Business History Information Form (Principal Selection Factor 4 - Subfactor 4a)

Business history information should be provided for the Offeror AND all parent companies. If the Offeror has not been formed yet, business history information should be provided for each Offeror-Guarantor.

The information provided below is for the en_____

1) Has Offeror ever defaulted from or been terminated from a management or concession contract, or been forbidden from contracting by a public agency or private company?

If YES, provide full details of the circumstances.

2) List any Bankruptcies, Receiverships, Foreclosures, Transfers in Lieu of Foreclosure, and/or Work-Out/Loan Modification Transactions during the past five years. (If none, then so indicate). Attach an explanation of the circumstances, including nature of the event, date, type of debt (e.g., secured or unsecured loan), type of security (if applicable), approximate amount of debt, name of lender, resolution, bankruptcy plan, and/or other documentation as appropriate.

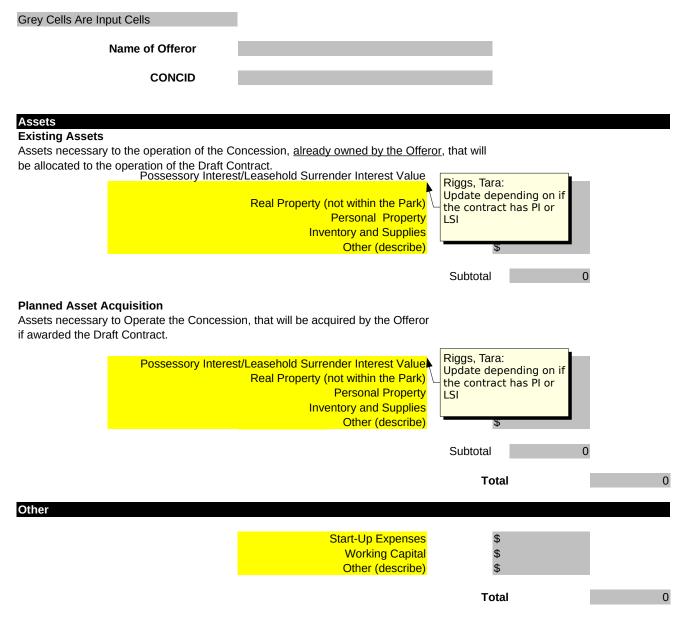
3) Describe any pending litigation or administrative proceeding (other than those covered adequately by insurance) which if adversely resolved could materially impact the financial position of the Offeror.

4) Describe any lawsuit, administrative proceeding or bankruptcy case within the past five years that concerned the Offeror's alleged inability or unwillingness to meet its financial obligations.

Paperwork Reduction Act Statement. We collect this information under the authority of Title IV of the National Parks Omnibus Management Act of 1998 (Pub. L. 105–391). We use this information to evaluate a concession proposal. Your response is required to obtain or retain a benefit. We estimate that it will take you 2 hours to complete this form. This estimate includes time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form.

You may send comments on the burden estimate or any aspect of this form to the Information Collection Clearance Officer, National Park Service, 1849 C Street, NW. (2601), Washington, DC 20240. We may not collect or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number.

INITIAL INVESTMENTS AND START-UP EXPENSES FORM



Total Initial Investments and Start-up Expenses

0

INITIAL INVESTMENTS AND START-UP EXPENSES FORM

| Crow | (Calla | A = 0 | Immut | Calla |
|------|---------|-------|-------|-------|
| Grey | / Cells | Are | Input | Cells |

| Name of Offeror | |
|-----------------|--|
| CONCID | |

Notes

1) Formulas included in this form are provided by the NPS as guidance only. The Offeror is responsible for its financial projections and their accuracy.

2) Yellow cells represent categories that need to be explained on the "Investments Assumptions" worksheet.

3) All Offerors must include their estimate of the value of all property intended, whether planned for acquisition or currently owned, for use in the Draft Contract.

4) The items indicated above are the estimated planned expenditures for initial investment, defined as one-time costs in either the year prior to or the first year after the start of the Draft Contract.

