**Incentive Application**

*Rev. 04-08-2025*



**FOR OFFICE USE ONLY**

[ ]  Economic Revitalization Area

[ ]  Residentially Distressed Area

[ ]  Economic Target Area [ ]  CTP [ ]  TIF

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| **SECTION A APPLICANT INFORMATION** |

![C:\Users\Jason\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\VV9BGVAW\MC900434805[1].png]()This application MUST BE submitted along with all required attachments, including the appropriate “Statement of Benefits” Form(s) if requesting a tax phase-in (“abatement”). Please also submit a map and/or aerial of the property depicting where the project or investment will occur.

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| --- | --- | --- | --- |
| Company Name: | Click here to enter text. | Project Name(if applicable): | Click here to enter text. |
| Website: | Click here to enter text. |  [NAICS 6-Digit Code:](https://www.census.gov/naics/) | Click here to enter text. |
| Proposed Site is/will be: |  [ ]  HEADQUARTERS [ ]  SINGLE-LOCATION [ ]  BRANCH/SUBSIDIARY |
| If subsidiary or branch, Parent Company & HQ Location: | Click here to enter text. |
| 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*. |  [ ]  YES1 [ ]  NO |
| Are all taxes current and paid with regard to the project property?2 *If NO, please attach an explanation of the circumstances*. |  [ ]  YES [ ]  NO2 |
| Has the company been awarded local abatement or other incentive support in any of the prior years?3 *Which years?* [ ] ‘14 [ ] ‘15 [ ] ‘16 [ ] ‘17 [ ] ‘18 [ ] ‘19 [ ] ‘20 [ ] ‘21 [ ] ’22 [ ] ’23 [ ] ’24 [ ] ‘25  |  [ ]  YES3 [ ]  NO |
| Local Senior Official Name  | Click here to enter text. | Title: | Click here to enter text. |
| Name of Contact Person*(For application and/or compliance follow-up)*  | Click here to enter text. | Title: | Click here to enter text. |
| Email: | Click here to enter text. | Phone: | Click here to enter text. |
| **SECTION B LOCATION AND STATUS OF PROPOSED PROJECT** |
| **Township (Tax District)**  [ ] Columbus/Clay [ ]  Clay [ ]  Flatrock [ ]  Jackson[ ] Columbus/Columbus [ ]  Clifford [ ]  German [ ]  Jonesville[ ] Columbus/Flatrock [ ]  Clifty [ ]  Harrison [ ]  Ohio[ ] Columbus/German [ ]  Edinburgh [ ]  Hartsville [ ]  Rockcreek[ ] Columbus/Harrison [ ]  Edinburgh Annex [ ]  Hawcreek [ ]  Sandcreek[ ] Columbus/Wayne [ ]  Elizabethtown [ ]  Hope [ ]  Wayne | **What type of investment are you seeking support for?** (*Check all that apply)*[ ]  Manufacturing Equipment (SB-1/PP)[ ]  Research & Development Equipment (SB-1/PP)[ ]  Logistical Distribution Equipment (SB-1/PP)[ ]  Information Technology Equipment (SB-1/PP)[ ]  New Building Construction (SB-1/Real)[ ]  Existing Building Improvements/Rehabilitation (SB-1/Real)[ ]  Eligible Vacant Commercial Building (SB-1/VBD) [ ]  Residentially Distressed Area Improvements (SB-1/Real)[ ]  OTHER: Please describe in Section C |
| **Zoning (Current)** [ ]  I-1 [ ]  I-2 [ ]  I-3[ ]  CD [ ]  CN [ ]  CO [ ]  CC [ ]  CR[ ]  AV [ ]  AP [ ]  AG [ ]  Other:  |
| **Project Address:** | Click here to enter text. |
| **Parcel Number:** | Click here to enter text. |
| **Legal Description:** | Click here to enter text. |
| **Name & Address of Titled Landowner***:* | Click here to enter text. |
| Have improvements or construction begun? | [ ]  Yes [ ]  No [ ]  Not Applicable |
| Has any of the proposed equipment been installed? (Personal Property)  | [ ]  Yes [ ]  No [ ]  Not Applicable |
| Have you applied for and/or received a State of Indiana offer of incentives? | [ ]  Approved [ ]  In Process [ ]  Not Applying[ ]  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](http://www.in.gov/legislative/ic/code/title6/ar1.1/ch12.1.html#IC6-1.1-12.1-1.1) | [ ]  Lack of Development/Growth in Area[ ]  Deterioration of Improvements[ ]  Age and/or Character of Property[ ]  Substandard/Obsolete Building/Property[ ]  Other (Please describe in Section C) | [ ]  Technological Obsolescence[ ]  Economical Obsolescence[ ]  Energy Obsolescence[ ]  Residentially Distressed |
|  **SECTION C PROJECT DESCRIPTION** |
| Please include any additional information that you think will be beneficial to the community’s understanding and support of this project. If applicable, please also include a description of any estimated off-site public infrastructure upgrade requirements. |
| Click here to enter text. |
| **SECTION D ESTIMATE OF REAL PROPERTY/BUILDING EXPENSES BY YEAR (IF APPLICABLE)** |
| **Current Land AV:** | $0.00 | **Current Parcel Size (Acres):** | # | **Current Building AV:** | $0.00 | **Current Building Size (SF):** | # |
| **acres** |  |  |  |
| Calendar Year | Land/Building Purchase Price | Annual Lease Payment | Cost of New Construction or Improvements | Building Size (TOTAL SF) |
| *20 \_\_* | $ 0.00 | $ 0.00 | $ 0.00 | # |
| *20 \_\_* | $ 0.00 | $ 0.00 | $ 0.00 | # |
| *20 \_\_* | $ 0.00 | $ 0.00 | $ 0.00 | # |
| **TOTAL** | $ 0.00 | $ 0.00 | $ 0.00 | # |
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| **VACANT COMMERCIAL BUILDING STATUS (ONLY REQUIRED FOR FORM SB-1/VBD, IF APPLICABLE)** |
| Is the building zoned for either commercial or industrial purposes?[ ]  Yes [ ]  No | Has the building been vacant for at least one year?[ ]  Yes [ ]  No | Evidence Provided (Attach Copies):[ ]  Certificate of Occupancy [ ]  Utility Receipts [ ]  Lease Agreements [ ]  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](http://iga.in.gov/legislative/laws/2024/ic/titles/006#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. |
| *20 \_\_* | $ 0.00 | $ 0.00 | $ 0.00 |
| *20 \_\_* | $ 0.00 | $ 0.00 | $ 0.00 |
| *20 \_\_* | $ 0.00 | $ 0.00 | $ 0.00 |
| **TOTAL** | $ 0.00 | $ 0.00 | $ 0.00 |

