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)

PTIP PERFORMANCE REPORT
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 ________________.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Land Acquisition</td>
<td>$</td>
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<tr>
<td>Site Development Costs</td>
<td>$</td>
</tr>
<tr>
<td>Building Improvements</td>
<td>$</td>
</tr>
<tr>
<td>Machinery and Equipment</td>
<td>$</td>
</tr>
<tr>
<td>Air Quality/Pollution Control Equipment</td>
<td>$</td>
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<tr>
<td>Other (please describe)</td>
<td>$</td>
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<tr>
<td>Total</td>
<td>$</td>
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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 ________________.
<table>
<thead>
<tr>
<th>Position (job classification or title)</th>
<th>Number of Employees (full time equivalent)</th>
<th>Annual Wage (salary without benefits)</th>
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</table>

**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.

<table>
<thead>
<tr>
<th>Knox County Suppliers (by type)</th>
<th>Calendar Year Expenditures</th>
<th>Cumulative Expenditures for PILOT Term</th>
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</table>

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

<table>
<thead>
<tr>
<th>Minority/Small Business by Type</th>
<th>Amount of Contract</th>
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**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: __________________________

Please submit completed and signed materials to:
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Attn: Robin Holt
17 Market Square, #201
Knoxville, TN 37902-1405
For assistance call: 865-546-5887