



Certification of Qualified Enterprise Zone Contribution

To be completed by Certified Organization or Zone Administrator Receiving Contribution

Donor Last Name or Business Name	First Name	Middle Initial
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Address

City	State	Zip
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Colorado Account Number or Last 4 Digits of SSN	Phone Number
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Name of Organization, Program or Project Receiving/Benefiting from Contribution Stonington Community Center	FEIN	Phone Number (719) 324-5826
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1. Cash contributed to you for enterprise zone project by person/organization above	Date (MM/DD/YY)	Amount of Contribution	Tax Credit
Credit is 25% of the amount of contribution		\$	\$

2. In-kind contributions: Description of, and your valuation of, non-monetary contributions to you by person/organization above. Credit for in-kind contributions alone is one-half of percentage allowed for cash contributions. Attach additional sheet if necessary.

Item - Credit is 12.5% of the value of contribution	Date (MM/DD/YY)	Value of Contribution	Tax Credit
		\$	\$
		\$	\$

3. Zone administrator-approved use to which contribution has been/will be put. Be specific.

Southeast Colorado Enterprise Development project #5076: Stonington Community Center, SE Region

Certification of Receipt of Qualified Contribution

I, duly authorized Enterprise Zone Administrator or official of this certified Enterprise Zone organization, hereby certify the receipt of, and the value and use of these contributors.

Signature of Enterprise Zone Administrator or Authorized Official of Qualified Organization

Title	Date (MM/DD/YY)
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Certification of Organization/Project — to be completed by Enterprise Zone Administrator

I, duly authorized Enterprise Zone Administrator or official of this certified Enterprise Zone organization, hereby certify the receipt of, and the value and use of these contributors.

Name of Benefiting Organization, Program or Project

Date this project first approved by zone (MM/DD/YY)	Certification Period (MM/YY-MM/YY)
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Address	City	State	Zip
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To be signed if this form certifies an organization to receive direct contributions; leave blank if contribution is to you as zone administrator.

I, duly authorized enterprise zone administrator, hereby certify that the above named organization, program or project has been certified to receive direct contributions on behalf of the specified enterprise zone purpose. I further certify that the organization, program or project has been accepted by the state Economic Development Commission.

Signature of Enterprise Zone Administrator	Enterprise Zone	Date (MM/DD/YY)	Fee
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