

**Governance Information (Authority-Related)**

| Question   | Response | URL (if applicable) |
|--|----------|---------------------|
| 1. Has the Authority prepared its annual report on operations and accomplishments for the reporting period as required by section 2800 of PAL? | Yes      | www.cohoesldc.org   |
| 2. As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls?               | Yes      | www.cohoesldc.org   |
| 3. Has the lead audit partner for the independent audit firm changed in the last five years in accordance with section 2802(4) of PAL?         | Yes      | N/A                 |
| 4. Does the independent auditor provide non-audit services to the Authority?   | Yes      | N/A                 |
| 5. Does the Authority have an organization chart?  | Yes      | www.cohoesldc.org   |
| 6. Are any Authority staff also employed by another government agency?   | Yes      | City of Cohoes      |
| 7. Has the Authority posted their mission statement to their website?  | Yes      | www.cohoesldc.org   |
| 8. Has the Authority's mission statement been revised and adopted during the reporting period?   | No       | N/A                 |
| 9. Attach the Authority's measurement report, as required by section 2824-a of PAL and provide the URL.  |          | www.cohoesldc.org   |

**Governance Information (Board-Related)**

| Question  | Response | URL  |
|---|----------|--|
| 1. Has the Board established a Governance Committee in accordance with Section 2824(7) of PAL?  | Yes      | N/A  |
| 2. Has the Board established an Audit Committee in accordance with Section 2824(4) of PAL?  | Yes      | N/A  |
| 3. Has the Board established Finance Committee in accordance with Section 2824(8) of PAL?   | Yes      | N/A  |
| 4. Provide a URL link where a list of Board committees can be found (including the name of the committee and the date established):                 |          | <a href="http://www.cohoesldc.org">www.cohoesldc.org</a> |
| 5. Does the majority of the Board meet the independence requirements of Section 2825(2) of PAL?   | Yes      | N/A  |
| 6. Provide a URL link to the minutes of the Board and committee meetings held during the covered fiscal year  |          | <a href="http://www.cohoesldc.org">www.cohoesldc.org</a> |
| 7. Has the Board adopted bylaws and made them available to Board members and staff?   | Yes      | <a href="http://www.cohoesldc.org">www.cohoesldc.org</a> |
| 8. Has the Board adopted a code of ethics for Board members and staff?  | Yes      | <a href="http://www.cohoesldc.org">www.cohoesldc.org</a> |
| 9. Does the Board review and monitor the Authority's implementation of financial and management controls?   | Yes      | N/A  |
| 10. Does the Board execute direct oversight of the CEO and management in accordance with Section 2824(1) of PAL?                                    | Yes      | N/A  |
| 11. Has the Board adopted policies for the following in accordance with Section 2824(1) of PAL?   |          |  |
| Salary and Compensation   | Yes      | N/A  |
| Time and Attendance   | Yes      | N/A  |
| Whistleblower Protection  | Yes      | N/A  |
| Defense and Indemnification of Board Members  | Yes      | N/A  |
| 12. Has the Board adopted a policy prohibiting the extension of credit to Board members and staff in accordance with Section 2824(5) of PAL?        | Yes      | N/A  |
| 13. Are the Authority's Board members, officers, and staff required to submit financial disclosure forms in accordance with Section 2825(3) of PAL? | No       | N/A  |
| 14. Was a performance evaluation of the board completed?  | Yes      | N/A  |
| 15. Was compensation paid by the Authority made in accordance with employee or union contracts?   | Yes      | N/A  |
| 16. Has the board adopted a conditional/additional compensation policy governing all employees?   | Yes      | <a href="http://www.cohoesldc.org">www.cohoesldc.org</a> |
|   |          |  |

