

2016 MVIDA Project Progress & Verification Questionnaire**
**** per MVIDA's Annual New York State Reporting Requirements**

Company name and address:

Project Name:

Company contact:

Contact phone number:

Financing Information

Has the Agency provided project financing assistance (generally through issuance of a bond or note)

Yes No

If financing assistance was provided, please provide:

- Original principal balance of bond or note issued _____
- Outstanding principal balance of such bond or note at December 31, 2016 _____
- Principal paid during 2016 _____
- Outstanding principal balance of such bond or note at December 31, 2016 _____

Interest rate on mortgage as of December 31, 2016 _____

Final maturity date of the bond or note _____

Is the company a not-for-profit? _____

Sales Tax Abatement Information

Did your company receive Sales Tax Abatement on your Project during 2016

Yes No

If so, please provide the amount of sales tax savings received _____

(Note: A copy of the ST-340 sales tax report that was submitted to New York State for the reporting period is required to be attached with this report.)

Mortgage Recording Tax Information

Did your company receive Mortgage Tax Abatement on your Project during 2016 Yes No

(Note: This would only be applicable to the year that a mortgage was placed upon the Project, so if you did not close in 2016, the answer should be 'no'.)

The amount of the mortgage recording tax that was abated during 2016 _____

Payments-in-Lieu-of-Taxes ("PILOT") Information:

County Real Property Tax without PILOT \$ _____
 Local Property Tax without PILOT \$ _____
 School Property Tax without PILOT \$ _____
 TOTAL PROPERTY TAXES WITHOUT PILOT \$ _____

County PILOT \$ _____
 Local PILOT \$ _____
 School PILOT \$ _____
 TOTAL PILOTS \$ _____

Net Exemptions \$ _____
(Note: Subtract Total PILOTS from TOTAL property taxes without PILOT)

Job Information

(Note: All companies that have continuing PILOT agreements as well as other financial assistance must complete this information.)

Current number of full time equivalent employees ("FTE") at your facility by job category and average hourly wage for each

Category	FTE	Average Hourly Wage
Management	_____	_____
Professional	_____	_____
Administrative	_____	_____
Production	_____	_____
Other	_____	_____

Number of FTE construction jobs created during 2016: _____

Number of FTE construction jobs during 2016: _____

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Number of FTE jobs created during the fiscal year by Category _____

Category	FTE	Average Hourly Wage
Management	_____	_____
Professional	_____	_____
Administrative	_____	_____
Production	_____	_____
Other	_____	_____

Number of FTE jobs retained during the fiscal year _____

Total Annual Payroll for 2016 _____

Total Capital Investment for 2016 _____

The undersigned hereby represents and warrants that to the best of his/her knowledge the information contained herein is true, accurate, and complete.

Signature: _____

Date: _____