

APPLICATION FOR BENEFITS / LDC

INSTRUCTIONS

1. The Agency/**LDC** will not consider any application unless, in the judgment of the Corporation, said application contains sufficient information upon which to base a decision whether to approve or tentatively approve an action.
2. Fill in all blanks, using “none” or “not applicable” or “N/A” where the question is not appropriate to the project which is the subject of this application (the Project).
3. If an estimate is given as the answer to a question, put “est.” after the figure or answer, which is estimated.
4. If more space is needed to answer any specific question, attach a separate sheet.
5. When completed, return one (1) hard copy of this application and one (1) electronic copy to the Agency/**LDC** at the address indicated on the application.
6. The Agency/**LDC** will not give final approval to the application until the Corporation receives a completed environmental assessment form concerning the Project which is the subject of this application.
7. Please note that all records in the possession of the Agency/**LDC** (with certain limited exceptions) are open to public inspection and copying. If the applicant feels that there are certain elements of the Project which are in the nature of trade secrets or information, the nature of which is such that if disclosed to the public or otherwise widely disseminated would cause substantial injury to the applicant's competitive position, the applicant may identify such elements in writing and request such elements be kept confidential.
8. The Agency/**LDC** has established a non-refundable application fee of One Thousand (\$1,000) Dollars to cover the anticipated costs of processing this application. A check or money order payable to the Agency/**LDC** must accompany each application. THIS APPLICATION WILL NOT BE ACCEPTED BY THE CORPORATION UNLESS ACCOMPANIED BY THE APPLICATION FEE.
9. The Agency/**LDC** has established a project fee for each project in which the Corporation participates. THIS PROJECT FEE of 1% of the total Project cost IS REQUIRED TO BE PAID BY THE APPLICANT AT OR PRIOR TO THE GRANTING OF ANY FINANCIAL ASSISTANCE BY THE AGENCY/**LDC**. The applicant will also be expected to pay to the Agency/**LDC** all actual costs incurred in connection with the application including all costs incurred by general counsel and bond counsel.
10. The Agency/**LDC** will charge annually an administrative fee of \$1,500 to cover ongoing compliance and oversight; the fee shall be payable January 1 of each year until all financing documents shall terminate and be discharged and satisfied.

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICANT

NAME:

APPLICANT'S STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION:

PHONE:

TITLE:

EMAIL:

APPLICANT'S COUNSEL

NAME:

FIRM:

EMAIL:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

APPLICANT'S ACCOUNTANT

NAME:

FIRM:

EMAIL:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

PLEASE OUTLINE ON A SEPARATE SHEET OF PAPER ANY OTHER PROFESSIONALS INVOLVED IN THE PROJECT (I.E., DESIGN PROFESSIONAL, GENERAL CONTRACTOR).

PROJECT SUMMARY

A: TYPE OF PROJECT:

NOT-FOR-PROFIT

OTHER-SPECIFY

B: EMPLOYMENT IMPACT (BROOME COUNTY):

EXISTING JOBS:

NEW JOBS:

C: PROJECT COST: \$

D: AMOUNT OF BONDS REQUESTED: \$

E: AMOUNT OF NEW MORTGAGE(S) REQUIRED FOR PROJECT: \$

APPLICANT INFORMATION

EMPLOYER'S FEDERAL ID NO.

NAICS CODE

1. INDICATE TYPE OF BUSINESS ORGANIZATION OF APPLICANT:

CORPORATION INCORPORATED IN WHAT COUNTRY

WHAT STATE

DATE INCORPORATED

TYPE OF CORPORATION

AUTHORIZED TO DO BUSINESS IN NEW YORK:

YES

NO

2. IS THE APPLICANT A SUBSIDIARY OR DIRECT OR INDIRECT AFFILIATE OF ANY OTHER ORGANIZATION(S)? IF SO, NAME OF RELATED ORGANIZATION(S) AND RELATIONSHIP:

MANAGEMENT OF APPLICANT

List all Board of Directors

| NAME AND HOME ADDRESS | OFFICE HELD | OTHER PRINCIPAL BUSINESS |
|-----------------------|-------------|--------------------------|
| | | |
| | | |
| | | |
| | | |

WITHIN THE PAST FIVE YEARS HAS THE APPLICANT, ANY AFFILIATE, ANY PREDECESSOR ORGANIZATION OR ENTITY, DIRECTOR, OFFICER, OR ANY CONTRACTOR AFFILIATED WITH THE PROPOSED PROJECT BEEN THE SUBJECT OF:

1. an indictment, judgment, conviction, or a grant of immunity, including pending actions, for any business-related conduct constituting a crime? YES NO

