EXHIBIT C

COMMUNITY COLLEGE

ANNUAL PRIVATE ACTIVITY BOND CERTIFICATION

Note – This certification is to be provided if the Project has been completed and placed in service.

Community College Providing Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community College Representative Submitting Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project: Number and Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Certifications to be made for the first annual filing following the Completion Date of the Project financed:
	1. Date construction of the Project was completed:
	2. Date the Project was placed in service (the *"Completion Date"):*
	3. Total cost of the Project:
	4. Total cost of the Project funded from Connect NC Bond Issues:

[If multiple Connect NC Bond issues used, please specify separately.]

5. Total cost of the Project funded from other tax-exempt bonds (such as tax-exempt bonds issued by a county): \_\_\_\_\_\_

Please specify sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total cost of the Project funded from sources other than tax-exempt bonds

("Equity"): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Based on the responses in 3, 4 and *5* above, the total portion of the Project allocated to funding from Equity: %.
2. Do the responses set forth in the Community College's completed Community College Questionnaire completed for the Project remain accurate and complete?

# [ ]  Yes

[ ]  No

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## If "No" please provide information as to changes in circumstances that make the Questionnaire responses not accurate.

**II. Annual certifications following the Completion Date after the first such filing:**

## Based on the use of the Project in the past year, do the responses set forth in the Community College's completed Community College Questionnaire completed for the Project continue to be accurate and complete?

[ ]  Yes

[ ]  No

## If the answer is No, please provide information as to changes in circumstances that make the Questionnaire responses not accurate.

Date:

Signature: Printed Name: Title:

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