**Board of Directors Listing**

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| Name  | Hildreth, Barbara     | Name  | Nolin, Dianne         |
| Chair of Board  | Yes                   | Chair of Board  | No                    |
| If yes, Chair designated By.  | Elected by Board      | If yes, Chair designated By.  |                       |
| Term Start Date   | 12/01/2009            | Term Start Date   | 01/01/2012            |
| Term Expiration Date  | Pleasure of Authority | Term Expiration Date  | Pleasure of Authority |
| Title   |                       | Title   |                       |
| Has the Board member appointed a designee?  |                       | Has the Board member appointed a designee?  |                       |
| Designee Name   |                       | Designee Name   |                       |
| Ex-officio  | No                    | Ex-officio  | No                    |
| Nominated By  | Local                 | Nominated By  | Local                 |
| Appointed By  | Local                 | Appointed By  | Local                 |
| Confirmed by Senate?  |                       | Confirmed by Senate?  |                       |
| Has the Board member/designee signed the acknowledgement of fiduciary duty?                     | Yes                   | Has the Board member/designee signed the acknowledgement of fiduciary duty?                     | Yes                   |
| Complied with training requirement of Section 2824?   | Yes                   | Complied with training requirement of Section 2824?   | Yes                   |
| Does the Board member/designee also hold an elected or appointed State gove                     | No                    | Does the Board member/designee also hold an elected or appointed State gove                     | No                    |
| Does the Board member/designee also hold an elected or appointed municipal government position? | No                    | Does the Board member/designee also hold an elected or appointed municipal government position? | Yes                   |

**Board of Directors Listing**

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| Name  | Perry, Mark           | Name  | Mante, Laurie         |
| Chair of Board  | No                    | Chair of Board  | No                    |
| If yes, Chair designated By.  |                       | If yes, Chair designated By.  |                       |
| Term Start Date   | 12/01/2009            | Term Start Date   | 12/01/2009            |
| Term Expiration Date  | Pleasure of Authority | Term Expiration Date  | Pleasure of Authority |
| Title   |                       | Title   |                       |
| Has the Board member appointed a designee?  |                       | Has the Board member appointed a designee?  |                       |
| Designee Name   |                       | Designee Name   |                       |
| Ex-officio  | No                    | Ex-officio  | No                    |
| Nominated By  | Local                 | Nominated By  | Local                 |
| Appointed By  | Local                 | Appointed By  | Local                 |
| Confirmed by Senate?  |                       | Confirmed by Senate?  |                       |
| Has the Board member/designee signed the acknowledgement of fiduciary duty?                     | Yes                   | Has the Board member/designee signed the acknowledgement of fiduciary duty?                     | Yes                   |
| Complied with training requirement of Section 2824?   | Yes                   | Complied with training requirement of Section 2824?   | Yes                   |
| Does the Board member/designee also hold an elected or appointed State gove                     | No                    | Does the Board member/designee also hold an elected or appointed State gove                     | No                    |
| Does the Board member/designee also hold an elected or appointed municipal government position? | No                    | Does the Board member/designee also hold an elected or appointed municipal government position? | No                    |

**Board of Directors Listing**

|   |                       |
|---|-----------------------|
| Name  | Pascale, Ralph        |
| Chair of Board  | No                    |
| If yes, Chair designated By.  |                       |
| Term Start Date   | 01/01/2013            |
| Term Expiration Date  | Pleasure of Authority |
| Title   |                       |
| Has the Board member appointed a designee?  |                       |
| Designee Name   |                       |
| Ex-officio  | No                    |
| Nominated By  | Local                 |
| Appointed By  | Local                 |
| Confirmed by Senate?  |                       |
| Has the Board member/designee signed the acknowledgement of fiduciary duty?                     | Yes                   |
| Complied with training requirement of Section 2824?   | Yes                   |
| Does the Board member/designee also hold an elected or appointed State gove                     | No                    |
| Does the Board member/designee also hold an elected or appointed municipal government position? | No                    |

**Staff Listing**

| Name               | Title              | Group                       | Department / Subsidiary | Union Name | Bargaining Unit | Full Time/ Part Time | Exempt | Base Annualized Salary | Actual salary paid to the Individual | Over time paid by Authority | Performance Bonus | Extra Pay | Other Compensation/Allowances/Adjustments | Total Compensation | Individual also paid by another entity to perform the work of the Authority | If yes, Is the payment made by a State or local government |
|--------------------|--------------------|-----------------------------|-------------------------|------------|-----------------|----------------------|--------|------------------------|--------------------------------------|-----------------------------|-------------------|-----------|---|--------------------|---|--|
| Durocher, Michael  | CFO                | Executive                   |                         |            |                 | PT                   | Yes    | 0.00                   | 0                                    | 0                           | 0                 | 0         | 0   | 0                  | No  |  |
| Gratton, Philomena | Clerk              | Administrative and Clerical |                         |            |                 | PT                   | No     | 8,400.00               | 8,400                                | 0                           | 0                 | 0         | 0   | 8,400              | No  |  |
| Tremblay, Edward   | Executive Director | Executive                   |                         |            |                 | PT                   | Yes    | 0.00                   | 0                                    | 0                           | 0                 | 0         | 0   | 0                  | No  |  |

