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New Markets Tax Credit (NMTC) Outreach Plan Attachment Emerging Business and Workforce Development Programs

(Submit within 30 days after close of financing)
NMTC Development:
Development Location:
Qualified Active Low Income Community Business (QALICB):
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 NMTC 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 QALICB 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 QALICB 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.