

**THE INDUSTRIAL DEVELOPMENT BOARD OF
THE COUNTY OF KNOX
PROPERTY TAX INCENTIVE PROGRAM (PTIP)**

PTIP PERFORMANCE REPORT

Please complete the following contact information:

Company Name: _____

Local Contact: _____

Title: _____

Local Address: _____

Local Phone: _____

Local Fax: _____

Email: _____

Person Responsible for completing Report (If different from the local contact)

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please submit completed and signed materials to:
The Development Corporation of Knox County
Attn: Robin Holt
17 Market Square, #201
Knoxville, TN 37902-1405

DEADLINE: _____

**THE INDUSTRIAL DEVELOPMENT BOARD OF
THE COUNTY OF KNOX
PROPERTY TAX INCENTIVE PROGRAM (PTIP)**

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as of _____

Project Data:

Recipient of Property Tax Incentive (Company Name): _____

Address of Property Subject to Payment in Lieu of Tax Transaction (PILOT):

Capital Investment:

Identify the total Capital Investment in the Project as of _____.

Purpose	Amount
Land Acquisition	\$ _____
Site Development Costs	\$ _____
Building Improvements	\$ _____
Machinery and Equipment	\$ _____
Air Quality/Pollution Control Equipment	\$ _____
Other (please describe)	\$ _____
Total	\$ _____

Capitalized terms not specifically defined will have the meanings assigned to them in the Lease Agreement between the IDB and the Company and in the Policies and Procedures of the PTIP.

Employee Report / Job Creation & Wages:

List the following information for all new employees of the Company currently holding positions as a result of the Project. In a separate document list part-time, contract, or seasonal workers who reside in Knox County or a contiguous county and the gross salaries of employees who reside in Knox County or a contiguous county. (These jobs shall be reported in job classifications as required by the Board.) Also indicate the total on-site employment as of _____.

Position (job classification or title)	Number of Employees (full time equivalent)	Annual Wage (salary without benefits)
TOTALS:		

TOTAL ON-SITE EMPLOYMENT: _____

Vendor Support Report:

The annual and cumulative gross dollars spent locally on supplier and professional service contracts, to demonstrate the amounts by contract awarded and performed by Knox County Persons.

Knox County Suppliers (by type)	Calendar Year Expenditures	Cumulative Expenditures for PILOT Term

Minority/Small Businesses:

The dollar amount of contracts awarded to Minority/Small Business for the term of the PILOT.

Minority/Small Business by Type	Amount of Contract
Total	

Insurance Requirements:

In accordance with the Lease Agreement provide a certificate of insurance showing insurance coverage in the proper amounts and listing The Industrial Development Board of the County of Knox as an additional insured on all liability policies. The form of the Certificate must comply with the Lease Agreement. It

should provide an obligation on the part of the insurer to provide 30 days' notice of cancellation or a material change in coverage.

The following language normally contained in Acord Certificate 25-S is NOT acceptable:

- (i) the insurer "will endeavor to mail notice to " the certificate holder; and
- (ii) "This certificate is issued as a matter of information only and confers no rights upon the certificate holder. The certificate does not amend, extend, or alter the coverage afforded by the policies below."

The Company may provide an insurance binder, a summary of declarations showing the coverage and the notice requirements, or a copy of the actual policies.

CERTIFICATE

The undersigned hereby represents, warrants and certifies to The Industrial Development Board of the County of Knox ("IDB") as follows:

- (i) The undersigned is the incumbent holder of the office or official position set forth below and is authorized by the Company to execute and deliver this Performance Report to the IDB;
- (ii) the undersigned has examined the information contained in this Performance Report and the information is true, complete and accurate as of the date set forth below;
- (iii) no Event of Default has occurred under the Lease Agreement between the Company and the IDB, or would have occurred but for the giving of notice or the passage of time, or both;
- (iv) no circumstance exists that could serve as the basis for an Event of Default referred to above; and
- (v) the Company has performed all of its obligations under the Lease Agreement between the Company and the IDB, as amended, that are required to be performed by it at or prior to the date set forth below.

Print name and title of authorized Company representative

Signature

Date

Phone

Fax

STATE OF TENNESSEE
COUNTY OF KNOX

Before me, the undersigned authority, a Notary Public in and for said county and state, personally appeared the within named bargainor, _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who upon oath acknowledged himself/herself to be the _____ of _____, the within named bargainor, a _____, and that he/she as such _____ being authorized so to do, executed the within instrument for the purposes therein contained by signing the name of said _____ by himself/herself as such _____.

Witness my hand and official seal at office in the aforesaid county, this _____ day of _____, 20____.

Notary Public
My Commission expires: _____

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Knoxville, TN 37902-1405
For assistance call: 865-546-5887