



**WAYNE COUNTY INDUSTRIAL SITE FUND
APPLICATION**

Program Description

In 2013, the Wayne County Board of Supervisors established the Industrial Development Site Fund as a tool to encourage the extension of public infrastructure to assist municipalities in accommodation of infrastructure improvements necessary to expand and grow in Wayne County.

The Wayne County Industrial Development Agency (WCIDA) is the program administrator managing review and approval of applications, facilitating approval of individual project funding by the Wayne County Board of Supervisors, and review and approval of funding.

The program operates on a reimbursement basis and is intended to cover up to one-third of total project costs including labor and materials necessary to improve public infrastructure leading to new commercial and industrial investments in Wayne County. Total program contributions are capped at \$300,000 per project.

When completed please mail the application fee to the address below, and return the application by mail, email, or fax to:

Wayne County Industrial Development Agency
Attn: Katie Bronson
9 Pearl Street
Lyons, NY 14489
Email: krbronson@co.wayne.ny.us

Date: _____

APPLICATION OF: _____

APPLICANT ADDRESS: _____





I. PROJECT CONTACT INFORMATION

Name: _____

Title: _____

Address: _____

Municipality: _____

Phone: _____

E-mail: _____

II. PROPOSED PROJECT INFORMATION

Project Description: Provide a complete project description you are seeking funding for:

Attach to Application:

- Location of Project- Attach a map highlighting the location of the proposed project.
- Engineering Drawings showing proposed improvements.
- Municipal Resolution authorizing project, commitment of funds, and submission of this application.
- Cost estimate from a qualified contractor

Does your project include a private sector partner? (check one)

- Yes No



Wayne County Industrial Development Agency
9 Pearl Street, 2nd Floor, Lyons, NY 14489
www.web.co.wayne.ny.us
Phone: 315-946-5919





If yes, provide private sector partner contact information:

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

III. PROJECT COSTS & PROJECT SOURCES

Give an accurate estimate of the cost public infrastructure project:

Sources and Uses

Type	Source	Amount	Term/Length



IV. PROJECT SCHEDULE

Please describe the timeline and schedule for the project.

V. ESTIMATED PROJECT IMPACTS

What are the project impacts? How many jobs will be created or retained? What is the economic impact investment?



VI. SIGNATURE

Hold Harmless Agreement:

Applicant and private partner hereby releases Wayne County, Wayne County Industrial Development Agency, and the members, officers, servants, agents and employees thereof (the "Agency") from, agrees that the Agency shall not be liable for, and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by: (A) the Agency'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 Agency, (B) the Agency's acquisition, construction, and/or installation of the Project described therein and (C) any further action taken by the Agency with respect to the Project, including without limiting the generality of the foregoing, all cause of action and attorney's fees and any other expenses incurred in defending any suits or action 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 Agency or the Applicant are unable to reach final agreement with respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all costs incurred by the Agency in the process of the Application, including attorney's fees, if any.

Signature of Person Completing Application:

Signature: _____

Name and Title: _____

Municipality: _____

Date: _____



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