

EMPLOYEE NAME	PERMANENT ADDRESS	EMPLOYER NAME

Certification

As an officer of the Company, deponent acknowledges that the Company is in receipt of the Niagara County Industrial Development Agency’s Local Labor Policy (“Policy”) and that the Policy has been reviewed and that the Company understands its obligations. Furthermore, the Company agrees to submit to the Agency and/or its assigns the Local Labor Utilization Report (“Report”) within 30 days of the end of each Quarter during the term of the construction of the Project. Company further acknowledges that the Agency and/or its assigns may investigate the accuracy of the Report, and as part of said investigation, the Agency may request additional information from the Company. The Company acknowledges that failure to submit the Report to the Agency, or submission of false data to the Agency may be grounds for the termination of the Project by the Agency, including recapture of prior benefits received by the Company.

Name: _____

Title: _____