

**EXHIBIT C**

**PROJECT VERIFICATION REPORT –  
RECOVERY ZONE BONDS**

April 30, 2010

**[Due no later than March 31, 2010]**

VIA HAND-DELIVERY OR U.S. MAIL ADDRESSED AS FOLLOWS:

ATTENTION: LINDA P. SWANN, CEcD, ASSISTANT DIRECTOR  
Alabama Development Office  
401 Adams Avenue; Suite 670  
Montgomery, AL 36104

A. GENERAL INFORMATION

1. Locality: \_\_\_\_\_
2. Issuing Entity: \_\_\_\_\_
3. Name of Project or Purpose: \_\_\_\_\_
4. Type of Bonds:
  - a. Recovery Zone Economic Development Bonds: \_\_\_\_\_
  - b. Recovery Zone Facility Bonds: \_\_\_\_\_
5. Bond allocation reserved: \$ \_\_\_\_\_
6. Waived allocation(s) and type(s): \$ \_\_\_\_\_

B. PROJECT INFORMATION

1. General Description of the Project or Purpose, as applicable:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. Location of Project or Purpose (City, County, or Town): \_\_\_\_\_
3. Name, address, telephone number, and Tax ID number of each proposed issuer, borrower, and developer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Name, address, and telephone number of Bond Counsel: \_\_\_\_\_  
\_\_\_\_\_

**C. ATTACHMENTS – THIS PROJECT VERIFICATION REPORT IS NOT COMPLETE UNLESS ALL ATTACHMENTS ARE INCLUDED HEREWITH. ALL DOCUMENTATION MUST BE CURRENT.**

1. Inducement Resolution, Reimbursement Resolution, or other documentation of the preliminary approval of the project by the issuing entity, in conformity with applicable federal and state law.
2. Recovery Zone designation
3. Appropriate elected official's or governing body's (or bodies') formal approval of the project or purpose, as applicable, in conformity with applicable federal and state law.
4. Written opinion of Bond Counsel that the project is eligible to utilize Recovery Zone Bonds pursuant to the Internal Revenue Code of 1986.
5. A commitment letter from a purchaser or underwriter of the bonds for the project, or other evidence of ability to sell the subject bonds before June 30, 2010<sup>1</sup>.

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On behalf of the [Issuer/Locality], the undersigned duly authorized official<sup>2</sup> of such hereby certifies on its behalf that such person has read the letter from the Acting Director of Finance dated January 25, 2010, is familiar with the matters therein, and is authorized by the [Issuer/Locality] to make this filing and to discuss the matters herein.

By: \_\_\_\_\_  
Signature of Authorized Official

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Locality Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Authorized Official:  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_, 2010

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<sup>1</sup>Must be reasonably acceptable to the Acting Director of Finance.

<sup>2</sup>Unauthorized official shall mean the Chief Executive Officer or, if not available, the highest elected official..