**Benefit Information**

During the fiscal year, did the Authority continue to pay for any of the above mentioned benefits for

No

**Board Members**

| Name              | Title              | Severance Package | Payment for Unused Leave | Club Member-ships | Use of Corporate Credit Cards | Personal Loans | Auto | Transportation | Housing Allow-ance | Spousal / Dependent Life Insurance | Tuition Assist-ance | Multi-Year Employ-ment | None of These Benefits | Other |
|-------------------|--------------------|-------------------|--------------------------|-------------------|-------------------------------|----------------|------|----------------|--------------------|------------------------------------|---------------------|------------------------|------------------------|-------|
| Pascale, Ralph    | Board of Directors |                   |                          |                   |                               |                |      |                |                    |                                    |                     |                        | X                      |       |
| Hildreth, Barbara | Board of Directors |                   |                          |                   |                               |                |      |                |                    |                                    |                     |                        | X                      |       |
| Mante, Laurie     | Board of Directors |                   |                          |                   |                               |                |      |                |                    |                                    |                     |                        | X                      |       |
| Perry, Mark       | Board of Directors |                   |                          |                   |                               |                |      |                |                    |                                    |                     |                        | X                      |       |
| Nolin, Dianne     | Board of Directors |                   |                          |                   |                               |                |      |                |                    |                                    |                     |                        | X                      |       |

**Staff**

| Name  | Title | Severance Package | Payment for Unused Leave | Club Member-ships | Use of Corporate Credit Cards | Personal Loans | Auto | Transportation | Housing Allow-ance | Spousal / Dependent Life Insurance | Tuition Assist-ance | Multi-Year Employ-ment | None of These Benefits | Other |
|---|-------|-------------------|--------------------------|-------------------|-------------------------------|----------------|------|----------------|--------------------|------------------------------------|---------------------|------------------------|------------------------|-------|
| No Data has been entered by the Authority for this section in PARIS |       |                   |                          |                   |                               |                |      |                |                    |                                    |                     |                        |                        |       |

**Subsidiary/Component Unit Verification**

Is the list of subsidiaries, as assembled by the Office of the State Comptroller, correct? Yes  
 Are there other subsidiaries or component units of the Authority that are active, not included in the PARIS reports submitted by this Aut No

| Name of Subsidiary/Component Unit | Status | Requested Changes |
|-----------------------------------|--------|-------------------|
|-----------------------------------|--------|-------------------|

**Subsidiary/Component Unit Creation**

| Name of Subsidiary/Component Unit | Establishment Date | Entity Purpose |
|-----------------------------------|--------------------|----------------|
|-----------------------------------|--------------------|----------------|

**Subsidiary/Component Unit Termination**

| Name of Subsidiary/Component Unit | Termination Date | Termination Reason | Proof of Termination |
|-----------------------------------|------------------|--------------------|----------------------|
|-----------------------------------|------------------|--------------------|----------------------|

No Data has been entered by the Authority for this section in PARIS

Summary Financial Information

## SUMMARY STATEMENT OF NET ASSETS

| <u>Assets</u>                          |                  |
|--|------------------|
| <b>Current Assets</b>                  |                  |
| Cash and cash equivalents              | \$218,144        |
| Investments                            | \$0              |
| Receivables, net                       | \$388,082        |
| Other assets                           | \$0              |
| <b>Total Current Assets</b>            | <b>\$606,226</b> |
| <b>Noncurrent Assets</b>               |                  |
| Restricted cash and investments        | \$0              |
| Long-term receivables, net             | \$0              |
| Other assets                           | \$0              |
| <b>Capital Assets</b>                  |                  |
| Land and other nondepreciable property | \$25,000         |
| Buildings and equipment                | \$0              |
| Infrastructure                         | \$0              |
| Accumulated depreciation               | \$0              |
| Net Capital Assets                     | \$25,000         |
| <b>Total Noncurrent Assets</b>         | <b>\$25,000</b>  |
| <b>Total Assets</b>                    | <b>\$631,226</b> |

