

NMTC Recovery Act Allocatee Quarterly Report

I. ORGANIZATIONAL INFORMATION

A. Basic Information:

Name of Allocatee: _____

Control Number of NMTC Recovery Act Allocation (e.g., 00NMAxxxxxx): _____

1. Person Responsible for Completing the Report: _____

2. Telephone Number of Person Responsible (including Extension if applicable): _____

3. E-mail Address of Person Responsible: _____

4. Organization's web address (if available): _____

B. Human Resources Dedicated to the Allocatee's NMTC Program:

5. Number of new FTEs hired by Allocatee due to Recovery Act Allocation _____

6. Number of consultant/contractor FTEs (if any) included in Q. 5. _____

C. Qualified Equity Investments:

7. Has your organization issued any Qualified Equity Investments (QEIs) relating to its NMTC Recovery Act allocation award? ___ Yes ___ No. If yes, complete the tables below.

II. FINANCING

8. [Loans/Investments Originated Table](#)

III. COMMUNITY DEVELOPMENT IMPACTS

9. [Community Development Benefits Table](#)

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8. Loans/Investments Closed Table

Project Number	Date Closed	Purpose	Original QLICI Amount (\$)	Total Project Cost	Total Project Cost - Public Sources	Total Project Cost – Affiliates & Related	Project Street Address	Project City	Project State	Project Zip Code	Project FIPS Code	Project type	NAICS Code

9. Community Development Benefit Table (measured at closing)

Business Description	QALICB FTE created	QALICB FTE retained	Construction FTE	Sq. Ft of Facility Developed