

TO: Project Applicants
 FROM: Madison County Industrial Development Agency
 RE: Cost/Benefit Analysis Questionnaire

In order for the Madison County Industrial Development Agency (the “Agency”) to prepare a Cost/Benefit Analysis for a proposed project (the “Project”), the Applicant must answer the questions contained in this Project Questionnaire (the “Questionnaire”) and complete the attached Schedules. This Questionnaire and the attached Schedule will provide information regarding various aspects of the Project, and the costs and benefits associated therewith.

Since we need this Questionnaire to be completed before we can finalize the Cost/Benefit Analysis, please complete this Questionnaire and forward it to us at your earliest convenience.

PROJECT QUESTIONNAIRE

| | |
|---|----------|
| 1. Name of Project Beneficiary (“Company”): | |
| 2. Brief Identification of the Project: | |
| 3. Estimated Amount of Project Benefits Sought: | |
| A. Amount of Bonds Sought: | \$ _____ |
| B. Value of Sales Tax Exemption Sought | \$ _____ |
| C. Value of Real Property Tax Exemption Sought | \$ _____ |
| D. Value of Mortgage Recording Tax Exemption Sought | \$ _____ |

PROJECTED PROJECT INVESTMENT

| | |
|--|----------|
| A. Land-Related Costs | |
| 1. Land acquisition | \$ _____ |
| 2. Site preparation | \$ _____ |
| 3. Landscaping | \$ _____ |
| 4. Utilities and infrastructure development | \$ _____ |
| 5. Access roads and parking development | \$ _____ |
| 6. Other land-related costs (describe) | \$ _____ |
| | |
| B. Building-Related Costs | |
| 1. Acquisition of existing structures | \$ _____ |
| 2. Renovation of existing structures | \$ _____ |
| 3. New construction costs | \$ _____ |
| 4. Electrical systems | \$ _____ |
| 5. Heating, ventilation and air conditioning | \$ _____ |
| 6. Plumbing | \$ _____ |
| 7. Other building-related costs (describe) | \$ _____ |
| | |

| | | |
|----|--|----------|
| C. | Machinery and Equipment Costs | |
| 1. | Production and process equipment | \$ _____ |
| 2. | Packaging equipment | \$ _____ |
| 3. | Warehousing equipment | \$ _____ |
| 4. | Installation costs for various equipment | \$ _____ |
| 5. | Other equipment-related costs (describe) | \$ _____ |
| D. | Furniture and Fixture Costs | |
| 1. | Office furniture | \$ _____ |
| 2. | Office equipment | \$ _____ |
| 3. | Computers | \$ _____ |
| 4. | Other furniture-related costs (describe) | \$ _____ |
| E. | Working Capital Costs | |
| 1. | Operation costs | \$ _____ |
| 2. | Production costs | \$ _____ |
| 3. | Raw materials | \$ _____ |
| 4. | Debt service | \$ _____ |
| 5. | Relocation costs | \$ _____ |
| 6. | Skills training | \$ _____ |
| 7. | Other working capital-related costs (describe) | \$ _____ |
| F. | Professional Service Costs | |
| 1. | Architecture and engineering | \$ _____ |
| 2. | Accounting/legal | \$ _____ |
| 3. | Other service-related costs (describe) | \$ _____ |
| G. | Other Costs | |
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| H. | Summary of Expenditures | |
| 1. | Total Land Related Costs | \$ _____ |
| 2. | Total Building Related Costs | \$ _____ |
| 3. | Total Machinery and Equipment Costs | \$ _____ |
| 4. | Total Furniture and Fixture Costs | \$ _____ |
| 5. | Total Working Capital Costs | \$ _____ |
| 6. | Total Professional Service Costs | \$ _____ |
| 7. | Total Other Costs | \$ _____ |

PROJECTED CONSTRUCTION EMPLOYMENT IMPACT

I. Please provide estimates of total construction jobs at the Project:

| Year | Construction Jobs (Annual wages and benefits \$40,000 and under) | Construction Jobs (Annual wages and benefits over \$40,000) |
|--------------|---|---|
| Current Year | | |
| Year 1 | | |
| Year 2 | | |
| Year 3 | | |
| Year 4 | | |
| Year 5 | | |

