

FOR OFFICE USE ONLY

- Economic Revitalization Area
 Residentially Distressed Area
 Economic Target Area CTP TIF

SECTION A

APPLICANT INFORMATION



This application **MUST BE** submitted along with all required attachments, including the appropriate "Statement of Benefits" Form(s) if requesting a tax phase-in ("tax abatement"). Please also submit a map and/or aerial of the property depicting where the project or investment will occur.

| | | | | | |
|---|---|--|-------------------------------------|---|--|
| Company Name: | | | Project Name (if applicable): | | |
| Website: | | | NAICS 6-Digit Code: | | |
| Proposed Site is/will be: | <input type="checkbox"/> HEADQUARTERS <input type="checkbox"/> SINGLE-LOCATION <input type="checkbox"/> BRANCH/SUBSIDIARY | | | | |
| If subsidiary or branch, Parent Company & HQ Location: | | | | | |
| Has the company OR any principal owner or officer filed bankruptcy in the past 10 years? ¹ If YES, please attach an explanation of the circumstances. | | | | <input type="checkbox"/> YES ¹ <input type="checkbox"/> NO | |
| Are all taxes current and paid with regard to the project property? ² If NO, please attach an explanation of the circumstances. | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO ² | |
| Has the company been awarded local abatement or other incentive support in the prior 12 years? ³ Which years? <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 | | | | <input type="checkbox"/> YES ³ <input type="checkbox"/> NO | |
| Local Senior Official Name | | | Title: | | |
| Name of Contact Person (For application and/or compliance follow-up) | | | Title: | | |
| Email: | | | Phone: | () | |

SECTION B

LOCATION AND STATUS OF PROPOSED PROJECT

| | | |
|---|--|--|
| Township (District) <input type="checkbox"/> Clay <input type="checkbox"/> Elizabethtown <input type="checkbox"/> Hope <input type="checkbox"/> Columbus/Clay <input type="checkbox"/> Clifford <input type="checkbox"/> Flatrock <input type="checkbox"/> Jackson <input type="checkbox"/> Columbus/Columbus <input type="checkbox"/> Clifty <input type="checkbox"/> German <input type="checkbox"/> Jonesville <input type="checkbox"/> Columbus/Flatrock <input type="checkbox"/> Flatrock <input type="checkbox"/> Harrison <input type="checkbox"/> Ohio <input type="checkbox"/> Columbus/Harrison <input type="checkbox"/> German <input type="checkbox"/> Hartsville <input type="checkbox"/> Rockcreek <input type="checkbox"/> Columbus/Wayne <input type="checkbox"/> Edinburgh <input type="checkbox"/> Hawcreek <input type="checkbox"/> Sandcreek <input type="checkbox"/> Edinburgh Annex/BCSC <input type="checkbox"/> Wayne | What type of investment are you seeking support for? <i>(Check all that apply)</i> <input type="checkbox"/> Manufacturing Equipment (SB-1/PP) <input type="checkbox"/> Research & Development Equipment (SB-1/PP) <input type="checkbox"/> Logistical Distribution Equipment (SB-1/PP) <input type="checkbox"/> Information Technology Equipment (SB-1/PP) <input type="checkbox"/> New Building Construction (SB-1/Real) <input type="checkbox"/> Existing Building Improvements/Rehabilitation (SB-1/Real) <input type="checkbox"/> Eligible Vacant Commercial Building (SB-1/VBD) <input type="checkbox"/> Residentially Distressed Area Improvements (SB-1/Real) <input type="checkbox"/> OTHER: Please describe in Section C | |
| Zoning (Current) <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> CD <input type="checkbox"/> CN <input type="checkbox"/> CO <input type="checkbox"/> CC <input type="checkbox"/> CR <input type="checkbox"/> AV <input type="checkbox"/> AP <input type="checkbox"/> AG <input type="checkbox"/> Other: _____ | | |
| Project Address: | | |
| Legal Description: | | |
| Name of Titled Landowner: | | |
| Have improvements or construction begun? (Real Property) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | |
| Has any of the proposed equipment been installed? (Personal Property) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | |
| Have you applied for and/or received a State of Indiana offer of incentives? | <input type="checkbox"/> Approved <input type="checkbox"/> In Process <input type="checkbox"/> Not Applying <input type="checkbox"/> We would like more information about State of Indiana incentives | |
| What factors of obsolescence or which hinder development will your proposed project/investment address? Check all that apply. For ERA requests, see IC 6-1.1-12.1-1 | <input type="checkbox"/> Lack of Development/Growth in Area <input type="checkbox"/> Technological Obsolescence <input type="checkbox"/> Deterioration of Improvements <input type="checkbox"/> Economical Obsolescence <input type="checkbox"/> Age and/or Character of Property <input type="checkbox"/> Energy Obsolescence <input type="checkbox"/> Substandard/Obsolete Building/Property <input type="checkbox"/> Residentially Distressed <input type="checkbox"/> Other (Please describe in Section C) | |

SECTION C

PROJECT DESCRIPTION

Please include any additional information that you think will be beneficial to the City’s understanding of this project. If submitting with an appropriately completed Form SB-1, this section can be left blank.

