

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 style="width: 95%; height: 20px;" type="text"/>
Furniture/Fixtures/Equipment Purchased:	\$	<input style="width: 95%; height: 20px;" type="text"/>
Other – Specify: <input style="width: 250px;" type="text"/>	\$	<input style="width: 95%; height: 20px;" type="text"/>

Actual Costs NOT subject to Sales Tax

Land and/or building purchase:	\$	<input style="width: 95%; height: 20px;" type="text"/>
Manufacturing Equipment:	\$	<input style="width: 95%; height: 20px;" type="text"/>
Soft Costs (Legal, Architect, Engineering):	\$	<input style="width: 95%; height: 20px;" type="text"/>
Other – Specify: <input style="width: 250px;" type="text"/>	\$	<input style="width: 95%; height: 20px;" 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: _____ **Date:** _____
Authorized Company Representative