

**Manhattanville in West Harlem Implementation Plan Report
October 17, 2016 Submission**

Declaration Reference and Key Data

Obligation Section Number: **5.07(c)(xxiii)**

Obligation Title: **Community-Provided Job Training**

Obligation Page Number: **57**

Obligation Trigger: **Acquisition by ESD or CU of all Initial Stage 1 Condemnation Parcel(s)**

Obligation Start Date: **March 12, 2012**

Obligation End Date: **December 31, 2016**

Obligation Status: **In Compliance**


Obligation

Community-Provided Job Training. Commencing with the acquisition by ESD or CU of all Initial Stage 1 Condemnation Parcels, CU shall contribute \$100,000 each year for five calendar years to fund a matching program with community-based organizations to provide job training. Each such contribution shall be due and payable on or before December 31 in each calendar year when such payment is due. CU shall make such payment to the matching program in accordance with the instructions of ESD, or if no program has been identified, to ESD, to be held by ESD in escrow for this purpose.

Evidence of Compliance

1. Proof of payment


Columbia University's Implementation Plan and all supporting documentation are made available on the Community Services Webpage at <http://manhattanville.columbia.edu/community/benefits-and-amenities>.

Payments/Collections Detail > Print View > [REDACTED] 


Details >

| | | | |
|---------------------|----------------------|------------------------|------------|
| Name: | 0006EMPIRE STATE DEV | Individual ID #: | [REDACTED] |
| Amount: | 100000.00 | Effective Date: | 07-MAR-13 |
| Trans/Acct Type: | CR/Checking | Entry Class: | CTX |
| Origin #: | [REDACTED] | Account#: | [REDACTED] |
| Company ID#: | [REDACTED] | Receiving Bank ABA # : | [REDACTED] |
| Company Name: | Columbia Univers | Return Date: | |
| Your Trace#: | [REDACTED] | Return Code: | |
| JPM Trace#: | [REDACTED] | Return Description: | |
| Redeposit: | N | Reinitiate: | N |
| Addendum: | [REDACTED] | | |
| Customer Reference: | [REDACTED] | | |


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IN THE CITY OF NEW YORK


AP Fax # (212) 851-7905

Voucher ID 

Vendor Name **EMPIRE STATE DEV CORP**

Invoice # 

Amount **\$100,000.00**


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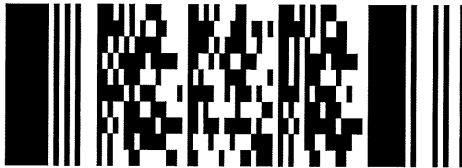
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