

**Illinois Department of Commerce and Economic Opportunity
Economic Development for a Growing Economy (EDGE)
Business Application**

Part A: Legal Applicant

<p>COMPANY(S)</p> <p>1) Exact legal name of companies creating jobs, or making investment, or claiming EDGE tax credits.</p> <p>2) <i>Attach a duplicate Part A if more than three companies will either create jobs, or make investments, or claim the EDGE tax credits.</i></p>	#1 Name:	FEIN	YE mm/dd
	Address:		
	SIC# _____ NAICS# _____ IL Unemployment Ins. Acct # _____		
	Check all that apply: <input type="checkbox"/> Creating Jobs <input type="checkbox"/> Making Investment <input type="checkbox"/> Receiving offset against taxes		
	Choose only one: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____ State/Yr of Incorporation _____		
	Primary Contact Name/Title/email/Phone: _____		
	Company Officers / Owners		
	<i>Name</i>	<i>Ownership %</i>	<i>Title</i>
#2 Name:	FEIN	YE mm/dd	
Address:			
SIC# _____ NAICS# _____ IL Unemployment Ins. Acct # _____			
Check all that apply: <input type="checkbox"/> Creating Jobs <input type="checkbox"/> Making Investment <input type="checkbox"/> Receiving offset against taxes			
Choose only one: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____ State/Yr of Incorporation _____			
Primary Contact Name/Title/email/Phone: _____			
Company Officers / Owners			
<i>Name</i>	<i>Ownership %</i>	<i>Title</i>	
#3 Name:	FEIN	YE mm/dd	
Address:			
SIC# _____ NAICS# _____ IL Unemployment Ins. Acct # _____			
Check all that apply: <input type="checkbox"/> Creating Jobs <input type="checkbox"/> Making Investment <input type="checkbox"/> Receiving offset against taxes			
Choose only one: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____ State/Yr of Incorporation _____			
Primary Contact Name/Title/email/Phone: _____			
Company Officers / Owners			
<i>Name</i>	<i>Ownership %</i>	<i>Title</i>	

Total number of new full-time employees to be hired for project that is the subject of this application	
Total number of statewide full-time employees at time of this application	
Total number of worldwide full-time employees at time of this application	
Illinois State Senate District # (all project locations)	
Illinois State Representative District # (all project locations)	

Individuals authorized to execute application and agreement (list below)	
Number of signatures required: _____	
Name/Title/Company	
Name/Title/Company	
Name/Title/Company	

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Part B: Project Summary

1) Description of the Legal Applicant creating new jobs at the Project:

Use-select only ONE	<input type="checkbox"/> Manufacturing, processing, assembling, warehousing, distributing products, or agricultural processing, or <input type="checkbox"/> Office industries and other services, such as conducting research and development, providing tourism services, or providing services in interstate commerce.
****Retail, retail food, health and professional services (other than headquarters or distribution facilities) are NOT eligible under the EDGE program	

List all other related companies in Illinois (subsidiaries, parents and firms with common ownership with the Legal Applicant(s), owners or officers not already listed in Part A)

<i>Company Name</i>	<i>City</i>	<i># Full-Time Employees</i>	<i>Relationship</i>
			Sub <input type="checkbox"/> Parent <input type="checkbox"/> Sister <input type="checkbox"/> Common Owner <input type="checkbox"/> %
			Sub <input type="checkbox"/> Parent <input type="checkbox"/> Sister <input type="checkbox"/> Common Owner <input type="checkbox"/> %
			Sub <input type="checkbox"/> Parent <input type="checkbox"/> Sister <input type="checkbox"/> Common Owner <input type="checkbox"/> %
			Sub <input type="checkbox"/> Parent <input type="checkbox"/> Sister <input type="checkbox"/> Common Owner <input type="checkbox"/> %
			Sub <input type="checkbox"/> Parent <input type="checkbox"/> Sister <input type="checkbox"/> Common Owner <input type="checkbox"/> %

If applicable, describe the relationship among the Legal Applicants (identified in Part A). Include an organizational chart (as an attachment) to assist in your description.

