

Application for Financial Assistance

Applicant Information

Company Name: _____

Address: _____

City / Town: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Email Address: _____ Fed. Id. No. : _____

Contact Person: _____



Principal Owners / Officers / Directors: (list owners with 15% or more in equity holdings with percentage ownership)

Name & Title

Name & Title

Corporate Structure (attach schematic if Applicant is a subsidiary or otherwise affiliated with another entity)

Form of Entity: C Corp S Corp Partnership LLC
 LLP Sole Proprietorship Not for Profit

If a corporation, partnership, limited liability company/partnership or Not for Profit:

What is the date of the establishment _____, Place of organization _____ and, if a foreign organization, is the Applicant authorized to do business in the State of New York? _____

Applicant's Counsel:

Name: _____

Address: _____ City / Town: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Project Information

A) Detailed Description of Project: _____

Is any of the information contained herein considered trade secrets? Yes No

Note: GCFC will protect said trade secret information herein but reserves the right to disclose certain summary information from this application (i.e. total facility s/f, total capital investment, total job creation, top level wage information et. Al.) as a part of its project summary disclosure related to the GCFC board's public vote required and resulting from said application.

B) Location of Project / Project Address: _____
Address Town Zip

C) Current Assessed Value of Property \$ _____ Tax Map # _____
(not required if project is for equipment purchases only)

D) Square footage of existing building _____ S/F
Square footage of new build _____ S/F
Total Square Footage _____ S/F

E) Project Employment Information:

****Note:** Please use full time equivalents, approximately **Two** part time is equivalent to **One** full time.

E1) Current number of full time equivalent employees (prior to project): _____

E2) Estimate how many full time/ part-time jobs will be retained as a result of this Project over the next three years:

Full Time (FT) _____ Part-Time (PT) _____ ** Total Full Time Equivalents (FTE) _____

E3) What is the average estimated (annual) salary range of jobs to be retained _____ to _____
(at current market rates)

E4) Estimate how many full time/ part-time jobs will be created as a result of this Project over the next three years:

Full Time (FT) _____ Part-Time (PT) _____ ** Total Full Time Equivalents (FTE) _____

E5) What is the planned average hourly wage for the FTE jobs to be created \$ _____

E6) What is the average estimated annual salary range of FTE jobs to be created \$ _____ to \$ _____

E7) What is the planned average annual benefits paid in \$\$ per FTE job to be created \$ _____

E8) Estimate how many construction jobs will be created by this project: _____

E9) Estimate average length of employment for each construction job for this Project: _____

E10) Is the Project Commercial in nature (Sales Tax Generating for Community)? _____

E11) What is the estimated annual total Sales Tax to be generated from this project at full build-out? \$ _____

E12) Expected Break ground date for project (if any) _____ (mo / year)

E13) Expected timeframe for project to achieve full build-out? _____ (in months)

Detailed Company Info: (Confidential – will not be shared publicly) – information required in order to perform direct economic impact analysis as justification for GCFC participation in this project

E14) Current Annual Wages / Payroll (w/n Genesee County): \$ _____

E15) Current Annual Benefits Paid (w/n Genesee County) or % of wages: \$ _____

E16) Average annual growth rate of annual wages: % _____

E17) Average annual growth rate of benefits costs: % _____

E18) Company Average Yearly Production Related Purchases (COGS / Inventory) from vendors within NYS (Gen County Ops): \$ _____

E19) Company Average Yearly Non-Production Purchases (Supplies, Materials, Equipment) non-capitalized from vendors within NYS (Gen County Ops): \$ _____

E20) Company Average Annual Sales / Use Taxes paid (Gen County Ops): \$ _____

E21) Company Planned Property Taxes Paid for current calendar year (Genesee County Ops): \$ _____

E22) Company Current Year Expected EBT (Earnings B4 Taxes or Profit B4 Taxes)

for Genesee County Ops: \$ _____

E23) Company expected average annual growth rate for EBT: % _____

E24) Company Current Year Expected NYS Income Taxes paid for Genesee County Ops: \$ _____

Next 5 years planned / conservative estimates for capital investment beyond this project (if available)

Year 1	Year 2	Year 3	Year 4	Year 5
\$	\$	\$	\$	\$

- Is the company delinquent in the payment of any state or municipal property taxes? Yes No
- Is the company delinquent in the payment of any income tax obligation? Yes No
- Is the company delinquent in the payment of any loans? Yes No
- Is the company currently in default on any of its loans? Yes No
- Are there currently any unsatisfied judgments against the company? Yes No
- Are there currently any unsatisfied judgments against any of the company's principals? Yes No
- Has the company ever filed for bankruptcy? Yes No
- Have any of the company's principals ever personally filed for bankruptcy or in any way sought protection from creditors? Yes No

If the answer to any of the questions above is "Yes," please provide additional comments in the space below and on additional pages if necessary.

