

The Massachusetts Economic Development Incentive Program

CERTIFIED PROJECT APPLICATION

APPLICANT INFORMATION

1. **Name and address of business(es) submitting this application** (please list fiscal year end for each business):

2. **Name and address of project** (if different from above):

3. **Location of ETA:**

4. **Location of EOA:**

5. **Authorization:** I/We, (print) _____, of the business(es) applying for Certified Project designation, hereby certify that the information within this application is true and accurate, and reflects the project's intentions for job creation and investment. I/We understand that the information provided within this application shall be binding for the duration of the project certification.

(Signature) (Date)

(Signature) (Date)

(Additional Signatures, if necessary) (Date)

6. Nature and Purpose of Project: Describe briefly the nature and history of the business as well as the specific expansion/growth/relocation plans: the level of new investment (with a breakdown of type of expense: construction, renovation, acquisition of equipment, etc.) and employment levels -- both current and projected. Provide time frames for both the projected total investment and job creation. As part of this narrative, please explain why the business is seeking Certified Project designation.

7. Is this business new to Massachusetts? ⇒ Yes ⇒ No

If no:

- Where are the existing Massachusetts facilities?

- Will this project require/trigger the closing or consolidation of any Massachusetts facilities? If yes, please explain.

8. Is this project an expansion of an existing business? ⇒ Yes ⇒ No

If yes, check the appropriate box:

- ⇒ at existing location
- ⇒ at new location in same municipality
- ⇒ at new location in different municipality

9. Job Creation

In order to qualify for Certified Project Status, the governing statute and regulations require the creation of new, permanent full-time employees in Massachusetts. On the attached Workforce and Job Creation Plan Chart, please fill in the blanks provided.

10. **Certification for Abandoned Buildings** -- Does the proposed project involve the renovation and reuse of an abandoned building?
⇒ Yes ⇒ No ⇒ Unsure

If yes or unused, please answer the following questions:

(a) How long has the building been vacant? (If know, state date)

(b) During this period of time, what percentage of the building was vacant and unused? If the percentage varied during this time period, provide information for each change in the percent of vacant space and the applicable time period.

11. **Local Employment** -- What actions will you take to recruit employees from among residents of the ETA?

Provide any information, documentation, or studies which demonstrate that:

- (a) the business has the intention and capacity to achieve the anticipated level of new permanent full-time jobs for residents of the municipality/Economic Target Area; and
- (b) taking into consideration existing economic conditions, the proposed project is likely to succeed in creating and retaining the anticipated level of new permanent full-time jobs for residents of the municipality/Economic Target Area.

12. **Affirmative Action** -- Does the business have an Affirmative Action/Equal Employment Opportunity Plan or Statement? ⇒ Yes ⇒ No

If yes, please attach a copy.

If no, describe the business' hiring policies and practices.

13. **Agreement Between the Business and Area Banks** -- Describe briefly the business' local banking relationship(s), if any. Does the institution with which the business banks participate in the Massachusetts Capital Access Program, which is designed to commit a portion of the business' deposits to fund loans to local businesses?

14. **Economic Benefits of Project Certification** -- Provide a description of the economic benefits that are anticipated for the business and the project, if the project is certified. For example, describe the anticipated state and local tax benefits, municipal road or infrastructure improvements, assistance for local job training programs, the impact of local permit streamlining and other benefits anticipated if the project is certified. Also, provide any information, documentation or studies demonstrating any additional benefits (i.e., reduction of blight, reuse of abandoned buildings, clean up of contaminated property, job training, provision of day care, any contributions to the community etc.) likely to accrue to the area as a result of Certified Project designation.

2nd Business Name (if applicable):

Federal Employer Identification #:

Address:

Phone:

Fax:

Contact Person:

Type of Organization (check all which applies):

- | | | | | | | | |
|--------------------------|----------------|--------------------------|---------------------|--------------------------|---------------------|--------------------------|------------|
| <input type="checkbox"/> | Corporation | <input type="checkbox"/> | For-Profit | <input type="checkbox"/> | S-Corp | <input type="checkbox"/> | Non-profit |
| <input type="checkbox"/> | Business Trust | | | | | | |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | General Partnership | <input type="checkbox"/> | Limited Partnership | | |
| <input type="checkbox"/> | Individual | | | | | | |

Level of Interest:

- 5% Investment Tax Credit
- 10% Abandoned Building Tax Deduction (if applicable)
- Local real estate tax incentive beneficiary

*****If there are more than two businesses intending to take advantage of these state tax incentives associated with this project, please provide the above information for all such businesses.**

2. **A** -- If a corporation, please list the names and addresses of the officers and directors of said corporation, and any person and/or corporation with a financial interest of five percent or greater in said corporation.
B -- If a partnership, please list the names and addresses of all partners, and include the proportionate share owned by each partner.
C -- If a business trust, please name all members and beneficiaries of said trust.

3. **Please provide the name, address, phone number and contact person for any organizations Which may own or control the applicant organization, or who are affiliated with the applicant business organization.**

4. **Certificate of Good Standing** -- Please provide proof of good tax standing in the Commonwealth of Massachusetts via a Certificate of Good Standing, which is a letter issued by the Massachusetts Department of Revenue. To obtain a Certificate of Good Standing, please see Attachment I of this application.