5) Expenditures entered in this form should be in addition to that of typical annual capital investments and operating expenses of the first year of the Draft Contract.

6) Expenditures entered into this form should not be included in the proforma income statement.

7) Expenditures entered in this form should be included in the cash flow proforma as capital expenditures in either the year prior to or the first year after the start of the Draft Contract.

Definitions

Start-up Expenses

One-time expenses incurred prior to the beginning of the contract, or during the first year of the contract, if needed, to implement your proposal.

Working Capital

Additional funds for working capital current assets such as pre-paid expenses, contingencies, and other necessary cash flow requirements. This should not be confused with Net Working Capital (current assets-current liabilities).

INITIAL INVESTMENTS AND START-UP EXPENSES ASSUMPTIONS

| Grey Cells Are Input Cells | | |
|--|---|---|
| Name of Offeror | | 1 |
| CONCID | | |
| | | |
| Assets | | |
| Existing Assets Assets necessary to the operation of the operation of the Draft Contract. | of the Concession, <u>already owned</u> | by the Offeror, that will be allocated to |
| Possessory Interest/Leasehold S | urrender Interest Value Describe | |
| Real Prope | ty (not within the Park) Describe | |
| | | |
| | Personal Property Describe | |
| | Inventory and Supplies Describe | |
| | Other (describe) Describe | |

Paperwork Reduction Act Statement. We collect this information under the authority of Title IV of the National Parks Omnibus Management Act of 1998 (Pub. L. 105–391). We use this information to evaluate a concession proposal. Your response is required to obtain or retain a benefit. We estimate that it will take you 4 hours to complete this form. This estimate includes time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form.

You may send comments on the burden estimate or any aspect of this form to the Information Collection Clearance Officer, National Park Service, 1849 C Street, NW. (2601), Washington, DC 20240. We may not collect or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number.

INITIAL INVESTMENTS AND START-UP EXPENSES ASSUMPTIONS

| Grey Cells Are Input Cells | |
|---|--|
| Name of Offeror | |
| CONCID Planned Asset Acquisition Assets necessary to Operate the Concession, that <u>will be acquired</u> by the Offeror if awarded the Draft Contract. | |
| Possessory Interest/Leasehold Surrender Interest Value Describe | |
| Real Property (not within the Park) Describe | |
| Personal Property Describe | |
| Inventory and Supplies Describe | |
| Other (describe) Describe | |
| | |
| Other Start-Up Expenses Describe | |
| Working Capital Describe | |
| Other (describe) Describe | |

<u>Notes</u>

In the description sections of this form, please provide an explanation of sufficient detail to allow

a reviewer to fully understand how the estimates were determined.