Summary Financial Information

## SUMMARY STATEMENT OF NET ASSETS

Liabilities

## Current Liabilities

|   |                 |
|---|-----------------|
| Accounts payable                                | \$4,142         |
| Pension contribution payable                    | \$0             |
| Other post-employment benefits                  | \$0             |
| Accrued liabilities                             | \$0             |
| Deferred revenues                               | \$14,654        |
| Bonds and notes payable                         | \$0             |
| Other long-term obligations due within one year | \$0             |
| <b>Total Current Liabilities</b>                | <b>\$18,796</b> |

## Noncurrent Liabilities

|                                     |            |
|-------------------------------------|------------|
| Pension contribution payable        | \$0        |
| Other post-employment benefits      | \$0        |
| Bonds and notes payable             | \$0        |
| Long Term Leases                    | \$0        |
| Other long-term obligations         | \$0        |
| <b>Total Noncurrent Liabilities</b> | <b>\$0</b> |

**Total Liabilities** **\$18,796**

Net Asset (Deficit)

## Net Asset

|   |                  |
|---|------------------|
| Invested in capital assets, net of related debt | \$0              |
| Restricted                                      | \$0              |
| Unrestricted                                    | \$612,430        |
| <b>Total Net Assets</b>                         | <b>\$612,430</b> |

Summary Financial InformationSUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETSOperating Revenues

|                                |                 |
|--------------------------------|-----------------|
| Charges for services           | \$0             |
| Rental & financing income      | \$0             |
| Other operating revenues       | \$13,786        |
| <b>Total Operating Revenue</b> | <b>\$13,786</b> |

Operating Expenses

|                                 |                 |
|---------------------------------|-----------------|
| Salaries and wages              | \$7,989         |
| Other employee benefits         | \$3,055         |
| Professional services contracts | \$19,332        |
| Supplies and materials          | \$0             |
| Depreciation & amortization     | \$0             |
| Other operating expenses        | \$16,319        |
| <b>Total Operating Expenses</b> | <b>\$46,695</b> |

Operating Income (Loss) **(\$32,909)**

Nonoperating Revenues

|                                   |                 |
|-----------------------------------|-----------------|
| Investment earnings               | \$15,721        |
| State subsidies/grants            | \$0             |
| Federal subsidies/grants          | \$0             |
| Municipal subsidies/grants        | \$55,000        |
| Public authority subsidies        | \$0             |
| Other nonoperating revenues       | \$0             |
| <b>Total Nonoperating Revenue</b> | <b>\$70,721</b> |

Summary Financial InformationSUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETSNonoperating Expenses

|   |                   |
|---|-------------------|
| Interest and other financing charges      | \$0               |
| Subsidies to other public authorities     | \$0               |
| Grants and donations                      | \$62,633          |
| Other nonoperating expenses               | \$30,493          |
| <b>Total Nonoperating Expenses</b>        | <b>\$93,126</b>   |
| <b>Income (Loss) Before Contributions</b> | <b>(\$55,314)</b> |
| Capital Contributions                     | \$0               |
| Change in net assets                      | (\$55,314)        |
| Net assets (deficit) beginning of year    | \$667,744         |
| Other net assets changes                  | \$0               |
| Net assets (deficit) at end of year       | \$612,430         |

**Current Debt**

| Question  | Response |
|---|----------|
| 1. Did the Authority have any outstanding debt, including conduit debt, at any point during the reporting period? | No       |
| 2. If yes, has the Authority issued any debt during the reporting period?   |          |

**New Debt Issuances List by Type of Debt and Program**

No Data has been entered by the Authority for this section in PARIS

**Schedule of Authority Debt**

| Type of Debt                             | Statutory Authorization (\$) | Outstanding Start of Fiscal Year (\$) | New Debt Issuances (\$) | Debt Retired (\$) | Outstanding End of Fiscal Year (\$) |
|--|------------------------------|---------------------------------------|-------------------------|-------------------|-------------------------------------|
| <b>State Obligation</b>                  |                              |                                       |                         |                   |                                     |
| State Guaranteed                         |                              |                                       |                         |                   |                                     |
| State Supported                          |                              |                                       |                         |                   |                                     |
| State Contingent Obligation              |                              |                                       |                         |                   |                                     |
| State Moral Obligation                   |                              |                                       |                         |                   |                                     |
| Other State Funded                       |                              |                                       |                         |                   |                                     |
| <b>Authority Obligation</b>              |                              |                                       |                         |                   |                                     |
| General Obligation                       |                              |                                       |                         |                   |                                     |
| Revenue                                  |                              |                                       |                         |                   |                                     |
| Other Non-State Funded                   |                              |                                       |                         |                   |                                     |
| <b>Conduit</b>                           |                              |                                       |                         |                   |                                     |
| Conduit Debt                             |                              |                                       |                         |                   |                                     |
| Conduit Debt - Pilot Increment Financing |                              |                                       |                         |                   |                                     |

Real Property Acquisition/Disposal List

This Authority has indicated that it had no real property acquisitions or disposals during the reporting period.

Personal Property

This Authority has indicated that it had no personal property disposals during the reporting period.

**Property Documents**

| Question   | Response | URL (if applicable)                                      |
|--|----------|--|
| 1. In accordance with Section 2896(3) of PAL, the Authority is required to prepare a report at least annually of all real property of the Authority. Has this report been prepared?          | Yes      | <a href="http://www.cohoesldc.org">www.cohoesldc.org</a> |
| 2. Has the Authority prepared policies, procedures, or guidelines regarding the use, awarding, monitoring, and reporting of contracts for the acquisition and disposal of property?          | Yes      | <a href="http://www.cohoesldc.org">www.cohoesldc.org</a> |
| 3. In accordance with Section 2896(1) of PAL, has the Authority named a contracting officer who shall be responsible for the Authority's compliance with and enforcement of such guidelines? | Yes      |  |

Grant Information

1. Source of Grant Funds: Federal  
Name of Grant Recipient: Aaron & Andrea Gootz  
Address Line1: 124 Masten Avenue  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 06/18/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

2. Source of Grant Funds: Federal  
Name of Grant Recipient: Aneela Alam  
Address Line1: 148 Main Street  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 06/18/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

Grant Information

3. Source of Grant Funds: Federal  
Name of Grant Recipient: Bonnie Oddy  
Address Line1: 251 Remsen Street  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 08/07/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

4. Source of Grant Funds: Federal  
Name of Grant Recipient: Jacqueline Judd  
Address Line1: 29 Rose Court  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 05/29/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

Grant Information

5. Source of Grant Funds: Federal  
Name of Grant Recipient: Josh Brown  
Address Line1: 118 No Third Street  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 11/22/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

6. Source of Grant Funds: Federal  
Name of Grant Recipient: Kirstin Lipka  
Address Line1: 25 Rose Court  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 08/07/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

Grant Information

7. Source of Grant Funds: Federal  
Name of Grant Recipient: Leah Beeble  
Address Line1: 8 Diane Court  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 05/15/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

8. Source of Grant Funds: Federal  
Name of Grant Recipient: Robert Routes  
Address Line1: 10 Wilson Ln  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 12/13/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

Grant Information

9. Source of Grant Funds: Federal  
Name of Grant Recipient: Sheryl Place  
Address Line1: 110 Congress Street  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 07/25/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

10. Source of Grant Funds: Federal  
Name of Grant Recipient: Susan Bryant  
Address Line1: 16 First Street  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 06/27/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

Grant Information

11. Source of Grant Funds: Federal  
Name of Grant Recipient: Wendy Furbeck  
Address Line1: 243 Remsen Street  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Amount of Grant Award Provided  
During Reporting Year: \$4,920  
Date Grant Awarded: 05/13/2013  
Purpose of Grant: Residential Property  
Construction/Acquisition/Rehabilitation/Im  
provement  
Was the grant expected to result  
in new jobs being created? No  
If yes, how many jobs were planned  
to be created?  
If yes, how many jobs have been  
created to date?

