**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** |

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 | | | | | | # | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | | | | | | | | | Training  Budget: | | $ 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 |
|  |  |  |

**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)