

NCIDA Exhibit F
Agent Agreement / Leaseback Agreement

PROJECT NAME AND ADDRESS: _____

COMPANY NAME AND ADDRESS: _____

Section 1: Employment Survey

Number of full-time equivalent (FTE) employees for the location that is receiving IDA benefits. Please provide the peak number of employees for the past calendar year. (Note: 2 part time employees = 1 full time equivalent). _____

Number of full-time construction jobs created during the past Fiscal Year: _____

(Include a copy of your NYS-45 Quarterly Combined Withholding, Wage Reporting & Unemployment Insurance Return Form for the quarter ending 12/31. You **DO NOT** have to include Part C – Employee Wage & Withholding Information or NYS-45 ATT).

Reason for variance from previous year, if any: _____

Average Annual Salary of Jobs: \$ _____

Annual Salary Range of Jobs: \$ _____ to \$ _____

For Multi-Tenant Clients Only:

Please provide a list of current tenants and provide the following for each tenant (enclose additional sheets if necessary):

Tenant Name	Number or Estimate of Full-Time Jobs

Section 3: Sales Tax Abatement Information

Did your company or any appointed subagents receive Sales Tax Abatement for your project during the prior year?

YES NO

If so, please provide the amount of sales tax savings received by the Company and all appointed subagents.
(Submit copies of all ST-340 sales tax reports that we submitted to New York State by the Company and all subagents for the reporting period. Please also attached all ST-60's filed for subagents for the reporting period)

Section 4: Certification:

I certify that to the best of my knowledge and belief all of the information on the form is correct. I further certify that the salary ranges or averages for the jobs retained and/or created that was provided in the Application for Financial Assistance is still accurate and if not, I hereby attach a revised list of salary and fringe benefit averages or ranges for jobs retained and created. I also understand that failure to report completely and accurately may result in enforcement of provisions of my agreement, including but not limited to voidance of the agreement and potential claw back of benefits. Printed Name: _____

Signature: _____

Date: _____ Phone: _____ E-mail: _____

If any contact or mailing information is incorrect, please provide the updated information:
