

Economic Development Incentive Application

Application for a proposed economic development incentive agreement between the City of New Albany, Ohio, located in the counties of Franklin and Licking, and _____

(Legal entity name(s) of the applicant(s))

Select the requested incentive:

Community Reinvestment Area (CRA)

Job Creation Tax Credit (JCTC)

Other

Proposed Project Site

Address: _____ Zip Code: _____

Parcel Number(s): _____ School District: _____

The applicant: Currently owns Plans to purchase Currently leases Plans to lease

If the applicant plans to lease, what is the expected length of the lease term? ____ Years ____ Months

Please provide complete information in response to every question. Application cannot be processed until all information is complete. Additional information may be attached but should not be used in lieu of providing information directly on the application form.

Applicant Information

Name of applicant, main office address, contact person, and telephone number.

(Attach additional pages if multiple entities are participating)

Legal Name: _____

DBA Name (if applicable): _____

Contact Name: _____ Title: _____

Phone: _____ Ext: _____ Fax: _____ E-mail: _____

Street Address: _____ P.O. Box (if applicable): _____

City: _____ State/Province _____ Zip/Postal Code: _____ Country: _____

Federal Tax ID: _____ Website: _____

Is the applicant using a third party employer (i.e. a professional employer organization)? Yes No
If yes, please complete the information below.

Legal Name: _____

DBA Name (if applicable): _____

Contact Name: _____ Title: _____

Phone: _____ Ext: _____ Fax: _____ E-mail: _____

Street Address: _____ P.O. Box (if applicable): _____

City: _____ State/Province _____ Zip/Postal Code: _____ Country: _____

Federal Tax ID: _____ Website: _____

Prepared By (if different from above):

Organization: _____

Name and Title: _____

Phone: _____ Ext: _____ Fax: _____ E-mail: _____

Street Address: _____ P.O. Box (if applicable): _____

City: _____ State/Province _____ Zip/Postal Code: _____ Country: _____

Federal Tax ID: _____ Website: _____

Applicant Information Cont.

Please provide a description of the applicant.

Include a description of the company's history, when it was established, and its major products/services, etc.

Form of business of the applicant (corporation, partnership, proprietorship, or other):

Describe the operational and financial relationships between any parent and/or subsidiary companies relevant to the project. Additionally, describe any changes in ownership that may occur as a result of the project.

Nature of business:

(Office, Manufacturing & Logistics, IT Mission Critical Operations, Health & Life Sciences, Research & Development or other)

List primary 6-digit North American Industry Classification System (NAICS) number:

Business may list other relevant NAICS numbers:

Name of principal owner(s) or officers or partners of the business: *(Attach list if needed)*

Is business seasonal in nature?

Yes No

Has the applicant previously entered into any agreement(s) with the local legislative authorities at any site where the employment or assets will be relocated as a result of this proposal?

Yes No

If yes, list the local legislative authorities, date, and term of the incentives for each agreement:

Does the applicant currently owe the following?

A. Any delinquent taxes to the State of Ohio or a political subdivision of the State?

Yes No

B. Any monies to the State or a political subdivision of the State for the administration or enforcement of any environmental laws?

Yes No

C. Any other monies to the State or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not?

Yes No

D. If yes to any of the above, please provide details of each instance including, but not limited to, the location, amounts and/or case identification numbers. Use an additional page if necessary.

Project Information

Project Description:

Please provide a narrative describing the project. *(Use additional pages if necessary)*

What will occur? What will the company and/or community accomplish with the project?
What products will be produced? Give specific information regarding site plan if relevant.

Check all that apply:

Construction of a new building

Sq. Ft.: _____

Expansion of an existing building:

Existing sq. ft: _____

Expansion sq. ft.: _____

Renovation of an existing building without expanding its square footage

Sq. Ft: _____

Purchasing new machinery and equipment

Leasehold improvements

Sq. Ft.: _____

Leasehold without improvements

Sq. Ft.: _____

On-site infrastructure

Road Construction

Off-site infrastructure other than road construction

Other: _____

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Full-time _____ (current) Full-time _____ (to be retained)

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Yes No

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Full-time permanent _____

State the applicant's current employment level for each facility to be affected by the relocation of employment positions or assets:

If a tax incentive is provided:

The project's real property improvements, if any, (including lease-hold improvements)

will begin _____, 20____ and be completed by _____, 20____.
(Month) (Month)

On the basis of the information provided, the Commission estimates that the project will create the following number of jobs:

Full-time permanent _____

On the basis of the information provided, the Commission estimates that the project will create the following number of jobs:

Part-time _____

On the basis of the information provided, the Commission estimates that the project will create the following number of jobs:

YEAR	NEW JOBS (annual)	NEW JOBS (cumulative)	PAYROLL (annual)	PAYROLL (cumulative)
1				
2				
3				

The Commission estimates that the project will create the following number of jobs:

On the basis of the information provided, the Commission estimates that the project will create the following number of jobs:

Using the chart below, please estimate the amount of investment in the project site.

TYPE OF INVESTMENT	AMOUNT OF INVESTMENT
A. Acquisition of buildings and/or land	\$
B. Additions/new construction	\$
C. Improvements to existing buildings	\$
D. Machinery & Equipment	\$
E. Furniture & Fixtures	\$
F. Information Technology Upgrades	\$
G. Inventory	\$
H. Leasehold Improvements Only	\$
Total New Project Investment	\$

The applicant's reasons for requesting the tax incentive (please be quantitative and specific in your response):

Community Impact

The applicant offers their full-time employees the following benefits:

Paid Holidays	Paid Personal Days
Paid Vacation	401(k) Retirement Plan
Annual Bonuses	Medical/Dental Insurance
Severance Policy	Employee Uniforms
Disability Pay	Employee Discounts
Profit-Sharing Plan	Training & Education Benefits
Other:	

Organization type of the applicant(s)
(For information only)

- Minority-owned business
- Woman-owned business
- Veteran-owned business
- New Albany Resident-owned business
- Innovate New Albany resident business
- Other:

*For existing New Albany businesses, how has your company supported the New Albany community?
(Examples: Participation in activities with the local school district, New Albany Chamber of Commerce membership, donations to the New Albany Community Foundation or any other New Albany civic organizations, sponsorship of Healthy New Albany events and programming, etc.)*

Fees

% State 5 [fYYa YbhDfcWgg]b[Fee Applications requesting a CRA real property tax abatement
This fee is due upon execution of the Agreement. Agreements will not be effective without this fee.

& 7]ImiAgreement Processing Fee

Agreements will not be effective without this fee.
Separate

Documents, Certifications and Waivers

FINANCIAL STATEMENTS

This application must be accompanied by current financial statements and balance sheets and financial statements and balance sheets for the previous three years for each enterprise that is part of this application.

INCENTIVE TERM COMMENCEMENT

If granted a tax incentive, the applicant understands that the term will generally not commence until the tax year following the completion of construction for the project. If a project involves phased construction over several years, the incentive term will generally not commence until the completion of construction for the first phase of the project.

APPLICANT'S CERTIFICATION

The applicant certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the applicant's knowledge and belief.

Submission of this application expressly authorizes the City of New Albany, Ohio to contact the Ohio Environmental Protection Agency to confirm statements contained within this application and to review applicable confidential records. As part of this application, the applicant may also be required to directly request from the Ohio Department of Taxation or complete a waiver form allowing the Ohio Department of Taxation to release specific tax records to the City of New Albany.

The applicant agrees to supply additional information upon request.

The applicant expressly authorizes the City of New Albany's Departments of Community Development and Finance to contact the Regional Income Tax Agency (RITA) and in turn expressly authorizes the Regional Income Tax Agency (RITA) to provide access to the City of New Albany's Departments of Community Development and Finance to review current and/or prior year(s) municipal tax information related to the applicant(s) listed above in relation to the tax incentive for which this application is being made. Any information provided to the Departments of Community Development and Finance will be held in strict confidence at all times and shall not be disclosed to any other department or division of the City of New Albany, unless stated herein, nor used for any other purpose other than as stated.

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 9.66(C) (1) and 2921.13(A) (4) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefit as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Each party to the application must provide a signature below. *(Use additional lines as needed)*

Name of Applicant _____ Date _____

Signature _____

Typed Name and Title _____

Name of Applicant _____ Date _____

Signature _____

Typed Name and Title _____

Name of Applicant _____ Date _____

Signature _____

Typed Name and Title _____

Name of Applicant _____ Date _____

Signature _____

Typed Name and Title _____

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