2. a government suspension or debarment, rejection of any bid or disapproval of any proposed contract, including pending actions, or for lack of responsibility? YES NO

3. any final governmental determination of a violation of any public works law or regulation, or labor law regulation? YES NO

4. a consent order with the NYS Dept. of Environmental Conservation? YES NO

5. an unsatisfied judgment, injunction or lien for any business-related conduct obtained by any federal, state or local government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed? YES NO

6. Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated in a bankruptcy? YES NO

IF THE ANSWER TO ANY QUESTION 1 THROUGH 6 ABOVE IS YES, PLEASE FURNISH DETAILS ON A SEPARATE ATTACHMENT.

APPLICANT'S PRINCIPAL BANK(S) OF ACCOUNT

PROJECT DATA

1. Attach a complete narrative description of Project including location, proposed product lines and market projections, square feet by usage, type of construction, machinery for products, machinery for building, office and parking

2. Attach a photo of the site or existing facility to be improved.

3. Attach copies of preliminary plans or sketches of proposed construction or floor plan of existing facility.

4. Are utilities on site or must they be brought in? If so, which ones?

5. Who presently is legal owner of building or site?

6. Is there a purchase option in force or other legal or common control in the project?
If so, furnish details in a separate attachment.

 YES NO

Is there an existing or proposed lease for all or a portion of the project?

 YES NO

7. If applicant will not occupy 100% of the building in a real estate related transaction, provide information on tenant(s) on a separate sheet including: name, present address, employer fed. ID no., percentage of project to be leased, type of business organization, relationship to applicant, date and term of lease.

8. Zoning district in which Project is located

9. Are there any variances or special permits required? If yes, please explain:

 YES NO

10. Will the completion of the Project result in the removal of a facility of the Applicant or another proposed occupant of the project from one area of the State of New York to another area of the State? If yes, please explain:

 YES NO

11. Will the completion of the Project result in the abandonment/disposal of one or more facilities of the Applicant located in New York state? If yes, please explain:

 YES NO

12. If the answer to question 10 or 11 is yes, indicate whether any of the following apply to the Project:

A. Is the Project reasonably necessary to preserve the competitive position of the Applicant or such Project Occupant? If yes, please explain: YES NO

B. Is the Project reasonably necessary to discourage the Applicant or such Project Occupant from relocating outside of New York state? If yes, please explain: YES NO

13. Indicate whether any of the following apply to the Project:

A. Will the Project be operated by a not-for-profit corporation? If yes, please explain YES NO

B. Will the Project likely attract a significant number of visitors from outside the economic development region in which the Project will be located? If yes, please explain: YES NO

C. Would the Project Occupant, but for the contemplated financial assistance from The Agency/**LDC**, locate the related jobs outside New York state? If yes, please explain: YES NO

D. Will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? YES NO

14. Please indicate all other local agencies, boards, authorities, districts, commissions or governing bodies (including any federal, city, county and other political subdivision of the State of New York and all state departments, agencies, boards, public benefit corporations, public authorities or commissions) involved in approving or funding or directly undertaking action with respect to the Project. For example, do you need a municipal building permit to undertake the Project? State Historic Preservation? Do you need a zoning approval to undertake the Project? If so, you would list the appropriate municipal building department or planning or zoning commission which would give said approvals.

15. Describe the nature of the involvement of the federal, state or local agencies described above:

16. Has construction work on this project begun? If yes, please discuss in detail the approximate extent of construction and the extent of completion. Indicate in your answer whether such specific steps have been completed as site clearance and preparation, completion of foundations, installation of footings, etc.

YES NO

17. Please indicate amount of funds expended on this Project by the Applicant in the past three (3) years and the purposes of such expenditures:

PROJECT BENEFITS/COSTS

1. NAME OF PROJECT BENEFICIARY ("APPLICANT"):

2. PROJECTED PROJECT INVESTMENT:

A. Land-Related Costs

1. Land acquisition

\$

2. Site preparation

\$

3. Landscaping

\$

4. Utilities and infrastructure development

\$

5. Access roads and parking development

\$

6. Other land-related costs (describe)

\$

B. Building-Related Costs

1. Acquisition of existing structures

\$

2. Renovation of existing structures

\$

3. New construction costs

\$

C. Machinery and Equipment Costs

\$

D. Furniture and Fixture Costs

\$

E. Working Capital Costs

\$

F. Professional Services/Development Costs

1. Architecture and Engineering

\$

2. Accounting/legal

\$

3. Development Fee

\$

4. Other service-related costs (describe)

\$

G. Other Costs

\$

H. Summary of Expenditures

| | | |
|---|----|----------------------|
| 1. Total Land-Related Costs | \$ | <input type="text"/> |
| 2. Total Building-Related Costs | \$ | <input type="text"/> |
| 3. Total Machinery and Equipment Costs | \$ | <input type="text"/> |
| 4. Total Furniture and Fixture Costs | \$ | <input type="text"/> |
| 5. Total Working Capital Costs | \$ | <input type="text"/> |
| 6. Total Professional Services/Development Costs | \$ | <input type="text"/> |
| 7. Total Other Costs | \$ | <input type="text"/> |

