows:

Ulster County Industrial Development Agency
P.O. Box 4265, Kingston, NY 12402-4265
845-340-3556 | info@ulstercountyida.com

- .168% for bonds of \$1,000,000 or less.
- .336% for bonds of \$1,000,001 up to \$5,000,000
- .504% for bonds of \$5,000,001 up to \$10,000,000
- .672% for bonds of \$10,000,001 up to \$20,000,000
- .840% for bonds more than \$20,000,000

Section 5. ADMINISTRATIVE FEES FOR POST-CLOSING MODIFICATIONS AND AMENDMENT TRANSACTIONS

The Administrative Fee for Post-Closing Modifications and Amendment Transactions shall be determined by the staff of the Agency, with review and approval of the Agency. The minimum Administrative Fee for such transactions shall be \$500.00. The Applicant will also be expected to pay all costs incurred by Agency counsel and special counsel.

Section 6. PUBLIC HEARINGS

In all Projects requiring a public hearing(s), Applicants will be responsible for court stenographer fees and any other associated fees required to hold a public hearing.

Section 7. SPECIAL MEETINGS

The Agency's fee for holding a special meeting outside of the regularly scheduled monthly meeting is **\$500 plus costs incurred per meeting**.

Section 8. FOIL REQUESTS

When Freedom of Information Law (FOIL) requests are received, the Agency fee(s) associated with fulfilling the request(s) are 15¢ per scanned page and/or 25¢ per photocopy. For additional information, see New York State's Freedom of Information Law (<https://www.dos.ny.gov/coog/foil2.html>).

Adopted April 11, 2018

POST-CLOSING AFFIDAVIT

STATE OF NEW YORK)
)ss:
 COUNTY OF ULSTER)

I, the undersigned, an Authorized Officer of _____ (the "Company"), do hereby depose and state as follows:

1. Ulster County Industrial Development Agency (the "Agency") may rely on the contents of this Affidavit in determining the Project Fee of its _____ Project, consisting of: _____ (the "Project").

2. On or about _____, 20____, the Company delivered an application (the "Application") to the Agency for consideration of the Project. The Application included an estimated total cost of the Project.

3. The chart below contains the breakdown of the estimated total Project cost and the final total Project cost:

			Estimated Amount per Application	Final Amount
Land and/or Building Acquisition:	acres	square feet	\$	\$
New Building Construction:		square feet	\$	\$
Building Addition(s):		square feet	\$	\$
Infrastructure Work:			\$	\$
Reconstruction/Renovation:		square feet	\$	\$
Manufacturing Equipment:			\$	\$
Non-Manufacturing Equipment (furniture, fixtures, etc.):			\$	\$
Soft Costs (professional services, labor, etc.):			\$	\$
Other (Specify):			\$	\$
TOTAL:			\$	\$

4. The Company is required to provide a CPA certification that the costs within the above chart are accurate. The Company will also be required to include a depreciation schedule based on the first tax return of the completed Project.

5. The total Project Fee paid to the Agency by the Company, as of the date of this Affidavit, is \$_____.

6. The Company owes an additional \$_____ to the Agency due to the increase in the total Project Fee as a result of the increase in the total Project cost of \$_____.

CERTIFICATION

I certify that I have prepared the responses provided in this Questionnaire and that, to the best of my knowledge such responses are true, correct, and complete.

I understand that the foregoing information and attached documentation will be relied upon, and constitute inducement for, the Agency in providing financial assistance to the Project. I certify that I am familiar with the Project and am authorized by the Company to provide the foregoing information, and such information is true and complete to the best of my knowledge. I further agree that I will advise the Agency of any changes in such information, and will answer any further questions regarding the Project prior to the closing.

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

Date Signed: _____, 20__.	Name of Person Completing the application on behalf of the Company. Name: _____ Title: _____ Phone Number: _____ Address: _____ Signature: _____
----------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IN WITNESS WHEREOF, the undersigned has set forth their hand as of the ___ day of _____, 20__.

BY: _____
Authorized Officer

Sworn to before me this ___ day
of _____, 20__.

Notary Public