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## PROJECT INFORMATION

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**Address of Investment:**

**County of investment:**

**Certified Site Name (if applicable):**

**Does the Business currently own the project site? (Yes/No):**

**Type of Business Project (New Business/Expansion in Iowa/ New to Iowa):**

**Describe the proposed capital investment planned for the project for which assistance is being sought.**

**Is the projected water usage expected to exceed any thresholds set by local utilities or environmental regulations? (yes/no):**

**Will the proposed project require any pretreatment of wastewater on-site? (yes/no):**

**Has any part of the project started? (yes/no):**

**If yes, explain what has been started on the project.**

**What is the date investment is to be complete?**

**Identify the Business' competitors:**

**Will any of the current Iowa employees lose their jobs if this project does not proceed?(yes/no):**

**Explain why and identify those jobs as "retained jobs" in the Project Jobs Step:**

**Is the Business actively considering locations outside of Iowa?(yes/no):**

**Where and what assistance is being offered?**

**Is the business a foreign business subject to the jurisdiction of or organized under the laws of a foreign adversary or a foreign business owned, directed, or controlled by a foreign adversary? (yes/no):**

**Will the project be located on a Certified Site? (yes/no)**

**Describe the company, its products, and the customer base.**

**NAICS Code for primary business operations:**

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## APPLICANT INFORMATION

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### ENTITY NAME(S) FOR CONTRACTING

Legal Name	Entity Type	Address	NAICS
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**Tax Period End Date:**

**US DOT Number (if applicable):**

**Does the Business File a consolidated tax return under a different tax ID number?**

**If yes, alternate Tax ID:**

**Is this application being prepared by a person outside of the applying organization?**

**Contact Person:**

**Is the Contact person listed above authorized to obligate the Business?**

**Is the person completing this application able to obligate the business?**

**Company Officer Authorizer:**

**Company Officer Authorizer Title:**

**Provide Name for company contact within organization that will complete future reporting on the agreement:**

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## BUSINESS INFORMATION

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**Describe the company, its products, and the customer base:**

**Is the applicant's business a subsidiary of another company?**

**Identify the Business' owners, percent of ownership and country in which domiciled:**

**Is the business a foreign business subject to the jurisdiction of or organized under the laws of a foreign adversary or a foreign business owned, directed, or controlled by a foreign adversary?**

**Does a woman, minority, or person with a disability own the Business?**

**List the Business' Iowa locations and the most current number of employees at each location:**

**What is the Business' total Iowa employment for each of the last four quarters?**

**What is the Business' worldwide employment?**

SPONSOR INFORMATION

What local municipality will provide resolution of support for the application?

BUDGET

Does the Business plan to lease the facility?

What is the lease term (years)?

Include cost the company will incur over three-year investment period:

Rent Payments (three-years):	\$
Tenant Improvements:	\$
Land Acquisition:	\$
Site Preparation:	\$
Building Acquisition:	\$
Building Construction:	\$
Building Remodeling:	\$
Manufacturing Machinery and Equipment:	\$
Other Machinery and Equipment:	\$
Computer Hardware:	\$
Computer Software:	\$
Furniture and Fixtures:	\$
Budget Total (\$)	\$
Total Source of Funds (chart below should total Budget):	\$

SOURCE OF FUNDS

Source Name	Amount	Form of Funds	Additional Information
[Source Name]	[Amount]	[Funds]	[Additional information]

ECONOMIC IMPACT

What percentage of current suppliers are based in Iowa?

Will the project increase the use of Iowa suppliers?

How does this project contribute to diversifying Iowa’s economy?

How will the project contribute to Iowa’s overall economic output or GDP?

**Will the proposed project result in a significant increase (over 25%) in water consumption compared to current usage levels?**

**Will the project include new electricity or gas infrastructure such as generation, service extension, or energy storage?**

**If yes, please explain:**

**Have you been in contact with any state or local/community development representatives in the State of Iowa?**

**If so, whom?**

**Is the Business actively considering locations outside of Iowa?**

**If yes, please explain:**

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## **TAX CREDIT AND DIRECT FINANCIAL ASSISTANCE**

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### **TAX CREDITS AND INDIRECT FINANCING**

<b>Source of Funds</b>	<b>Amount</b>	<b>Form of Funds</b>	<b>Additional Information</b>
[Source Name]	[Amount]	[Funds]	[Additional information]

#### **Direct Financial Assistance Security:**

**Select which option best describes the projects need for assistance:**

(1) Whether the business can raise only a portion of the debt and equity necessary to complete the project. The existence of a gap between the financing required and the committed financing indicates that tax incentives or financial assistance may be needed to fill the gap.