Estimated Project Costs / Project Capital Investment:

- Building Cost \$_____ (New Building Construction cost or Existing building expansion construction)
- Land and Building fees) \$_____ (Purchase Value of land and/or building incl. engineering, architect and blue print fees)
- Production Equipment \$_____ (\$ Value of Production Equipment – not sales taxable)
- Other Equipment \$_____ (\$ Value of sales taxable equip = Furniture/Fixtures, Computers, Lockers..)
- Other \$_____ describe: _____
- Tot. Cap Invest: \$_____ (Sum all lines above)

Note:

Total Amount Financed \$_____ describe: _____

Mortgage Amount on this Project? \$_____

Estimated Value of Goods and Services to be exempt from sales and use tax as a result of the GCFC's involvement in the project. **Please note these amounts will be verified and there is a potential for a recapture of sales tax exemptions (see "Recapture Provision" on page 4).**

\$_____ (to be used on the NYS ST-60)

Representations by the Applicant

The Applicant understands and agrees with the GCFC as follows:

Please initial each item where indicated

Job Listings - In accordance with Section 858-b(2) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any Financial Assistance from the GCFC, 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) ("JPTA") in which the Project is located.

_____ **Applicant's Initials**

First Consideration for Employment - In accordance with Section 858-b(2) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any Financial Assistance from the GCFC, 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 JPTA Entities for new employment opportunities created as a result of the Project.

_____ **Applicant's Initials**

Annual Sales Tax Fillings - In accordance with Section 874(8) of the General Municipal Law, the Applicant understands and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the GCFC, 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, an Annual Report of Sales and Use Tax Exemptions (Form ST-340) by the last day of February following applicable calendar year (with a copy to the GCFC), describing the value of all sales tax exemptions claimed by the Applicant and all consultants or subcontractors retained by the Applicant.

_____ **Applicant's Initials**

Employment Reports - The Applicant understands and agrees that, if the Project receives any Financial Assistance from the GCFC, the Applicant agrees to file, or cause to be filed, with the GCFC, on quarterly basis, copies of form NYS-45-MN Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Returns filed with the Department of Labor applicable to the project site.

_____ **Applicant's Initials**

GCFC Reports - The Applicant understands and agrees that, if the Project receives any Financial Assistance from the GCFC, the Applicant agrees to file, or cause to be filed with the GCFC, a certified Annual Project Report (to be mailed to the Applicant) due by the last day of February following applicable calendar year, for a period of time not to exceed 4 years post financial assistance.

_____ **Applicant's Initials**

Absence of Conflicts of Interest - The Applicant has received from the GCFC a list of the members, officers, and employees of the GCFC. No member, officers or employee of the GCFC has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

_____ **Applicant's Initials**

Recapture Provision - Applicant hereby understands and agrees, in accordance with Section 875(3) of the New York General Municipal Law, that any New York State and local sales and use tax exemption claimed by Applicant and approved by the Agency in connection with the Project may be subject to recapture by the Agency under such terms and conditions as will be set forth in the Agent Agreement to be entered into by and between the Agency and the Applicant. The Applicant further represents and warrants that the information contained in this Application, including without limitation information regarding the amount of New York State and local sales and use tax exemption benefits, is true, accurate and complete.

_____ **Applicant's Initials**

Comments: _____

The Applicant and the individual executing this Application on behalf of the Applicant acknowledge that:

- A) The GCFC will rely on the representations made herein when acting on this Application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.
- B) Failure of the Applicant to file appropriate Sales Tax and Employment reports will result in the revocation of tax benefits and require repayment of benefits previously claimed.

