

**NCIDA EXHIBIT G**  
**Agent Agreement / Investment Survey**

**Project Name:** \_\_\_\_\_

**Please complete the section below with Actual costs for the acquisition, construction, rehabilitation, improvement and/or equipping of the project.**

Actual Costs for Sales Tax Exemption Benefit

Construction/Sitework/Renovation:	\$	<input type="text"/>
Furniture/Fixtures/Equipment Purchased:	\$	<input type="text"/>
Other – Specify: <input type="text"/>	\$	<input type="text"/>

Actual Costs NOT subject to Sales Tax

Land and/or building purchase:	\$	<input type="text"/>
Manufacturing Equipment:	\$	<input type="text"/>
Soft Costs (Legal, Architect, Engineering):	\$	<input type="text"/>
Other – Specify: <input type="text"/>	\$	<input type="text"/>

**Total Capital Costs: \$**

If your project is Not completed, please check one of the following:

☐ Started

☐ Started, Not Completed

Estimated Completion Date:

*I certify that to the best of my knowledge and belief all the information on this form is correct. I also understand that failure to report completely and accurately may be subject to penalty of perjury and result in enforcement of provisions of my Agreement, including but not limited to avoidance of the Agreement and potential claw back of benefits.*

**Signed:** \_\_\_\_\_  
Authorized Company Representative

**Date:** \_\_\_\_\_