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.

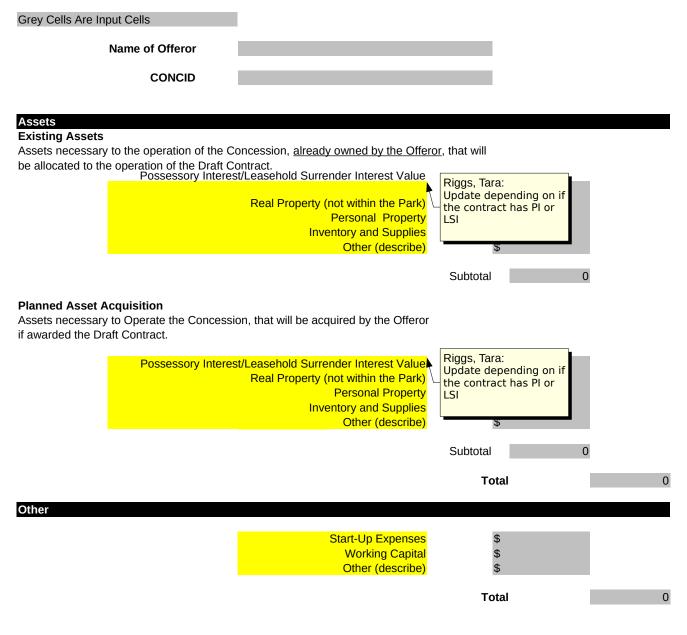
3) Describe any pending litigation or administrative proceeding (other than those covered adequately by insurance) which if adversely resolved could materially impact the financial position of the Offeror.

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)											

CC-				

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.

CC-		

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.