(Applicant Signature)

(Print Name)

Title

Company Name

This Application should be submitted along with the items listed in Exhibit A to:

Genesee County Funding Corporation
99 MedTech Drive, Suite 106
Batavia, New York 14020
(Attn: President & Chief Executive Officer)

Hold Harmless Agreement

Applicant hereby releases Genesee County Funding Corporation and the members, officers, servants, agents and employees thereof(the "GCFC") from, agrees that the GCFC shall not be liable for and agrees to indemnify, defend and hold the GCFC harmless from and against any and all liability arising from or expense incurred by (A) the GCFC'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 GCFC, (B) the GCFC's acquisition, construction and/or installation of the Project described therein and (C) any further action taken by the GCFC 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 any 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 GCFC or the Applicant are unable to reach final agreement with the respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the GCFC, its agents or assigns, all costs incurred by the GCFC in the processing of the Application, including attorneys' fees, if any.

Applicant hereby understands and agrees, in accordance with Section 875(3) of the New York General Municipal Law, that any New York State and local sales and use tax exemption claimed by Applicant and approved by the Agency in connection with the Project may be subject to recapture by the Agency under such terms and conditions as will be set forth in the Agent Agreement to be entered into by and between the Agency and the Applicant. The Applicant further represents and warrants that the information contained in this Application, including without limitation information regarding the amount of New York State and local sales and use tax exemption benefits, is true, accurate and complete.

(Applicant Signature)

(Print Name)

Title

Company Name

Sworn to before me this

_____ day of _____, 20_____

Notary Public

EXHIBIT A

(A copy of this list should be provided to applicant's legal Counsel)

Please ensure that the following items are delivered with the application:

- 1. A \$250 Application Fee Yes No
- 2. An EAF (Environmental Assessment Form) Yes No
- 3. Have Financing arrangements been made? Yes No
- 4. A copy of the bank commitment letter or personal / company financial statement Yes No

Prior to the closing of this transaction applicant shall deliver the following documentation (where applicable to the project) to GCFC's legal counsel

- 1. Insurance Certificates (please see exhibit B for additional information)
 - Certificate of Worker's Compensation Insurance (GCFC named as additional insured). Yes No
 - Certificate of General Liability Insurance (GCFC named as additional insured)
Limits not less than \$1,000,000 per occurrence /accident and a blanket excess liability not less than \$3,000,000 Yes No
 - Certificate of insurance against loss/damage by fire, lightning or other casualties with a uniform standard extended coverage endorsement in an amount not less than the full replacement value of the Facility. (GCFC named as additional insured). Yes No
- 2. Certificate of Incorporation/Articles of Organization together with all amendments or restatements thereto. Yes No
- 3. By-Laws/Operating Agreement together with any amendments thereto Yes No
- 4. Good Standing Certificate(s) issued by the State of Incorporation/Organization of the Company AND NYS. Yes No
- 5. Resolutions of the Board of Directors/Members of the Company approving the Project. Yes No
- 6. List of all Material Pending Litigation of the Company. Yes No
- 7. List of all Underground Storage Tanks containing Hazardous Materials at the Project. Yes No
- 8. List of all Required Environmental Permits for the Project. Yes No
- 9. Legal Description of the Project Premises. Yes No
- 10. Name and title of Person signing on behalf of the Company.

Name: _____

Title: _____

- 11. Copy of the proposed Mortgage (if any). Yes No
- 12. Company's Federal Tax ID Number (EIN). Yes No
- 13. Tax Map Number of Parcel(s) comprising the Project. Yes No
- 14. Copy of the Certificate of Occupancy (as soon as available). Yes No

****Note: All items in this application (including the application fee) must be completed and signed with all requested information before this application can be presented to the board for approval.**

EXHIBIT B

INSURANCE COVERAGE

1. Requirements. The Company shall maintain or cause to be maintained insurance against such risks and for such amounts as are customarily insured against by businesses of like size and type paying, as the same become due and payable, all premiums in respect thereto, including, but not necessarily limited to:

(a) (i) Insurance against loss or damage by fire, lightning and other casualties, with a uniform standard extended coverage endorsement, such insurance to be in an amount not less than the full replacement value of the Project, exclusive of excavations and foundations, as determined by a recognized appraiser or insurer selected by the Company or (ii) as an alternative to the above requirements (including the requirement of periodic appraisal), the Company may insure the Project under a blanket insurance policy or policies covering not only the Project but other properties as well.

(b) Workers' compensation insurance, disability benefits insurance, and each other form of insurance which the Agency or the Company is required by law to provide, covering loss resulting from injury, sickness, disability or death of employees of the Company who are located at or assigned to the Project.

(c) Insurance against loss or losses from liabilities imposed by law or assumed in any written contract and arising from personal injury and death or damage to the property of others caused by any accident or occurrence, with limits of not less than **\$1,000,000** per accident or occurrence on account of personal injury, including death resulting there from, and **\$1,000,000** per accident or occurrence on account of damage to the property of others, excluding liability imposed upon the Company by any applicable workers' compensation law; and a blanket excess liability policy in the amount not less than **\$3,000,000**, protecting the Company against any loss or liability or damage for personal injury or property damage.

2. Additional Provisions Respecting Insurance. (a) **All insurance required shall name the Agency as a named insured and all other insurance required by Section 4 hereof shall name the Agency as an additional insured.** All insurance shall be procured and maintained in financially sound and generally recognized responsible insurance companies selected by the Company and authorized to write such insurance in the State. Such insurance may be written with deductible amounts comparable to those on similar policies carried by other companies engaged in businesses similar in size, character and other respects to those in which the Company is engaged. All policies evidencing such insurance shall provide for (i) payment of the losses of the Company and the Agency as their respective interest may appear, and (ii) at least thirty (30) days' prior written notice of the cancellation thereof to the Company and the Agency.

(b) All such policies of insurance, or a certificate or certificates of the insurers that such insurance is in force and effect, shall be deposited with the Agency on the date hereof. Prior to expiration of any such policy, the Company shall furnish the Agency evidence that the policy has been renewed or replaced or is no longer required by this Agent Agreement.

Short Environmental Assessment Form

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.

Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? 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.			NO	YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO	YES
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input 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, a. A permitted use under the zoning regulations?	NO	YES	N/A
b. Consistent with the adopted comprehensive plan?			
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ _____	NO	YES	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
b. Are public transportation service(s) available at or near the site of the proposed action?			
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?			
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
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? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
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 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	
16. Is the project site located in the 100 year flood plain?	NO	YES	
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	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	NO	YES
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
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
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____ Date: _____		
Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

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.

Name of Lead Agency _____
Date

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

To be completed / calculated by GCFC

Type of Project: Attraction Expansion Retention
 Infrastructure Workforce

Offerings: SLB Bond Grant EZ Certification ZCC
 RLF / Loan Consulting EZ B.A. EZ Consulting

Estimated Financial Assistance to be provided via GCFC participation – subject to GCFC Board Approval

- 1) Estimated Sales Tax Exemption (8%) \$ _____
- 2) Estimated Mortgage Tax Exemption (1.25%) \$ _____
- 3) Estimated Property Tax Abatement \$ _____
- 4) Estimated Total Tax Savings (1+3): \$ _____
- 5) Estimated Tax-Exempt Interest Cost Savings \$ _____ (via Tax-Exempt Bond)
- 6) Empire Zone Benefits \$ _____
- 7) Grant \$ _____
Type or name of grant (_____)
- 8) Land Sale Subsidy \$ _____
Property (_____)
- 9) Estimated total Company Savings (4+5+6+7+8): \$ _____
- 10) Benefited Project Amount \$ _____ (the capital investment directly related to the benefits received)
- 11) Bond Amount \$ _____
- 12) Mortgage Amount \$ _____
- 13) GCFC Revolving Loan Fund \$ _____
- 14) Loan Secured \$ _____
Source of loan (_____)
- 15) Total Amount Financed / Loan Funds Secured \$ _____
(12+13+14)

Proposed PILOT structure:

Fees to be Paid by the Applicant:

Genesee County Funding Corporation \$ _____ (Per the attached Pricing & Fee Policy the GCFC will collect a _____% fee. The GCFC will collect its origination fee at the time of closing, based upon the company provided realistic capital investment costs of this project stated in this application. *(Should the actual costs exceed those estimated, an additional fee will apply.)*
In addition, the Applicant will reimburse the Agency for any direct expenses incurred in connection with this Project, including costs related to holding a public hearing.

Harris Beach, LLP \$ _____ (Estimated fee for legal services required in connection with the financial assistance provided by the Genesee County Funding Corporation) ***Applicant may be required to pay additional out-of-pocket expenses and applicable filing or recording fees.***

*****Financial incentives are public information and will be released to the media upon board approval*****

(Applicant Signature)

(Print Name)

Title

Company Name