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| As a percent of the total machinery & equipment investment shown above, which depreciation pool(s) will be utilized? (Default is Pool 2) |
| **POOL** | POOL 1 (1-4 YEAR LIFE) | POOL 2(6-8 YEAR LIFE) | POOL 3(9-12 YEAR LIFE) | POOL 4(13 YEARS PLUS | TOTAL(ALL POOLS) |
| **%** | # | # | # | # | 100% |

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| **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 the Columbus, IN MSA, please visit Bureau of Labor Statistics, OES data at <https://data.bls.gov/oes/#/area/0018020>. For assistance calculating “Blended” wages, please call Greater Columbus EDC at 812-378-7300. **NOTE: Applicant is never required to indicate salaries paid to an individual position,** so if only one job is to be employed under a certain occupation, applicant may add that position to another category *or* mark “N.D.” for the individual wage. |
| **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 2024* |
| **11-0000** [Management Occupations](http://bls.gov/oes/current/oes_18020.htm#11-0000) | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | *$55.71* |
| **13-0000** [Business and Financial](http://bls.gov/oes/current/oes_18020.htm#13-0000)  | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | *$36.19* |
| **15-0000** [Computer and Math](http://bls.gov/oes/current/oes_18020.htm#15-0000) | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | *$41.35* |
| **17-0000** [Engineering Occupations](http://bls.gov/oes/current/oes_18020.htm#17-0000) | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | *$50.11* |
| **41-0000** [Sales and Related](http://bls.gov/oes/current/oes_18020.htm#41-0000)  | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | *$15.43* |
| **43-0000** [Office and Administrative](http://bls.gov/oes/current/oes_18020.htm#43-0000)  | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | *$21.12* |
| **49-0000** [Maintenance and Repair](http://bls.gov/oes/current/oes_18020.htm#49-0000) | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | *$28.47* |
| **51-0000** [Production/Manufacturing](http://bls.gov/oes/current/oes_18020.htm#51-0000) | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | *$21.64* |
| **53-0000** [Transport/Material Moving](http://bls.gov/oes/current/oes_18020.htm#53-0000) | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | *$18.86* |
| **All Other Jobs (Not Counted Above)** | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | *N.A.* |
| **TOTALS & BLENDED AVERAGES** | # | $ 0.00 | # | $ 0.00 | $ 0.00 | $ 0.00 | ***$22.35*** |
| **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 |
| *20 \_\_*  | # | + # | = # | # | % | $ 0.00 | # | % | # | % |
| *20 \_\_* | # | + # | = # | # | % | $ 0.00 | # | % | # | % |
| *20 \_\_* | # | + # | = # | # | % | $ 0.00 | # | % | # | % |
| *20 \_\_* | # | + # | = # | # | % | $ 0.00 | # | % | # | % |
| **BENEFITS & OTHER** |
| [ ] Health/Medical [ ] Dental/Vision [ ] Life Ins. [ ] 401K/Retirement[ ] Tuition Reimbursement [ ] Paid Vacation/Sick/Personal [ ] Other | Approximate Fringe Value (per hour)? | $ 0.00 |
| What percent of your workforce resides (or will reside) within the county? |  # % |
| **JOB TRAINING** |
| Describe the company’s workforce training needs and plans for this location: | TrainingBudget: | $ 0.00 |
|  Click here to enter text. |

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| **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  |
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**![C:\Users\Jason\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\VV9BGVAW\MC900434805[1].png]()DON’T FORGET YOUR ATTACHMENTS!**

[ ]  Form(s) SB-1 [ ]  Cover Letter [ ]  Map or Aerial of Project [ ]  Bankruptcy Explanation (if applicable)

[ ]  Additional Information (if applicable or desired by applicant)