TOTAL PROJECT COST \$

AGENCY FEE 1% \$
(1% OF PROJECT COST)

TOTAL PROJECT EXPENDITURES \$

Have any of the above expenditures already been made by the applicant?
If yes, please provide details:

YES **NO**

Please list any non-financial public benefits that the project will provide:

PROJECTED CONSTRUCTION EMPLOYMENT IMPACT

Please provide estimates of total construction jobs at the Project:

| YEAR | CONSTRUCTION JOBS (Annual wages and benefits \$40,000 and under) | CONSTRUCTION JOBS (Annual wages and benefits over \$40,000) |
|---------|---|---|
| CURRENT | | |
| YEAR 1 | | |
| YEAR 2 | | |
| YEAR 3 | | |

Please provide estimates of total annual wages and benefits of total construction jobs at the project:

| YEAR | TOTAL ANNUAL WAGES AND BENEFITS |
|---------|---------------------------------|
| CURRENT | \$ |
| YEAR 1 | \$ |
| YEAR 2 | \$ |
| YEAR 3 | \$ |

*It is the policy of The Agency/**LDC** to require the Applicant to use local labor, contractors and suppliers in projects that The Agency/**LDC** is providing financial assistance for. Please refer to the Appendix A (page 16). Local labor, contractors and suppliers shall be defined as employees and companies residing in the following Counties: Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Schuyler, Steuben, Tioga, and Tompkins.*

PROJECTED PERMANENT EMPLOYMENT IMPACT

| CURRENT EMPLOYMENT FIGURES - YEAR ONE | | UNDER \$30,000 | \$30,000 – \$50,000 | \$50,000 – \$75,000 | OVER \$75,000 |
|--|----|-----------------------|----------------------------|----------------------------|----------------------|
| Number of Full-Time Employees (FTE) earning | | | | | |
| Number of Part-Time Employees earning | | | | | |
| Total Payroll For Full-Time Employees | \$ | | | | |
| Total Payroll For Part-Time Employees | \$ | | | | |
| Total Payroll For All Employees | \$ | | | | |

| PROJECTED EMPLOYMENT FIGURES - YEAR ONE | | UNDER \$30,000 | \$30,000 – \$50,000 | \$50,000 – \$75,000 | OVER \$75,000 |
|--|----|-----------------------|----------------------------|----------------------------|----------------------|
| Number of Full-Time Employees (FTE) earning | | | | | |
| Number of Part-Time Employees earning | | | | | |
| Total Payroll For Full-Time Employees | \$ | | | | |
| Total Payroll For Part-Time Employees | \$ | | | | |
| Total Payroll For All Employees | \$ | | | | |

| PROJECTED EMPLOYMENT FIGURES - YEAR TWO | | UNDER \$30,000 | \$30,000 – \$50,000 | \$50,000 – \$75,000 | OVER \$75,000 |
|--|----|-----------------------|----------------------------|----------------------------|----------------------|
| Number of Full-Time Employees (FTE) earning | | | | | |
| Number of Part-Time Employees earning | | | | | |
| Total Payroll For Full-Time Employees | \$ | | | | |
| Total Payroll For Part-Time Employees | \$ | | | | |
| Total Payroll For All Employees | \$ | | | | |

REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the Agency/**LDC** as follows:

- 1. JOB LISTINGS:** 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 "DOC") and with the administrative entity (collectively with the DOC, the "JTPA Entities") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JTPA") in which the Project is located.

- 2. 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 Agency/**LDC**, 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 JTPA Entities for new employment opportunities created as a result of the Project.

- 3. EMPLOYMENT:** The Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency/**LDC**, the Applicant agrees to file, or cause to be filed, with the Corporation, on an annual basis, reports regarding the number of people employed at the Project site. The Chief Executive Office shall submit to the Agency/**LDC** prior to February 1 of each year, a written certification setting forth
 - Number of full-time employees at the Project location in the preceding calendar year;
 - Number of part-time employees at the Project location in the preceding calendar year;
 - Gross payroll of all employees at the Project location in the preceding calendar year.

