LOCAL LABOR POLICY AGREEMENT

Auburn Industrial Development Authority Adopted: September 16, 2020

Project Applicants, as a condition to receiving Financial Assistance (including sales tax exemption, mortgage recording tax exemption, real property tax abatement, and/or bond proceeds) from the Auburn Industrial Development Authority (the "Authority") will be required to use local labor for 100% of the construction of new, expanded, or renovated facilities. Local labor is defined as an individual that resides within the Cayuga County, an adjacent county, or New York State as stated in the percentages below:

- 65% of all project employees of the general contractor, subcontractor, or subcontractor to the subcontractor (collectively, the "Workers") must reside within Cayuga County, including the City of Auburn.
- An additional 20% of Workers must reside in Cayuga County or an adjacent county (Oswego, Onondaga, Ontario, Cortland, Tompkins, Seneca, or Wayne).
- An additional 15% of Workers must reside within Cayuga County, an adjacent county, or New York State.

The Authority may determine on a case-by-case basis to waive all or a portion of the local labor policy for a project or a portion of a project where consideration of warranty issues, necessity of specialized skills, cost differentials of at least 10% between local and non-local services, documented lack of Workers meeting the local labor requirement, or other compelling circumstances exist.

In consideration of the extension of Financial Assistance by the Authority, ________(Applicant) understands the Local Labor Policy and agrees to submit a Local Labor Utilization Report Form (attached) to the Authority every 90 days after authorization of the Financial Assistance, and/or at the completion of the construction portion of _______(the Project). The Applicant further understands any

request for a waiver to this policy must be submitted in writing using the Local Labor Policy Waiver Request form (attached) and approved by the Authority prior to hiring any Workers that do not satisfy the local labor requirements laid out above. If Financial Assistance has already been approved, the Applicant must submit documentation of a good faith effort to procure local labor with the Waiver Request Form. A "good faith effort" means that the Applicant has submitted bids, requests for proposals, or other procurement documents to local contractors and suppliers on the same terms and at the same time as submitted non-local contractors and suppliers. Evidence of the Applicants "good faith effort" shall include, without limitation documentation of the companies receiving bid documents, information regarding their proposal or decision not to bid, and/or a list of companies and unions contacted in an effort to identify local firms and workers for the Project. The Applicant further understands that if the required forms are not submitted to the Authority, then the Authority shall have the right to immediately terminate any and all Financial Assistance being provided to the Project.

An extensive list of local resources, labor unions, contractors is available on the Authority's website, <u>www.auburnida.org</u>.

Auburn Industrial Development Authority Local Labor Policy Certification

I agree to the conditions of this agreement and certify all information provided regarding the construction and employment activities for the Project as of ______ (date).

Applicant:			
Representative for Contrac	ct Bids/Awards	:	
Vendor Address:			
City:	_ State:	Zip Code:	
Email:			
Project Address:			
Authorized Representative	:		
Title:			
Signature:			
Sworn to before me this			
day of	, 20		

(Notary Public)

Local Labor Utilization Report

Applicant:			
Project Address:			
		,	TRACTORS, AND SUBCONTRACTORS O ED ON THIS SITE IN THE LAST 90 DAYS
Vendor Name:			
Vendor Address: _			
City:	State:	Zip Code:	

Email: _____

List the number of employees residing in each of the following:

Location	# of employees
City of Auburn	Click here to enter text.
Cayuga County outside of Auburn City limits	Click here to enter text.
Oswego County	Click here to enter text.
Onondaga County	Click here to enter text.
Ontario County	Click here to enter text.
Cortland County	Click here to enter text.
Tompkins County	Click here to enter text.
Seneca County	Click here to enter text.
Wayne County	Click here to enter text.
New York State outside of the above listed Counties	Click here to enter text.
Outside of NYS	Click here to enter text.

Is construction complete? Choose an item.

Is this your final report? Choose an item.

I certify that the above is an accurate accounting of the employees that are employed by my company who are working at the above listed project address and their residency.

Authorized Company Representative:

Signature:

Date:

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Local Labor Policy Waiver Request

Applicant: ______
Project Address:

Describe the portion(s) of the project for which you would like the Local Labor requirements waived:

Click here to enter text.

Reason for waiver request:

- □ Warranty requirements- Attach supporting documentation
- □ Necessity of specialized skills- Attach description of need and documentation of unavailability of Workers with needed skills
- □ Cost differential of at least 10%- Attach supporting quotes, including at least two using local labor
- □ Unavailability of Workers meeting local labor requirement- Attach supporting documentation
- □ Other compelling circumstances- Attach description of circumstances

If for a reason other than warranty requirements, attach a list or other documentation of efforts made to identify Workers meeting the Local Labor Policy Requirements.

I ______ (Authorized Representative) hereby request a waiver from the Authority's Local Labor Policy for the above mentioned portions of ______ (the project). I understand that the submission of this form does not guarantee a waiver from the Authority and that hiring Workers that do not meet the Local Labor requirements prior to receiving written approval of this Waiver from the Authority could disqualify the project from receiving financial assistance from the Authority and/or could cause the Authority to terminate existing financial assistance.

Authorized Company Representative:	
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Signature:	
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Date: _____