Describe the relationship between each of the Legal Applicants (identified in Part A) and related companies identified in the table above. Include an organizational chart (as an attachment) to assist in your description.

Describe the nature of each Legal Applicant(s) (products, markets, etc.) – please add supplementary pages as necessary:

Legal Applicant #1

Legal Applicant #2

Legal Applicant #3

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2) Project Description (describe the nature and location of the project):

Address(es) (<i>Street, City, Zip</i>)																											
Building	Current Building SF: Building Expansion SF:	New Building SF: Sale of existing building? Yes <input type="checkbox"/> No <input type="checkbox"/>																									
Projected Employment and Investment (select only ONE)	<input type="checkbox"/> If the Applicant has more than 100 full-time world-wide employees, the Company will invest at least \$2,500,000 in capital improvements which will be placed in service and employ the lesser of (a) ten percent (10%) of the number of full-time employees employed by the applicant or (b) at least 50 new full-time employees at a designated site in Illinois as a direct result of the project; or <input type="checkbox"/> If the Applicant has 100 or fewer full-time world-wide employees, the Company will employ the lesser of (a) five percent (5%) of the number of full-time employees employed by the applicant or (b) at least 50 new full-time employees at a designated site in Illinois as a direct result of the project.																										
Estimated Training Costs for New Employees	<table border="1" data-bbox="553 831 1510 1062"> <thead> <tr> <th>Year</th> <th>Est. Training \$</th> <th>Year</th> <th>Est. Training \$</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$</td> <td>6</td> <td>\$</td> </tr> <tr> <td>2</td> <td>\$</td> <td>7</td> <td>\$</td> </tr> <tr> <td>3</td> <td>\$</td> <td>8</td> <td>\$</td> </tr> <tr> <td>4</td> <td>\$</td> <td>9</td> <td>\$</td> </tr> <tr> <td>5</td> <td>\$</td> <td>10</td> <td>\$</td> </tr> </tbody> </table> <p data-bbox="553 1079 1510 1209">Training Costs: curriculum development; training materials (including scrap product costs); trainee domestic travel expenses; instructor costs (including wages, fringe benefits, tuition and domestic travel expenses); rent, purchase or lease of training equipment; and other usual and customary training costs</p>			Year	Est. Training \$	Year	Est. Training \$	1	\$	6	\$	2	\$	7	\$	3	\$	8	\$	4	\$	9	\$	5	\$	10	\$
Year	Est. Training \$	Year	Est. Training \$																								
1	\$	6	\$																								
2	\$	7	\$																								
3	\$	8	\$																								
4	\$	9	\$																								
5	\$	10	\$																								
Is the proposed project located in an underserved area (select any that apply and supply supporting documentation)	<input type="checkbox"/> The area has a poverty rate of at least 20% according to the latest federal decennial census; or <input type="checkbox"/> 75% or more of the children in the area participate in the federal free lunch program according to reported statistics from the State Board of Education; or <input type="checkbox"/> At least 20% of the households in the area receive assistance under the Supplemental Nutrition Assistance Program (SNAP); or <input type="checkbox"/> The area has an average unemployment rate, as determined by the Illinois Department of Employment Security, that is more than 120% of the national unemployment average, as determining by the U.S. Department of Labor, for a period of at least two (2) consecutive calendar years preceding the date of the application; or <input type="checkbox"/> Not applicable.																										