(2) Whether the likely returns of the project are inadequate to motivate a company decision maker to proceed with the project even if sufficient debt or equity can be raised to finance the project.

(3) Whether the business is deciding between an Iowa site and a site in another state for its project and the cost of completing the project at the out-of-state site is demonstrably lower. Such a condition indicates that tax incentives or financial assistance may be needed to equalize the cost differential between the two sites. The authority will attempt to quantify the cost differential between the sites.

**Provide a brief explanation of the selected need for assistance option:**

## EMPLOYEE BENEFITS

Total Number of Employees in U.S.	OPTION 1	OPTION 2	OPTION 3
	70% single Coverage	60% Family coverage	Monetary Equivalent
	Pay 70% of premium costs for a standard medical plan, single coverage.	Pay 60% of premium costs for a standard medical plan, family coverage.	Provide medical and pay the monetary equivalent of Option 1 or Option 2 in supplemental employee benefits. Benefits Counted Toward Monetary Equivalent: Medical coverage, Dental coverage, Vision insurance, Life insurance, Pension, 401(k) (company's Average contribution, Short-/long-term disability insurance, Child care services, Other nonwage compensation.
201+	\$1,700 maximum deductible	\$3,750 maximum deductible	<i>Premium costs that vary by employee cannot qualify under Option 3.</i>
50-200	\$2,500 maximum deductible	\$5,250 maximum deductible	
0-49	\$3,000 maximum deductible	\$6,000 Maximum deductible	

How many full-time, permanent employees does your company currently employ within the U.S.?

What is the total annual premium cost for a standard medical plan for single employee coverage:

What portion of this cost is paid by the business?

What is the deductible associated with this plan?

What is the total annual premium cost for a standard medical plan for family coverage?

What portion of this cost is paid by the business?

What is the deductible associated with this plan?

Do Company benefits meet the requirements for Option 1 or Option 2 as listed in the chart above?

Does the company provide additional benefits to full-time employees?

Please provide the annual amount offered by the business, per employee in questions below:

Dental Insurance – Single plan:

Dental Insurance – Family plan:

Childcare Services:

Life Insurance coverage:

Disability Insurance coverage:

**Health Savings Account (HAS) contribution:****Does the Business offer a profit-sharing plan?:**

Year 1:

Year 2:

Year 3:

Profit Sharing Plan Average:

**Does the Business offer a Pension?**

Year 1:

Year 2:

Year 3:

Pension Average:

**Does the Business offer a 401K plan?**

Year 1:

Year 2:

Year 3:

401K Average:

**Total Benefit amount (per employee):**

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**PROJECT JOBS**

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**JOBS (add lines as needed):**

<u>Job Category</u>	<u>Subject</u>	<u>Created or Retained?</u>	<u>Hourly Wage</u>
[Job category]	[Subject]	[Created Date]	[Hourly Wage]

**Total Full-Time CREATED Jobs:****Full-Time RETAINED jobs:****Is the hourly wage rate based on a 40 hour work week, 52 weeks per year?****If no, please explain:**

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## REQUIRED DOCUMENTATION

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### **Payroll Information (Confidential)**

**A copy of the most recent payroll report for one pay period.** The copy of the most recent payroll report for one pay period must be in Excel format and include the following information:

- Company name, date of payroll and source of payroll information
- Employee name and/or employee identification number
- Current hourly wage - do not include bonuses, overtime or other benefit values
- Indicate if the employee is full time (40 hours per week, 52 weeks per year) or part time.
- A sample Excel spreadsheet can be provided by IEDA staff

### **Financial Information (Confidential, unless already publicly available) (Existing Businesses Only)**

- Profit and loss statements and balance sheets for past three year-ends;
- Current YTD profit and loss statement and balance sheet;