**Loan Information**

1. Source of Loan Funds: Federal  
 Name of Loan Recipient: Allard & Matullis  
 Address Line1: The Foundry  
 Address Line2: 119 Remsen Street  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$34,069.83  
 Date Loan Awarded: 08/14/2012  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$7,993.32  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 2  
 If yes, how many jobs have been  
 created to date? 2  
 Have the terms of the loan been  
 completed? No

2. Source of Loan Funds: Federal  
 Name of Loan Recipient: Arnold Mendoza  
 Address Line1: 100 North Mohawk Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$25,000  
 Date Loan Awarded: 10/31/2012  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$2,453.51  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? No

Loan Information

3. Source of Loan Funds: Federal  
 Name of Loan Recipient: Bob Gallagher  
 Address Line1: 18 White Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$50,000  
 Date Loan Awarded: 03/02/2007  
 Interest Rate(%): 7.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$33,787.70  
 Purpose of Loan: Commercial Property  
 Construction/Acquisition/Revitalization/I  
 mprovement  
 Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 3  
 If yes, how many jobs have been  
 created to date? 3  
 Have the terms of the loan been  
 completed? No

4. Source of Loan Funds: Federal  
 Name of Loan Recipient: Bob Gallagher (R & B Proerties)  
 Address Line1: 130 Remsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$30,000  
 Date Loan Awarded: 01/01/2010  
 Interest Rate(%): 6.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$30,000.00  
 Purpose of Loan: Commercial Property  
 Construction/Acquisition/Revitalization/I  
 mprovement  
 Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 10  
 If yes, how many jobs have been  
 created to date? 4  
 Have the terms of the loan been  
 completed? Yes

**Loan Information**

5. Source of Loan Funds: Federal  
 Name of Loan Recipient: BobGallagher (R & B Properties)  
 Address Line1: 18 White Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$40,300  
 Date Loan Awarded: 06/05/2005  
 Interest Rate(%): 7.5  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$27,636.70  
 Purpose of Loan: Commercial Property  
 Construction/Acquisition/Revitalization/I  
 mprovement  
 Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 5  
 If yes, how many jobs have been  
 created to date? 2  
 Have the terms of the loan been  
 completed? No

6. Source of Loan Funds: Federal  
 Name of Loan Recipient: CR Productions  
 Address Line1: 58 Remsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$90,000  
 Date Loan Awarded: 03/14/2006  
 Interest Rate(%): 0  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$17,500.00  
 Purpose of Loan: Business Expansion/Startup  
 Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 5  
 If yes, how many jobs have been  
 created to date? 5  
 Have the terms of the loan been  
 completed? No

Loan Information

7. Source of Loan Funds: Federal  
Name of Loan Recipient: Christopher Feml Enterprises  
Address Line1: 2403 Harmony Mills Lofts  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Original Amount of Loan: \$15,000  
Date Loan Awarded: 08/05/2011  
Interest Rate(%): 2.25  
Length of Loan(# of years  
to repay): 10  
Amount of Loan Prinicipal Repaid  
to Date: \$5,070.83  
Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
in new jobs being created? Yes  
If yes, how many jobs were planned  
to be created? 2  
If yes, how many jobs have been  
created to date? 2  
Have the terms of the loan been  
completed? No

8. Source of Loan Funds: Federal  
Name of Loan Recipient: David & Daniel Jarosz  
Address Line1: 148 Columbia Street  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Original Amount of Loan: \$35,000  
Date Loan Awarded: 05/28/2010  
Interest Rate(%): 2.25  
Length of Loan(# of years  
to repay): 10  
Amount of Loan Prinicipal Repaid  
to Date: \$11,647.63  
Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
in new jobs being created? Yes  
If yes, how many jobs were planned  
to be created? 1  
If yes, how many jobs have been  
created to date? 2  
Have the terms of the loan been  
completed? No

**Loan Information**

9. Source of Loan Funds: Federal  
 Name of Loan Recipient: Dennis Holtzman Antiques  
 Address Line1: 111 Remsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$25,000  
 Date Loan Awarded: 04/15/2013  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$1,443.57  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 2  
 If yes, how many jobs have been  
 created to date? 2  
 Have the terms of the loan been  
 completed? No

10. Source of Loan Funds: Federal  
 Name of Loan Recipient: Dennis Holzman Antiques  
 Address Line1: 111 Remsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$15,000  
 Date Loan Awarded: 08/16/2012  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$15,000.00  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? Yes

Loan Information

11. Source of Loan Funds: Federal  
 Name of Loan Recipient: Diane Conroy-LaCivita  
 Address Line1: 188-190 Remsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$25,000  
 Date Loan Awarded: 10/01/2007  
 Interest Rate(%): 7.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$11,747.88  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? No  
 If yes, how many jobs were planned  
 to be created?  
 If yes, how many jobs have been  
 created to date?  
 Have the terms of the loan been  
 completed? No