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<p>Project Type (select only ONE of Options A, B, C or D)</p>	<p><input type="checkbox"/> A-Current Illinois site; new building or addition to a current building OR <input type="checkbox"/> B- New Illinois site; no existing Illinois operations. OR <input type="checkbox"/> C- New Illinois site; new building or addition to a current building AND <u>existing Illinois site(s) remain in use</u></p> <ul style="list-style-type: none"> • <i>New Site Address:</i> • <i>Number of Illinois employees relocated from other Illinois site(s) to the proposed site:</i> • <i>Employees relocated from (Illinois community name(s)):</i> <p>OR <input type="checkbox"/> D-New Illinois site; new building or addition or a current building AND <u>existing Illinois site(s) will cease operations</u></p> <ul style="list-style-type: none"> • <i>New Site Address:</i> • <i>Number of Illinois employees relocated from other Illinois site(s) to the proposed site:</i> • <i>Employees relocated from (Illinois community name(s)):</i> <p>*IF the proposed project relocates individuals currently employed at an existing Illinois location (Options C or D), identify the reason(s) the Project cannot be accommodated at the current site:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Lack of adequate street or road capacity or access;</i> <input type="checkbox"/> <i>Lack of available continuous land for expansion;</i> <input type="checkbox"/> <i>Reconstruction requires a shutdown or operations;</i> <input type="checkbox"/> <i>Lack of adequate utility capacity;</i> <input type="checkbox"/> <i>Inability of local authorities to assist in the expansion;</i> <input type="checkbox"/> <i>Excessive land costs in the current location;</i> <input type="checkbox"/> <i>Structurally or functionally obsolete facility;</i> <input type="checkbox"/> <i>Lack of available workforce, or similar reason</i> 				
<p>Specific Project Information</p> <ul style="list-style-type: none"> • <i>Check all that apply. At least one box must be checked in each of the 3 categories to the right.</i> • <i>Describe all checked items on a separate attachment.</i> 	<p><u>Rationale for Building Expansion/New Building at Project Location</u> New product/service line requiring additional space needs <input type="checkbox"/> Space needs for additional equipment/personnel- no new product line <input type="checkbox"/> Relocation of existing operations from other locations in Illinois <input type="checkbox"/> Relocation of existing operations from other non-Illinois locations <input type="checkbox"/> Business acquisition and relocation to project site <input type="checkbox"/> Additional manufacturing, processing, assembly space <input type="checkbox"/> Additional warehouse space <input type="checkbox"/> Additional R&D space <input type="checkbox"/> Additional office space <input type="checkbox"/> Other <input type="checkbox"/></p> <p><u>Rationale for Equipment Purchases at Project Location</u> New technology <input type="checkbox"/> Replacement-no new technology <input type="checkbox"/> Additional capabilities <input type="checkbox"/> Increased business activity <input type="checkbox"/> New product line <input type="checkbox"/> Support for office personnel <input type="checkbox"/> Other <input type="checkbox"/></p> <p><u>Rationale for Full-Time Job Growth at Project Location</u> Relocation of existing operations from other locations in Illinois <input type="checkbox"/> Relocation of existing operations from other non-Illinois locations <input type="checkbox"/> Business acquisition and relocation to project site <input type="checkbox"/> New line of business <input type="checkbox"/> Expansion of existing line of business <input type="checkbox"/> Other <input type="checkbox"/></p>				
<p>Project Timeline</p>	<table border="1"> <tr> <td>Location Decision Date:</td> <td>Construction Start:</td> </tr> <tr> <td>Occupancy Date:</td> <td>Full Employment Date:</td> </tr> </table>	Location Decision Date:	Construction Start:	Occupancy Date:	Full Employment Date:
Location Decision Date:	Construction Start:				
Occupancy Date:	Full Employment Date:				

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Part D: Costs²

(Double-click table below to input data. Please provide supporting documents.)

NOTE: For Projects including building leases-please submit a 10 year schedule of annual lease payments, NOT including CAM or property taxes.

Capital improvements during Years 1 & 2 will be incorporated into your EDGE agreement should your application be approved.