| PROPOSAL PACKAGE FORMS |
|------------------------|
| APPENDIX X |

| INCOME STATEMENT FORM | | | | | | | | | | | |
|--|------------------------------|------------------------------------|---------|------|------|------|------|------|------|------|---|
| Grey Cells Are Input Cells | | | | | | | | | | | |
| Name of Offero | r | | | | | | | | | | |
| CONCIE | D | | | | | | | | | | |
| Prospective Income Statement | | | | | | | | | | | |
| | 0010 | 004.4 | 0045 | 0010 | 0017 | 0040 | 0040 | | 0004 | 0000 | _ |
| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | |
| Revenue | A | | | | | | | | | | |
| Lodging | | | | | | | | | | | |
| Food and Beverage Retail | Note: The reven | ue, COS and D | irect | | | | | | | | |
| Campground | Expenses | categories will d to refelect e | need to | | | | | | | | |
| Fuel | individual | prospectus. | ach | | | | | | | | |
| Authorized Services (Specify) | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | |
| Other (Specify) Other (Specify) | | | | | | | | | | | |
| | | | | | | | | | | | _ |
| Total Gross Revenue | (|) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Deductions Total Gross Receipts (if Different) | ↓ (| ` | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ţ , | , | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cost of Sales | | | | | | | | | | | |
| Food and Beverage | Note: | | | | | | | | | | |
| Retail Campground | Deductions | from Gross | | | | | | | | | |
| Fuel | Receipts for fee calculat | | | | | | | | | | |
| Authorized Services (Specify) | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | |
| Other (Specify) Other (Specify) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total Cost of Sales | (|) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gross Profit | (|) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Direct Expenses | | | | | | | | | | | |
| Lodging | Note: W | /hen updating plate for a | | | | | | | | | |
| Labor | \ specific | prospectus fee | el | | | | | | | | |
| Other Departmental Expenses Total Lodging Expenses | free to a | dd lines for al direct | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Food and Beverage | expense | s if necessary | for | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Labor | operatio | anding the in and the offe | r. | | | | | | | | |
| Other Departmental Expenses | | | | | | | | | | | |
| Total Food and Beverage Expenses | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Retail Labor | | | | | | | | | | | |
| Other Departmental Expenses | | | | | | | | | | | |
| Total Retail Expenses | (|) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campground | | | | | | | | | | | |
| Labor | | | | | | | | | | | |
| Other Departmental Expenses Total Campground Expenses | (| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fuel | (| , | U | 5 | J | 0 | 0 | 0 | 0 | U | U |
| Labor | | | | | | | | | | | |
| Other Departmental Expenses | | | | | | | | | | | |
| Total Fuel Expenses | (|) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Authorized Services (Specify) | | | | | | | | | | | |

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|-----|--|--|--|--|
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| | | | | |

EBITDA Before FF

| NCOME STATEMENT FORM | | | | | | | | | | | |
|---|---------------|------|------|------|------|------|------|------|------|------|------|
| Grey Cells Are Input Cells | | | | | | | | | | | |
| Na | me of Offeror | | | | | | | | | | |
| | CONCID | | | | | | | | | | |
| Prospective Income Statement | | | | | | | | | | | |
| | | | | | | | | | | | |
| Labor | | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
| Other Departmental Expenses | | | | | | | | | | | |
| Total Authorized Services Expenses Other (Specify) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Labor | | | | | | | | | | | |
| Other Departmental Expenses | | | | | | | | | | | |
| Total Other (Specify) Expenses Other (Specify) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Labor | | | | | | | | | | | |
| Other Departmental Expenses | | | | | | | | | | | |
| Total Other (Specify) Expenses Other (Specify) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Labor Other Departmental Expenses | | | | | | | | | | | |
| Total Other (Specify) Expenses | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (Specify) Labor | | | | | | | | | | | |
| Other Departmental Expenses | | | | | | | | | | | |
| Total Other (Specify) Expenses | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Direct | | | | | | | | | | | |
| Utilities | | | | | | | | | | | |
| Repair and Maintenance Expense | | | | | | | | | | | |
| Operating Supplies | | | | | | | | | | | |
| Vehicle Expense Other Direct | | | | | | | | | | | |
| Total Other Direct | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | |
| otal Direct Expenses | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Indistributed Expenses | | | | | | | | | | | |
| Other Salaries | | | | | | | | | | | |
| Office Supplies | | | | | | | | | | | |
| Telephone Management (Overhead | | | | | | | | | | | |
| Management / Overhead Advertising | | | | | | | | | | | |
| Other Admin | | | | | | | | | | | |
| Other Undistributed | | | | | | | | | | | |
| otal Undistributed Expenses | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ixed Expenses | | | | | | | | | | | |
| Insurance Property Taxes | | | | | | | | | | | |
| Property Taxes Property Rental | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | |
| | | | | | | | | | | | |
| otal Fixed Expenses | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| otal Operating Expenses | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | |

| PROPOSAL PACKAGE FORMS | |
|------------------------|--|
| APPENDIX X | |

| CC-XXXX000-XX | | | | | PACKAGE FORM PENDIX <mark>X</mark> | IS | | | | |
|--|------|------|------|------|---------------------------------------|------|------|------|------|------|
| INCOME STATEMENT FORM | | | | | | | | | | |
| Grey Cells Are Input Cells | | | | | | | | | | |
| Name of Offeror | | | | | | | | | | |
| CONCID | | | | | | | | | | |
| Prospective Income Statement | | | | | | | | | | |
| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
| Franchise Fee | | | | | | | | | | |
| EBITDA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Interest Expense Depreciation Amortization | | | | | | | | | | |
| Net Profit Before Taxes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Income Tax | | | | | | | | | | |
| Net Income | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| <u>Notes</u>