II. Please provide estimates of total annual wages and benefits of total construction jobs at the Project:

| Year | Total Annual Wages and Benefits | Estimated Additional NYS Income Tax |
|--------------|---------------------------------|--|
| Current Year | \$ _____ | \$ _____ |
| Year 1 | \$ _____ | \$ _____ |
| Year 2 | \$ _____ | \$ _____ |
| Year 3 | \$ _____ | \$ _____ |
| Year 4 | \$ _____ | \$ _____ |
| Year 5 | \$ _____ | \$ _____ |

PROJECTED PERMANENT EMPLOYMENT IMPACT

I. Please provide estimates of total existing permanent jobs to be preserved or retained as a result of the Project:

| Year | Existing Jobs (Annual wages and benefits \$40,000 and under) | Existing Jobs (Annual wages and benefits over \$40,000) |
|--------------|--|---|
| Current Year | | |
| Year 1 | | |
| Year 2 | | |
| Year 3 | | |
| Year 4 | | |
| Year 5 | | |

II. Please provide estimates of total new permanent jobs to be created at the Project:

| Year | New Jobs (Annual wages and benefits \$40,000 and under) | New Jobs (Annual wages and benefits over \$40,000) |
|--------------|---|--|
| Current Year | | |
| Year 1 | | |
| Year 2 | | |
| Year 3 | | |
| Year 4 | | |
| Year 5 | | |

III. Please provide estimates of total annual wages and benefits of total permanent construction jobs at the Project:

| Year | Total Annual Wages and Benefits | Estimated Additional NYS Income Tax |
|--------------|---------------------------------|--|
| Current Year | \$ _____ | \$ _____ |
| Year 1 | \$ _____ | \$ _____ |
| Year 2 | \$ _____ | \$ _____ |
| Year 3 | \$ _____ | \$ _____ |
| Year 4 | \$ _____ | \$ _____ |
| Year 5 | \$ _____ | \$ _____ |

IV. Please provide estimates for the following:

A. Creation of New Job Skills relating to permanent jobs. Please complete Schedule A.

PROJECTED OPERATING IMPACT

I. Please provide estimates for the impact of Project operating purchases and sales:

| | |
|---|----------|
| Additional Purchases (1 st year following project completion) | \$ _____ |
| Additional Sales Tax Paid on Additional Purchases | \$ _____ |
| Estimated Additional Sales (1 st full year following project completion) | \$ _____ |
| Estimated Additional Sales Tax to be collected on additional sales (1 st full year following project completion) | \$ _____ |

II. Please provide estimates for the impact of Project on existing real property taxes and new payments in lieu of taxes (“Pilot Payments”):

| Year | Existing Real Property Taxes | New Pilot Payments | Total |
|--------------|------------------------------|--------------------|-------|
| Current Year | | | |
| Year 1 | | | |
| Year 2 | | | |
| Year 3 | | | |
| Year 4 | | | |
| Year 5 | | | |
| Year 6 | | | |
| Year 7 | | | |
| Year 8 | | | |
| Year 9 | | | |
| Year 10 | | | |

III. Please provide estimates for the impact of other economic benefits expected to be produced as a result of the Project:

CERTIFICATION

I certify that I have prepared the responses provided in this Questionnaire and that, to the best of my knowledge, such responses are true, correct and complete.

I understand that the foregoing information and attached documentation will be relied upon, and constitute inducement for, the Agency in providing financial assistance to the Project. I certify that I am familiar with the Project and am authorized by the Company to provide the foregoing information, and such information is true and complete to the best of my knowledge. I further agree that I will advise the Agency of any changes in such information, and will answer any further questions regarding the Project prior to the closing.

| | |
|----------------------------------|---|
| Date Signed: _____, 200_. | Name of Person Completing Project Questionnaire on behalf of the Company. Name: _____ Title: _____ Phone Number: _____ Signature: _____ |
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