Project Timeline	Valuation Method (i.e. Vendor, Contractor, etc.)	Capital Improvements	Project Costs
Years 1-2			
Building Lease* OR following 4 costs			
1-Land Acquisition			
2-Site Improvements			
3-Off-site Improvements			
4-Building Construction			
Office Equipment-Purchases			
Office Equipment-Leases			
All Other Equipment-Purchases			
All Other Equipment-Leases			
Relocation Costs			
Job Training Costs			
R&D Costs			
NEW Project Debt Costs			
Other (describe on attached)			
Total		\$ -	\$ -
Years 3-10			
Building Lease* OR following 4 costs			
1-Land Acquisition			
2-Site Improvements			
3-Off-site Improvements			
4-Building Construction			
Office Equipment-Purchases			
Office Equipment-Leases			
All Other Equipment-Purchases			
All Other Equipment-Leases			
Relocation Costs			
Job Training Costs			
R&D Costs			
NEW Project Debt Costs			
Other (describe on attached)			
Total		\$ -	\$ -
Grand Total		\$ -	\$ -

**Discount building leases at 3% net present value. Discount at occurs at the end of each year.*

Part E: Competitive Requirements of the Project

Need for State Assistance

Describe specific reasons demonstrating that, if not for the credit, the Project would not occur in Illinois, which may be demonstrated by evidence that receipt of the Credit is essential to the Applicant’s decision to create new jobs in the State, such as the magnitude of the cost differential between Illinois and a competing state:

Rationale for Out-of-State Alternative

Check all boxes that apply (at least one box must be selected, accompanied by supporting narrative):

- Proximity to customers/clients
Describe:

- Proximity to suppliers
Describe:

- Workforce supply and education
Describe:

- Competative logistics/transportation
Describe:

- Other
Describe:

Increased Credit for Retained Employees (if applicable)

If the Applicant is seeking an increase in the credit for retained employees, check all those which apply (please provide supporting documents)

<input type="checkbox"/> Evidence the Applicant has multi-state location options and could reasonably and efficiently locate outside of the State, for example, documentation indicating firm interest in alternative non-Illinois locations, such as a prospective offer or letter, OR
<input type="checkbox"/> Demonstration that at least one other state is being considered for the Project, for example, disclosure of sites of out-of-state location options that would receive the proposed investment and job creation in the event the business is not designated, which may include documentation such as incentive letters or prospective offers from other states.

Part F: Cost Differential

Summarize below the cost differential of alternative out-of-state sites (please attach supporting documents):³
(Double-click table below to input data.)

Cost (10 years)	Illinois Site	Alt State 1	Alt State 2
Labor (salary + benefits)	\$ -	\$ -	\$ -
Workers Compensation Insurance	\$ -	\$ -	\$ -
Unemployment Insurance	\$ -	\$ -	\$ -
Infrastructure Improvements-Offsite	\$ -	\$ -	\$ -
Land & Building Costs-Own	\$ -	\$ -	\$ -
Land & Building Costs-Lease	\$ -	\$ -	\$ -
Personal Property Tax	\$ -	\$ -	\$ -
State & Local Incentives <i>(totals from below)</i>	\$ -	\$ -	\$ -
Other: <i>(Describe and detail on attachment)</i>	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -

If Applicable, Incentives Available By Competing States: Identify any other federal, state or local discretionary grants, loans, or services available as an incentive to locate the project OUTSIDE Illinois.

Nature of Assistance (grant, loan, or service)	Source (list federal, state name or local gov't. name)	\$ Amount of Assistance (present value)	Status of Assistance
		\$	<input type="checkbox"/> Applied <input type="checkbox"/> Approved
		\$	<input type="checkbox"/> Applied <input type="checkbox"/> Approved
		\$	<input type="checkbox"/> Applied <input type="checkbox"/> Approved
		\$	<input type="checkbox"/> Applied <input type="checkbox"/> Approved
		\$	<input type="checkbox"/> Applied <input type="checkbox"/> Approved

Incentives Offered by Local Illinois Units of Government: The company must identify any other local discretionary grants, loans, or services being offered as an incentive to locate the project IN Illinois.