- 5. ABSENCE OF CONFLICTS OF INTEREST:** The Applicant has received from the Agency/**LDC** a list of the members, officers and employees of the corporation which is publicly viewable at www.theagency-ny.com. No member, officer or employee of the Agency/**LDC** has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

- 6. APPARENT CONFLICTS:** Has the Applicant provided any personal gifts, loans or campaign contributions to any local or State political party or elected individual in the preceding 12 months?

YES NO IF YES, PLEASE DESCRIBE:

- 7. FEES:** This Application must be submitted with a non-refundable \$1,000 application fee to the Agency/**LDC** (Local Development Corporation).

The Agency/**LDC** has established a general Corporation fee in the amount of 1% of the total cost of the project.

The Agency/**LDC** will charge annually an administrative fee of \$1,500 to cover ongoing compliance and oversight; the fee shall be payable January 1 of each year until all financing documents shall terminate and be discharged and satisfied.

Applicant

By: _____ Title: _____

DOCUMENT LISTS

(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 \$1,000 Application Fee. _____ YES NO
2. An EAF (Environmental Assessment Form). _____ YES NO
3. Have financing arrangements been made _____ YES NO

Prior to the closing of this transaction, Applicant shall deliver the following documentation (where applicable to the project) to The Agency/LDC's legal counsel:

1. Insurance Certificate
Certificate of Worker's Compensation Insurance (Agency/LDC named as additional insured). _____ YES NO
Certificate of General Liability Insurance (Agency/LDC 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 (Agency/LDC 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 Applicant and NYS. _____ YES NO
5. Resolutions of the Board of Directors/Members of the Applicant approving the Project. _____ YES NO
6. List of all Material Pending Litigation of the Applicant. _____ 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 Applicant. _____ YES NO
11. Copy of the proposed Mortgage (if any). _____ YES NO
12. Applicant'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

CERTIFICATION

The information contained in this Application, including employment information, is true and correct. The Applicant is aware that any material misrepresentations made in this Application constitute an act of fraud, resulting in revocation of Agency/**LDC** benefits.

As of the date of the Application this project is in substantial compliance with all provisions of GML Article 18-A, including but not limited to, the provisions of GML Section 859-a and GML Section 862(1) (the anti-raid provision) and if the project involves the removal or abandonment of a facility or plant within the state, notification by the IDA to the chief executive officer or officers of the municipality or municipalities in which the facility or plant was located.

Applicant hereby releases Agency/**LDC** and the members, officers, servants, agents and employees thereof (hereinafter collectively referred to as the Agency/**LDC**) from, agrees that the Agency/**LDC** shall not be liable for and agrees to indemnify, defend and hold the Agency/**LDC** harmless from and against any and all liability arising from or expense incurred by: (i) the Agency/**LDC**'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 issue of bonds requested therein are favorably acted upon by the Agency/**LDC**; and (ii) the Agency/**LDC**'s financing of the Project described therein, 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 Agency/**LDC** or the Applicant are unable to find buyers willing to purchase the total bond issue requested, then, and in that event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency/**LDC**, its agents or assigns, all actual costs incurred by the Agency/**LDC** in the processing of the Application, including attorneys' fees, if any.

By: _____
(Applicant)

Sworn to before me this

_____ day of _____, 20_____ .

(Notary Public)

APPENDIX A – ATTACHMENT TO APPLICATION FOR FINANCIAL ASSISTANCE

Local General Contractor, Subcontractor, Trades and Labor Policy

It is the goal of the Agency/**LDC** (the Corporation) to maximize the use of local labor for each project that receives benefits from the Agency. This policy applies to general contractors, subcontractors, trade professionals, and their employees. The Agency/**LDC**'s Local Labor Area consists of the following New York State counties: Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Schuyler, Steuben, Tioga and Tompkins.

Every applicant is obligated to provide written proof and data (see attached ... forms) to the Agency/**LDC** as to the physical location of all the contractors who will work on the project.

The Agency/**LDC** will review the data provided and determine, on a case-by-case basis and in a fully transparent manner, whether the Applicant has substantially conformed to the policy.

An Applicant **will not be deficient** if the proposed project requires specifically skilled labor that is unavailable in the Local Labor Area.

An Applicant **will not be deficient** if the proposed project utilizes parts and supplies assembled elsewhere because no such assembly is available in the Local Labor Area.

An Applicant **will be held non-compliant** with the Labor Policy if it imports labor from outside the Local Labor Area when equal labor that is ready, willing, cost competitive, etc. resides in the Local Labor Area.