SECTION D ESTIMATE OF REAL PROPERTY/BUILDING EXPENSES BY YEAR (IF APPLICABLE)

| | | | | | |
|----------------------------|------------------------------|----------------------|--|--------------------------|----|
| Current Land Value: | | \$ | Current Building Value: | | \$ |
| Calendar Year | Land/Building Purchase Price | Annual Lease Payment | Cost of New Construction or Improvements | Building Size (TOTAL SF) | |
| THIS YEAR | \$ | \$ | \$ | | |
| NEXT YEAR | \$ | \$ | \$ | | |
| YEAR THREE | \$ | \$ | \$ | | |
| TOTAL | \$ | \$ | \$ | | |

VACANT COMMERCIAL BUILDING STATUS (REQUIRED FOR FORM SB-1/VBD, IF APPLICABLE)

| | | |
|---|---|---|
| Is the building zoned for either commercial or industrial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the building been vacant for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No | Evidence Provided (Attach Copies): <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Utility Receipts <input type="checkbox"/> Lease Agreements <input type="checkbox"/> Other |
|---|---|---|

RESIDENTIALLY DISTRESSED AREA IMPROVEMENT (IF APPLICABLE)

Has the area been designated a Residentially Distressed Area? Yes No

SECTION E ESTIMATE OF PERSONAL PROPERTY / MACHINERY & EQUIPMENT BY YEAR (IF APPLICABLE)

| | | | | |
|---------------|-------------------------------|-----------------------------------|-------|---|
| Calendar Year | Equipment Purchases Abatable* | Equipment Purchases Non-Abatable* | TOTAL | * IC 6-1.1-12.1-1 defines the types of equipment purchases that are “abatable” or not. Generally speaking, manufacturing, R&D, logistics, and I.T. equipment that is newly purchased by the applicant (whether new or used) and/or if already owned by the applicant in another state (but not within Indiana) can be considered “new” and therefore “abatable”. Please consult a professional tax advisor for further guidance. |
| THIS YEAR | \$ | \$ | \$ | |
| NEXT YEAR | \$ | \$ | \$ | |
| YEAR THREE | \$ | \$ | \$ | |
| TOTAL | \$ | \$ | \$ | |

SECTION F ESTIMATE OF EMPLOYEES AND SALARIES

EMPLOYMENT & WAGES BY OCCUPATION TYPE

Please provide the below requested detail for current and estimated new jobs and wages. For additional information, descriptions, and average wages for the below-listed occupations in Columbus/Bartholomew County, please visit Bureau of Labor Statistics, OES data at http://www.bls.gov/oes/current/oes_18020.htm. For assistance determining "Blended" wages, please call 812-378-7300. **NOTE:** Applicant is NOT required to indicate salaries paid only to an individual person, so if only one job is to be employed under a certain occupation, the applicant may indicate "1" as that job number and mark "N.D." in the relevant wage column.

| Occupation Code | Current / Existing # Local FTE Jobs | Average Hourly Wage (no fringe or O.T.) | Estimated # New Jobs | Average Hourly Wage (no fringe or O.T.) | Blended Average Hr. Wage (current + new) | Blended Average ANNUAL Wage | BLS Median Hourly May 2014 |
|---|-------------------------------------|---|----------------------|---|--|-----------------------------|----------------------------|
| 11-0000 Management Occupations | | \$ | | \$ | \$ | \$ | \$49.84 |
| 13-0000 Business and Financial | | \$ | | \$ | \$ | \$ | \$25.83 |
| 15-0000 Computer and Math | | \$ | | \$ | \$ | \$ | \$31.33 |
| 17-0000 Engineering Occupations | | \$ | | \$ | \$ | \$ | \$32.32 |
| 41-0000 Sales and Related | | \$ | | \$ | \$ | \$ | \$11.52 |
| 43-0000 Office and Administrative | | \$ | | \$ | \$ | \$ | \$14.53 |
| 49-0000 Maintenance and Repair | | \$ | | \$ | \$ | \$ | \$19.90 |
| 51-0000 Production/Manufacturing | | \$ | | \$ | \$ | \$ | \$14.61 |
| 53-0000 Transport/Material Moving | | \$ | | \$ | \$ | \$ | \$14.73 |
| All Other Jobs (Not Counted Above) | | \$ | | \$ | \$ | \$ | N.A. |
| TOTALS & BLENDED AVERAGES | | \$ | | \$ | \$ | \$ | \$16.22 |

ESTIMATED EMPLOYMENT BY YEAR, PAYROLL, & EDUCATION REQUIREMENT

| CALENDAR YEAR | STARTING # F.T.E. JOBS | PLUS NET NEW F.T.E JOBS | TOTAL F.T.E. JOBS | EST. % TEMP/ LEASE | TOTAL EST. PAYROLL | EST. % NEW JOBS TO REQUIRE 2-YR DEGREE | EST. % NEW JOBS TO REQUIRE 4-YR DEGREE |
|---------------|------------------------|-------------------------|-------------------|--------------------|--------------------|--|--|
| THIS YEAR | | + | = | % | \$ | % | % |
| NEXT YEAR | | + | = | % | \$ | % | % |
| YEAR THREE | | + | = | % | \$ | % | % |
| YEAR FOUR | | + | = | % | \$ | % | % |

Benefits & Other

| | | | |
|--|--------------------------------------|----|---------|
| <input type="checkbox"/> Health/Medical <input type="checkbox"/> Dental/Vision <input type="checkbox"/> Life Ins. <input type="checkbox"/> 401K/Retirement <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Paid Vacation/Sick/Personal <input type="checkbox"/> Other | Approximate Fringe Value (per hour)? | \$ | /hr |
| What percent of your workforce resides (or will reside) within the county? | | % | 79% AVG |

SECTION G APPLICANT CERTIFICATION

I hereby affirm under the penalties of perjury that the representations in this application are true and complete.

| | | |
|--|-------|------|
| Signature of Authorized Representative | Title | Date |
|--|-------|------|



DON'T FORGET YOUR ATTACHMENTS!

- Form(s) SB-1 Cover Letter Map or Aerial Bankruptcy Explanation (if applicable)
- Additional Information (if applicable or desired by applicant)