1) Formulas included in this form are provided by the NPS as guidance only. The Offeror is responsible for its financial projections and their accuracy.

2) Yellow cells represent categories that need to be explained on the "Income Statement Assumptions" worksheet.

3) Only projected receipts and expenses related to the services "required" by the contract and those you choose to operate under "authorized" services are to be itemized and included in your prospective statements. Please clearly identify, by service type, all revenues associated with authorized services.

4) The NPS views the treatment of Repair and Maintenance Reserve (component renewal) items as leasehold improvements. It is expected that the cost will be amortized over the shorter of the useful life of the asset or the contract term.

Definitions

Gross Receipts Gross Revenues less any revenues that are exempt from franchise fee. EBITDA FF Earnings Before Interest, Taxes, Depreciation, Amortization, and Franchise Fee. Franchise Fees A percentage of gross receipts due to the National Park Service.

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PROPOSAL PACKAGE FORMS APPENDIX X

| INCOME STATEMENT ASSUMPTIONS | |
|---|----------|
| Grey Cells Are Input Cells | 1 |
| Name of Offero | r |
| CONCI | |
| | |
| Revenue | |
| See Operating Assumptions Tab | |
| | |
| | |
| | |
| | |
| Cost of Sales All Applicable Departments | Describe |
| | |
| | |
| | |
| | |
| Direct Expenses Labor | Describe |
| | |
| | |
| | |
| Utilities | Describe |
| | |
| | |
| | |
| Repair and Maintenance Expense | Describe |
| | |
| | |
| | |
| Operating Supplies | Describe |
| | |
| | |
| | |
| Vehicle Expense | Describe |
| | |
| | |
| | |
| Other Direct | Describe |
| | |
| | |
| | |
| | |

| Grey Cells Are Input Cells | |
|----------------------------|----------|
| Name of Offeror | |
| CONCID | |
| Undistributed Expenses | |
| Other Salaries | Describe |
| | |
| | |
| | |
| Office Supplies | Describe |
| | |
| | |
| | |
| Telephone | Describe |
| | |
| | |
| | |
| Management Fee / Overhead | Describe |
| | Describe |
| | |
| | |
| A du cantinin a | Describe |
| Advertising | Describe |
| | |
| | |
| | |
| Other Admin | Describe |
| | |
| | |
| | |
| Other Undistributed | Describe |
| | |
| | |
| | |
| Other | Describe |
| | |
| | |
| | |
| | |

INCOME STATEMENT ASSUMPTIONS

| Grey Cells Are Input Cells | | | | |
|----------------------------|-----------------|----------|------|--|
| Grey Cells Are Input Cells | Name of Offerer | | | |
| | Name of Offeror | | | |
| | CONCID | 0 | | |
| Fixed Expenses | | | | |
| Insurance | | Describe | | |
| | | | | |
| | | | | |
| | | | | |
| Property Taxes | | Describe | | |
| | | | | |
| | | | | |
| | | | | |
| Property Rental | | Describe | | |
| | | | | |
| | | | | |
| | | | | |
| Other | | Describe | | |
| | | | | |
| | | | | |
| | | | | |
| Other | | Describe | | |

Notes

1) In the description sections of this form, please provide an explanation of sufficient detail to allow a reviewer to fully understand how the estimates were determined.

2) If you are going to offer authorized services, please clearly identify which service(s) you will offer and use additional separate rows for each authorized service department. Labor costs should be supported by a footnote identifying Full Time Equivalents (FTE) occupied for each operating department identified.