12. Source of Loan Funds: Federal  
 Name of Loan Recipient: Diane Conroy-LaCivita  
 Address Line1: 188-190 Remsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$50,000  
 Date Loan Awarded: 03/02/2007  
 Interest Rate(%): 7.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$26,542.92  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 2  
 If yes, how many jobs have been  
 created to date? 2  
 Have the terms of the loan been  
 completed? No

**Loan Information**

13. Source of Loan Funds: Federal  
 Name of Loan Recipient: Diane Conroy-Lacivita  
 Address Line1: 188-190 Remsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$10,500  
 Date Loan Awarded: 10/31/2010  
 Interest Rate(%): 0  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$6,475.00  
 Purpose of Loan: Residential Property  
 Construction/Acquisition/Rehabilitation/I  
 mprovement  
 Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? No

14. Source of Loan Funds: Federal  
 Name of Loan Recipient: East Ridge Associates  
 Address Line1: 103 Remsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$60,000  
 Date Loan Awarded: 08/08/2012  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$1,790.32  
 Purpose of Loan: Commercial Property  
 Construction/Acquisition/Revitalization/I  
 mprovement  
 Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? No

Loan Information

15. Source of Loan Funds: Federal  
Name of Loan Recipient: Focus Master  
Address Line1: 31 Ontario Street  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Original Amount of Loan: \$25,000  
Date Loan Awarded: 07/30/2008  
Interest Rate(%): 4  
Length of Loan(# of years  
to repay): 10  
Amount of Loan Principal Repaid  
to Date: \$12,625.29  
Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
in new jobs being created? Yes  
If yes, how many jobs were planned  
to be created? 1  
If yes, how many jobs have been  
created to date? 1  
Have the terms of the loan been  
completed? No

16. Source of Loan Funds: Federal  
Name of Loan Recipient: James Trudeau  
Address Line1: 1 Pine Street  
Address Line2:  
City: COHOES  
State: NY  
Zip - Plus4: 12047  
Province/Region:  
Country: USA  
Original Amount of Loan: \$30,000  
Date Loan Awarded: 04/15/2013  
Interest Rate(%): 2.25  
Length of Loan(# of years  
to repay): 10  
Amount of Loan Principal Repaid  
to Date: \$1,796.63  
Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
in new jobs being created? Yes  
If yes, how many jobs were planned  
to be created? 2  
If yes, how many jobs have been  
created to date? 2  
Have the terms of the loan been  
completed? No

Loan Information

17. Source of Loan Funds: Federal  
 Name of Loan Recipient: James Trudell (Applied Lable)  
 Address Line1: 1 Pine Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$15,000  
 Date Loan Awarded: 01/31/2004  
 Interest Rate(%): 6  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Prinicipal Repaid  
 to Date: \$15,000.00  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? Yes

18. Source of Loan Funds: Federal  
 Name of Loan Recipient: John Turner  
 Address Line1: dba Three Brothers Tavern, Inc.  
 Address Line2: 25 White Street  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$15,000  
 Date Loan Awarded: 07/18/2013  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Prinicipal Repaid  
 to Date: \$447.58  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 2  
 If yes, how many jobs have been  
 created to date? 2  
 Have the terms of the loan been  
 completed? No

**Loan Information**

19. Source of Loan Funds: Federal  
 Name of Loan Recipient: Joyce Gebele  
 Address Line1: 2 Lee Lane  
 Address Line2:  
 City: LAGRANGEVILLE  
 State: NY  
 Zip - Plus4: 12540  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$58,926.74  
 Date Loan Awarded: 11/01/2011  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$12,589.34  
 Purpose of Loan: Commercial Property  
 Construction/Acquisition/Revitalization/I  
 mprovement  
 Was the Loan expected to result  
 in new jobs being created? No  
 If yes, how many jobs were planned  
 to be created?  
 If yes, how many jobs have been  
 created to date?  
 Have the terms of the loan been  
 completed? No

20. Source of Loan Funds: Federal  
 Name of Loan Recipient: Julie DeFruscio (Girly Girl)  
 Address Line1: 104 Bridge Ave  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$20,000  
 Date Loan Awarded: 01/16/2009  
 Interest Rate(%): 3  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$9,115.11  
 Purpose of Loan: Business Expansion/Startup  
 Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? No