The Agency/LDC may determine on a case-by-case basis to waive any portion of this policy for a project or a portion of a project where consideration of warranty issues, necessity of specialized skills, significant cost differentials between local and non-local services, documented lack of workers meeting the Local Labor Requirement or if other compelling circumstances exist.

In consideration of the extension of financial assistance by the Agency/**LDC** _____ (the Applicant) understands the Local Labor Policy and agrees to submit either or both a Local Labor Utilization Report or a Non Local Labor Utilization Report at the time that construction begins on the project to the Agency/**LDC**.

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 CONTRACT BIDS/AWARDS:

ADDRESS:

CITY: STATE: ZIP: PHONE:

EMAIL:

PROJECT ADDRESS:

AUTHORIZED REPRESENTATIVE: TITLE:

SIGNATURE: _____

Sworn to before me this

_____ day of _____, 20_____.

(Notary Public)

The following organizations must be solicited for the purpose of meeting the requirements of this Agreement:

THE BUILDERS EXCHANGE OF THE SOUTHERN TIER
15 Belden Street
Binghamton, NY 13903
607-771-7000
brad@bxstier.com

BINGHAMTON/ONEONTA BUILDING TRADES COUNCIL
11 Griswold Street
Binghamton, NY 13904
607-723-9593

TOMPKINS-CORTLAND BUILDING TRADES COUNCIL
622 West State Street
Ithaca, NY 14850
607-272-3122

SOUTHERN TIER BUILDING TRADES COUNCIL
1200 Clemens Center Parkway
Elmira, NY 14901
607-732-1237

DODGE REPORTS
<http://construction.com/dodge/submit-project.asp>

LOCAL LABOR UTILIZATION REPORT

To be completed for all contractors residing within the Broome County LDC Local Labor Area

APPLICANT:

PROJECT ADDRESS: CITY: STATE: ZIP:

EMAIL: PHONE:

GENERAL CONTRACTOR/CONSTRUCTION MANAGER:

CONTACT:

ADDRESS: CITY: STATE: ZIP:

EMAIL: PHONE:

| ITEM | CONTRACT/SUB | ADDRESS | EMAIL | PHONE | AMOUNT |
|--------------------------|--------------|---------|-------|-------|--------|
| Site/Demo | | | | | |
| Foundation/Footings | | | | | |
| Building | | | | | |
| Masonry | | | | | |
| Metals | | | | | |
| Wood/Casework | | | | | |
| Thermal/Moisture | | | | | |
| Doors, Windows & Glazing | | | | | |
| Finishes | | | | | |
| Electrical | | | | | |
| HVAC | | | | | |
| Plumbing | | | | | |
| Specialties | | | | | |
| M&E | | | | | |
| FF & E | | | | | |
| Utilities | | | | | |
| Paving/Landscaping | | | | | |

CHECK IF CONSTRUCTION IS COMPLETE

CHECK IF THIS IS YOUR FINAL REPORT

I CERTIFY THAT THIS IS AN ACCURATE ACCOUNTING OF THE CONTRACTORS THAT ARE WORKING AT THE PROJECT SITE.

Company Representative

Date

NON LOCAL LABOR UTILIZATION REPORT To be completed for all contractors not residing within the Broome County LDC Local Labor Area

APPLICANT:

PROJECT ADDRESS: CITY: STATE: ZIP:

EMAIL: PHONE:

GENERAL CONTRACTOR/CONSTRUCTION MANAGER:

CONTACT:

ADDRESS: CITY: STATE: ZIP:

EMAIL: PHONE:

| ITEM | CONTRACT/SUB | ADDRESS | EMAIL | PHONE | AMOUNT |
|--------------------------|--------------|---------|-------|-------|--------|
| Site/Demo | | | | | |
| Foundation/Footings | | | | | |
| Building | | | | | |
| Masonry | | | | | |
| Metals | | | | | |
| Wood/Casework | | | | | |
| Thermal/Moisture | | | | | |
| Doors, Windows & Glazing | | | | | |
| Finishes | | | | | |
| Electrical | | | | | |
| HVAC | | | | | |
| Plumbing | | | | | |
| Specialties | | | | | |
| M&E | | | | | |
| FF & E | | | | | |
| Utilities | | | | | |
| Paving/Landscaping | | | | | |

CHECK IF CONSTRUCTION IS COMPLETE
 CHECK IF THIS IS YOUR FINAL REPORT

I CERTIFY THAT THIS IS AN ACCURATE ACCOUNTING OF THE CONTRACTORS THAT ARE WORKING AT THE PROJECT SITE.

 Company Representative

 Date