3) Clearly describe the composition of each item classified under Undistributed and Fixed Expenses. If the expense item is allocated from or shared with a parent or related entity, please describe the allocation method. In particular, if you intend to assess a Management Fee, or other form of corporate overhead and profit, you must clearly describe what this fee is comprised of (Officer salaries, human resources, accounting, marketing, profit, etc.).

Expense Assumption Description Example

The following example does not reflect the above opportunity and is provided for the purpose of clarification only.

Direct expenses are expected to surpass historical direct expenses, as fuel and insurance prices increase. Studies by the Department of Commerce indicate that fuel prices will to rise at a rate of 10% annually over the next ten years, as opposed to the historical ten year rate of 4% annually. Additionally, insurance costs, according to a nationwide insurance broker survey, are expected to rise at 15% annually for the next 10 years, as opposed to the 10 year historical rate of 2% annually. Accordingly, direct expenses associated with the operation are forecast to increase from an annual average of 10% of Gross Revenue to an annual average of 20% of Gross Revenues over the life of the Draft Contract. CC-XXXX000-XX

| | APPENDIA A | |
|---|---|------------------------|
| OPERATING ASSUMPTIONS | | |
| Grey Cells Are Input Cells | | |
| Name of Offeror | | |
| CONCID | | |
| | | |
| | | |
| Revenue Inflation | Note: Please edit the operating assumption to meet the needs of | Additional Description |
| Expense Inflation | the specific prospectus requirements. | |
| Lodging | | |
| Number of Available Rooms | | Additional Description |
| Day Open | | |
| Available Room Nights | | |
| Occupied Room Nights | | |
| Occupancy % | | |
| Average Daily Rate Total Revenue | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | |
| | ϕ | |
| Food & Beverage | | |
| Total Covers | | Additional Description |
| Average Check | | |
| Total Revenue | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | |
| | | |
| Retail | | |
| Total Transactions | | Additional Description |
| Average Revenue Per Transaction | | |
| Total Revenue | <u>\$ - \$ - \$ - \$ - \$ - \$ - \$ - </u> | |
| Retail- Genuine Authorized Native Han | dicrafts | |
| Total Transactions | | Additional Description |
| Average Revenue Per Transaction | | |
| Total Revenue | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | |
| Recreation Vehicle Parks and Campsit | | |
| Number of Available Sites (type of site | | Additional Description |
| Day Open | , | |
| Available Site Nights | | |
| Occupied Site Nights | | |
| Occupancy % | | |
| Average Daily Rate | | |
| Total Revenue | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ | |
| | | |
| Auto Service | | |
| Number of Customers | | Additional Description |
| Average Revenue Per Customer | | |
| Total Revenue | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | |
| Marina | | |
| Number of Slips | | Additional Description |
| Months Open | | |
| Available Slip Months | | |
| Occupancy Slip Months | | |
| 1 | | |

| OPERATING ASSUMPTIONS | | | | | | | | | | | | | | | | | | |
|---|-----|------|------|----|-----|----|----|-----|----|-----|----|----|----|-----|----|-----|----|------|
| Grey Cells Are Input Cells | | | | | | | | | | | | | | | | | | |
| Name of Offero | r | | | | | | | | | | | | | | | | | |
| CONCI | D | | | | | | | | | | | | | | | | | |
| | 201 | 3 | 2014 | 20 |)15 | 20 | 16 | 201 | 17 | 201 | 18 | 20 | 19 | 202 | 20 | 202 | 21 | 2022 |
| Occupancy % Average Monthly Rate | | | | | | | | | | | | | | | | | | |
| Total Revenue | \$ | - \$ | - 6 | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ - |
| Transportation Number of Customers Average Revenue Per Customer | | | | | | | | | | | | | | | | | | |
| Total Revenue | \$ | - \$ | ; - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$- |
| Horse and Mule Number of Customers Average Revenue Per Customer | | | | | | | | | | | | | | | | | | |
| Total Revenue | \$ | - \$ | - 3 | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ - |
| Guided Tours Number of Customers Average Revenue Per Customer | | | | • | | • | | • | | • | | • | | • | | • | | • |
| Total Revenue | \$ | - \$ | - 6 | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ - |
| Other (describe) Number of Customers Average Revenue Per Customer | | | | | | | | | | | | | | | | | | |
| Total Revenue | \$ | - \$ | ; - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$- |
| Other (describe) Number of Customers Average Revenue Per Customer | | | | | | | | | | | | | | | | | | |
| Total Revenue | \$ | - \$ | - S | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ - |

<u>Notes</u>

1) Please note that revenue projections must be based on rates determined by the approval methods set forth in the draft Operating Plan.

2) The information on this form should fully explain and document your Gross Revenue build-up. State annual inflation rate assumptions, rate increase assumptions, utilization assumptions and any estimates of real growth you anticipate. If you have any additional descriptions of your assumptions, please use the "Additional Description" boxes to the right of each revenue department.

3)If you are going to offer authorized services, please clearly identify which service(s) you will offer and use additional rows to describe your revenue buildup for each authorized service.

Examples

Revenue Assumption Description Example

The following example does not reflect the above opportunity and is provided for the purpose of clarification only.

CC-XXXX000-XX

| OPERATING ASSUMPTIONS | | | | | | | | | | |
|---|--------------|---------------|--------------|--------------|-------------|---------------|--------------|---------------|--------------|------|
| Grey Cells Are Input Cells | | | | | | | | | | |
| Name of Offeror | | | | | | | | | | |
| CONCID | | | | | | | | | | |
| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
| Revenue inflation is expected increase at t historical growth as reported by the Bureat concession. Therefore, overall revenue gr | u of Labor S | Statistics. N | lo real grov | th is expect | ed to occui | r, keeping in | line with hi | storical reve | enues at the | |

2022

| CASH FLOW STATEMENT FORM | | | | | | | | | | |
|---|-----------|------|------|------|------|------|------|------|------|------|
| Grey Cells Are Input Cells | | | | | | | | | | |
| Name of O | fferor | | | | | | | | | |
| co | NCID | | | | | | | | | |
| Prospective Cash Flow Statement | NOID | | | | | | | | | |
| Operating Activities | Year Zero | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Net Income | | | | | | | | | | |
| Depreciation | | | | | | | | | | |
| Amortization | | | | | | | | | | |
| Change in working capital | | | | | | | | | | |
| Other (describe) | | | | | | | | | | |
| Net Cash Provided (Used) by Operating Activitie | es - | - | - | - | - | - | - | - | - | - |
| . , , , | | | | | | | | | | |
| Financing Activities | | | | | | | | | | |
| Dividend | | | | | | | | | | |
| Sale/Repurchase of Stock | | | | | | | | | | |
| Borrowings/ Repayment of Debt | | | | | | | | | | |
| Other (describe) | | | | | | | | | | |
| Net Cash Provided (Used) by Financing Activitie | es - | - | - | - | - | - | - | - | - | - |
| Investment Activities | | | | | | | | | | |
| Leasehold Surrender Interest | | | | | | | | | | |
| Repair and Maintenance Reserve | | | | | | | | | | |
| Personal Property Replacement | | | | | | | | | | |
| Real Property (not Within Park) | | | | | | | | | | |
| Inventory and Supplies | | | | | | | | | | |
| Start-Up Expenses | | | | | | | | | | |
| Working Capital | | | | | | | | | | |
| Other (describe) | | | | | | | | | | |
| Other (describe) | | | | | | | | | | |
| Other (describe) | | | | | | | | | | |
| | | | | | | | | | | |

Net Cash Provided (Used) by Investing Activities

Total Cash Flow

Notes Notes

1) Formulas included in this form are provided by the NPS as guidance only. The Offeror is responsible for its financial projections and their accuracy.