**Loan Information**

21. Source of Loan Funds: Federal  
 Name of Loan Recipient: K & J Holdings, LLC.  
 Address Line1: 952 River Road  
 Address Line2:  
 City: SELKIRK  
 State: NY  
 Zip - Plus4: 12158  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$25,000  
 Date Loan Awarded: 05/31/2011  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$5,733.45  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? No

22. Source of Loan Funds: Federal  
 Name of Loan Recipient: Larry Gaylord  
 Address Line1: 129-137 Remsen  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$50,000  
 Date Loan Awarded: 06/30/2009  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$21,124.92  
 Purpose of Loan: Residential Property  
 Construction/Acquisition/Rehabilitation/I  
 mprovement

Was the Loan expected to result  
 in new jobs being created? No  
 If yes, how many jobs were planned  
 to be created?  
 If yes, how many jobs have been  
 created to date?  
 Have the terms of the loan been  
 completed? No

**Loan Information**

23. Source of Loan Funds: Federal  
 Name of Loan Recipient: Lori and Dave Frazier (Pig Pit)  
 Address Line1: 1 Niver Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$40,000  
 Date Loan Awarded: 11/01/2008  
 Interest Rate(%): 3  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$1.00  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? No

24. Source of Loan Funds: Federal  
 Name of Loan Recipient: Lynn Allard  
 Address Line1: 119 Remsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$25,000  
 Date Loan Awarded: 01/10/2011  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$0.00  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? No  
 If yes, how many jobs were planned  
 to be created?  
 If yes, how many jobs have been  
 created to date?  
 Have the terms of the loan been  
 completed? No

**Loan Information**

25. Source of Loan Funds: Federal  
 Name of Loan Recipient: Mark Collaza (Cohoes Carpet)  
 Address Line1: 169 Remsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$30,000  
 Date Loan Awarded: 03/12/2009  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$13,417.12  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? No

26. Source of Loan Funds: Federal  
 Name of Loan Recipient: Monique Balint  
 Address Line1: 100 REmsen Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$13,000  
 Date Loan Awarded: 09/05/2008  
 Interest Rate(%): 4  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$2,634.15  
 Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? No

Loan Information

27. Source of Loan Funds: Federal  
 Name of Loan Recipient: Planet Development  
 Address Line1: 18 White Street  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$50,000  
 Date Loan Awarded: 01/24/2012  
 Interest Rate(%): 2.25  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$8,345.73  
 Purpose of Loan: Commercial Property  
 Construction/Acquisition/Revitalization/I  
 mprovement  
 Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 2  
 If yes, how many jobs have been  
 created to date? 2  
 Have the terms of the loan been  
 completed? No

28. Source of Loan Funds: Federal  
 Name of Loan Recipient: Scott Noel  
 Address Line1: 19 St. Agnes Highway  
 Address Line2:  
 City: COHOES  
 State: NY  
 Zip - Plus4: 12047  
 Province/Region:  
 Country: USA  
 Original Amount of Loan: \$50,000  
 Date Loan Awarded: 05/19/2004  
 Interest Rate(%): 6  
 Length of Loan(# of years  
 to repay): 10  
 Amount of Loan Principal Repaid  
 to Date: \$43,005.54  
 Purpose of Loan: Business Expansion/Startup  
 Was the Loan expected to result  
 in new jobs being created? Yes  
 If yes, how many jobs were planned  
 to be created? 1  
 If yes, how many jobs have been  
 created to date? 1  
 Have the terms of the loan been  
 completed? No

Loan Information

29.           Source of Loan Funds: Federal  
          Name of Loan Recipient: William LeBlanc Studio  
          Address Line1: 3 McElwain Avenue  
          Address Line2:  
          City: COHOES  
          State: NY  
          Zip - Plus4: 12047  
          Province/Region:  
          Country: USA  
          Original Amount of Loan: \$16,000  
          Date Loan Awarded: 01/26/2012  
          Interest Rate(%): 2.25  
          Length of Loan(# of years  
                  to repay): 10  
          Amount of Loan Principal Repaid  
                  to Date: \$2,670.63  
          Purpose of Loan: Business Expansion/Startup

Was the Loan expected to result  
  in new jobs being created? Yes  
If yes, how many jobs were planned  
  to be created? 1  
  If yes, how many jobs have been  
    created to date? 1  
Have the terms of the loan been  
  completed? No

Bond Information

This Authority has indicated that it did not have any outstanding bonds during the reporting period.

Additional Comments: