UCIDA

Ulster County Industrial Development Agency

LOCAL CONSTRUCTION LABOR POLICY FORM

PURPOSE

1.   The purpose of this form is to create accountability for all applicants affirming to utilize at least 75% of local construction labor on approved projects. This form should be completed on a biannual basis, until the construction portion of the project has been completed, and sent to the Ulster County Industrial Development Agency (UCIDA) at the following address:

> Ulster County Industrial Development Agency
> P.O. Box 4265
> Kingston, NY12402-4265

RECAPTURE GUIDELINES

2.   All UCIDA projects are subject to local monitoring by the UCIDA. The applicant's representative shall keep a log book on site detailing the number of workers on the job for each trade and the counties in which they reside which shall be subject to inspection by the UCIDA throughout and at completion of the project. If a violation of a project has occurred, the UCIDA shall notify the applicant in writing and give such applicant a warning of such violation. In the event there is a subsequent violation of the policy, the UCIDA may, in its discretion, take action to recapture UCIDA benefits.

CONTACT INFORMATION

3.   This section should be completed by the applicant's representative who will be responsible and accountable for providing information about the bidding and awarding of construction contracts relative to the application and project.

Applicant:_____

Applicant's Address:_____

City:_____   State:_____   Zip:_____

Phone:_____   Fax:_____   Email:_____

Name of person(s) authorized to speak for applicant with respect to this affidavit:

_____

_____

_____

DESCRIPTION OF THE CONSTRUCTION JOBS

4.   Please describe the nature of construction jobs created by the project; including in as much detail as possible the following (use additional sheets as necessary):

Number of Construction Jobs:_____

Type of Construction Jobs and their Durations:

_____

_____

_____

_____

CONSTRUCTION CONTRACTOR INFORMATION

5. Names of each contractor:

_____

_____

_____

_____

_____

Please provide separate attachments for the following items:

- Contact information for each contractor
- Certificate of authorization to do business in the State of New York
- Copies of current Certificates of NYS Workers' Compensation Insurance, NYS Disability Insurance and General Liability Insurance
- Proof of current OSHA training certification for all contractors and their employees performing work on the site

LOCAL CONSTRUCTION LABOR UTILIZATION REPORT

6.   Provide a Local Labor Utilization Report listing the names and business locations of prime contractors, subcontractors and vendors who have been engaged in the

construction phase of the project. This Report shall also include a list of the names of all construction workers on the project, including the city, town or village and associated zip code that each such worker is domiciled in. The Report shall be submitted to the UCIDA as follows: (1) immediately prior to commencement of construction activities; and (2) on or by the next following dates of January 1, July 1 and each biannual date thereafter through the construction completion date.

AFFIRMATION

7.

POST-CLOSING AFFIDAVIT

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

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

        1.   Ulster County Industrial Development Agency (the "Agency") may rely on the contents of this Affidavit in determining accuracy in local labor 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 confirmation that at least 75% of construction labor will be from the local market as defined in paragraph 3 of the Local Construction Labor Policy.

        3.   All documentation from the applicant shall provide verification that at least 75% of construction labor being utilized for the project is local.

        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