2) Yellow cells represent categories that need to be explained on the "Cash Flow Statement Assumptions" worksheet.

3) Investment activities should include entries for one time acquisition and disposal at the beginning and end of the Draft Contract term as well as cyclical or annual capital investments such as replacement.

4) Estimates for capital expenditures in the Cash Flow Statements made prior to or during the first year after the start of the Draft Contract should be reflective of estimates provide in the Initial Investment and Start-up Costs form.

5) Clearly delineate between personal and real property and define your rationale and assumptions for each category.

6) Since Repair and Maintenance Reserve (component renewal) activities are considered capital expenditures they should be included on the cash flow statement.

| CASH FLOW STATEMENT ASSUMPTIONS | | | | | | | |
|---|--|--|--|--|--|--|--|
| Grey Cells Are Input Cells | | | | | | | |
| Name o | of Offeror | | | | | | |
| | CONCID 0 | | | | | | |
| Prospective Cash Flow Statement | | | | | | | |
| Investment Activities | | | | | | | |
| Leasehold Surrender Interest | Describe - LSI occurring during the Draft Contract | | | | | | |
| Repair and Maintenance Reserve | Describe - Repair and Maintenance Reserve expenditures during th Draft Contract | | | | | | |
| Personal Property Replacement | Describe - Personal property replacement during the Draft Contract | | | | | | |
| Other (describe) | Describe | | | | | | |
| Notes | | | | | | | |
| | vide an explanation of sufficient detail to allow a reviewer | | | | | | |
| to fully understand how the estimates were determ | | | | | | | |

| RECAPTURE OF INVESTMENT FORM | | | | | | |
|---|--|--------------------|--|--|--|--|
| Grey Cells Are Input Cells | | | | | | |
| Name of Offeror | | | | | | |
| CONCID | | | | | | |
| | | | | | | |
| Assets and Other | | | | | | |
| | | | | | | |
| | | | | | | |
| | Leasehold Surrender Interest Value | \$ | | | | |
| | Real Property (not within the Park) Personal Property | ⊅ \$ | | | | |
| | Inventory and Supplies | ↓ \$ | | | | |
| | Working Capital | \$ | | | | |
| | Other (describe) | \$ | | | | |
| | Other (describe) | \$ | | | | |
| | Other (describe) | \$ | | | | |
| Total of Recaptue of Investments at the | End of the Contract Term | Total \$ 0 | | | | |

Notes Notes

1) The value of ending LSI is only a best guess estimate neither offeror nor the NPS is bound by the number presented above.

2) Reference the Draft Contract and exhibits for guidance on Leasehold Surrender Interest and Personal Property.

3) Formulas included in this form are provided by the NPS as guidance only. The Offeror is responsible for its financial projections and their accuracy.

4) Yellow cells represent categories that need to be explained on the "Recapture of Investment Assumptions" worksheet.

5) All Offerors must include their estimate of the ending value of all property and other assets at the end of the Draft Contract.

6) Recapture amounts entered into this form should not be included in the proforma income statement.

7) Recapture amounts entered in this form should be included in the cash flow proforma as capital recapture in the final year of the Draft Contract.

CC-XXXX000-XX

PROPOSAL PACKAGE FORMS APPENDIX X

| RECAPTURE OF INVEST | MENT ASSUMPTIONS | |
|--|---|---|
| Grey Cells Are Input Cells | I | |
| Name of Offeror | | |
| CONCID | | |
| | | |
| Assets and Other Please describe the method us Contract. | ed to determine the values of the plann | ned recoup of investments at the end of the Draft |
| Leaseho | ld Surrender Interest Value Describe | |
| Real Pr | operty (not within the Park) Describe | |
| | Personal Property Describe | |
| | Inventory and Supplies Describe | |
| | Working Capital Describe | |
| | Other (describe) Describe | |
| | Other (describe) Describe | |
| | Other (describe) Describe | |
| | | |

Notes In the description sections of this form, please provide an explanation of sufficient detail to allow a reviewer to fully understand how the estimates were determined.