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**Outreach Plan Attachment
Emerging Business and Workforce Development Programs**

(Submit within 120 days after WHEDA issuance of LIHTC Reservation Agreement)

LIHTC Development: _____

LIHTC Application #: _____

Development Location: _____

Please answer the questions in this Attachment to the best of your ability and knowledge at the time of submission. For information not yet determined, insert "TBD".

The primary contact person will be responsible for providing WHEDA with needed updates once the information is established. **When any person(s) listed in this Attachment change(s), contact WHEDA immediately to provide revised information.**

Construction Timeline

Estimated dates of LIHTC development construction:

Commencement: _____

Completion: _____

(Continue on page 2)

Attach additional pages if needed

Primary Contact Person

Primary person authorized to act on behalf of the owner for this development. Provide the contact name, company name, company address, email address and the contact's mobile, office & fax numbers.

Emerging Business and Workforce Development Program Documentation

The person(s) authorized by the development owner to provide WHEDA with Program documentation. Provide the contact name, company name, company address, email address and the contact's mobile, office & fax numbers. If multiple persons are involved, please indicate the Program information they are responsible for.

General Contractor

Is the general contractor for the development established: Yes ___ No ___. If no, provide the date it is estimated the general contractor will be chosen: _____

If yes, provide the primary contact name, company name, company address, email address and the contact's mobile, office & fax numbers.

Site Superintendent

Is the site superintendent for the development established: Yes ___ No ___. If no, provide the date it is estimated the site supervisor will be chosen: _____

If yes, provide the contact name, company name, company address, email address and the contact's mobile, office & fax numbers.