

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)

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- 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.

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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 net, new, permanent full-time employees in Massachusetts. On the chart provided (see next page), please fill in the blanks provided.

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

If **yes** or **unsure**, please answer the following questions:

- (a) How long has the building been vacant? (If known, 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.

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- 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 anticipated state and local tax benefits, municipal road or infrastructure improvements, assistance from 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.

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SPECIAL REQUIREMENTS FOR REAL ESTATE PROJECTS

1. Will the business own or lease/rent the facility? Own Lease/Rent

If **leasing/renting**, please identify the developer/landlord, and state who will be the taxpayer of record for the purpose of paying local real estate taxes.

- (a) If **owning**, will the business fully occupy the space? Yes No

- (b) If **no**, does the business intend to lease/rent the remaining space?

2. Describe how the various tax benefits and other economic incentives that will result from Certified Project designation will be allocated among the business(es) developing the project (i.e. a developer or landlord) and the business(es) intending to purchase, lease or rent space at the facility (i.e. tenant or tenants).

SUPPLEMENTAL INFORMATION

1. **Name(s) of the business(es) intending to take advantage of the state tax incentives**

Business Name: _____

Federal Employer Identification #: _____

Address: _____

Phone: _____

Fax: _____

Contact Person: _____

Type of Organization: (check that which applies):

- Corporation: For profit S Corp. Non-profit
 Business Trust
 Partnership General Partnership Limited Partnership
 Individual

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

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2nd Business Name: (if applicable): _____

Federal Employer Identification #: _____

Address: _____

Phone: _____

Fax: _____

Contact Person: _____

Type of Organization (check that which applies):

- Corporation For profit; S Corp.; Non-profit
 Business Trust
 Partnership General Partnership; Limited Partnership
 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 the 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 copy of a Certificate of Good Standing, please see Attachment I of this application.

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF REVENUE
ABCC / CERTIFICATE UNIT
P.O. Box 7066
BOSTON, MA 02204
(617) 887-6550
FAX: (617) 887-6298**

REQUEST FOR A CERTIFICATE OF GOOD STANDING

DATE OF REQUEST _____

FEDERAL I.D. # _____

OTHER NUMBER (S) _____

NAME OF CORPORATION _____

D/B/A _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE _____

PLEASE COMPLETE THE FOLLOWING BY CHECKING ALL THAT APPLY:

I SWEAR UNDER THE PAINS AND PENALTIES OF PERJURY THAT MY COMPANY IS NOT RESPONSIBLE FOR AND DOES NOT COLLECT THE FOLLOWING TAXES:

_____ INCOME TAX WITHHOLDING _____ SALES/USE TAX

_____ MEALS TAX _____ ROOM OCCUPANCY

SIGNATURE OF CORPORATE OFFICER _____

PERSON TO CONTACT RELATIVE TO THIS REQUEST:

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

RELATIONSHIP TO TAXPAYER: _____

DAYTIME TELEPHONE NUMBER WITH AREA CODE: _____

ATTACH A CHECK FOR \$10.00 MADE PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS AND MAIL TO THE ABOVE ADDRESS.