Nature of Assistance (grant, loan, or service)	Source (list local Illinois unit of government)	\$ Amount of Assistance (present value)	Status of Assistance
		\$	<input type="checkbox"/> Applied <input type="checkbox"/> Approved
		\$	<input type="checkbox"/> Applied <input type="checkbox"/> Approved
		\$	<input type="checkbox"/> Applied <input type="checkbox"/> Approved
		\$	<input type="checkbox"/> Applied <input type="checkbox"/> Approved
		\$	<input type="checkbox"/> Applied <input type="checkbox"/> Approved
Total		\$	

Part G: Company Certification

The individual below, acting in the capacity to represent the Company in completion of this application, certifies that all information contained in this application, including the documentation, is true to the best of his/her knowledge and belief. By signing below, the Authorized Company Representative acknowledges that, once submitted, this application, as well as all data, information and documentation, becomes the property of the Department.

The Company(s) shall maintain operations at the Project for a minimum of ten (10) years beginning on the date of the Project is Placed in Service. If the Taxpayer ceases principal operations with the intent to shut down the project in the State permanently during the term of the Agreement, then the entire credit amount awarded to the Taxpayer prior to the date the Taxpayer ceases principal operations shall be returned to the Department and shall be reallocated to the local workforce investment area in which the project is located. Further, a discontinuance by the Company of operations at the Project during the first five (5) years after the beginning of the first tax year for which the Department issues a tax credit certificate shall result in all of the Credits taken by the Company during such five (5) years being deemed Wrongfully Exempted Illinois State Income Taxes and shall be subject to forfeiture. Discontinuance by the Company of operations at the Project after said initial five (5) year period shall not result in the forfeiture of any Credits previously taken by the Company.

The Company(s) have not entered into any real estate purchase or lease agreements at the Project site(s). If such agreements have been entered into, please provide a copy of the agreements. The Company(s) have not made any public announcements regarding commitments to expand in Illinois.

**Legal Applicant #1:
Authorized Company Representative**

_____	_____	_____	_____
Signature	Print/Type Name	Title	Date

**Legal Applicant #2:
Authorized Company Representative**

_____	_____	_____	_____
Signature	Print/Type Name	Title	Date

**Legal Applicant #3:
Authorized Company Representative**

_____	_____	_____	_____
Signature	Print/Type Name	Title	Date

Part H: Company Certification and Tax Clearance Documentation
COMPLETE ONE FOR EACH LEGAL APPLICANT

The company certifies that it is a company in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The company further authorizes the Department of Commerce and Economic Opportunity to seek a tax clearance letter from the Illinois Department of Revenue and authorizes the Department of Revenue to provide such a letter stating whether the records of the Department show that Borrower is in compliance with all tax Acts administered by the Department of Revenue and to which Borrower is subject.

The company also certifies that no tax liens, including but not limited to municipal, county, state or federal liens, have been filed against the company, the majority shareholders of the company, or in the name of related business owned by the applicant.

The company certifies that all information contained in this application, including the documentation, is true to the best of his/her knowledge and belief.

SIGNATURE OF CHIEF

EXECUTIVE OFFICER:

PRINTED/TYPED NAME OF

EXECUTIVE: NAME OF COMPANY:

COMPANY FEIN

NUMBER: DATE:

The Department strongly recommends submittal of this form as soon as possible, before completion of the application, in order to ensure timely processing of the tax clearance letter. The applicant must also complete the ITR-1, which may be found at:

<https://www.illinois.gov/dceo/ExpandRelocate/Incentives/Documents/ITR1%20Tax%20Clearance%20form%203rd%20Party.pdf>

NOTE: PLEASE MAIL COMPLETED PAGE **AND ITR-1 FOR EACH LEGAL APPLICANT TO TERI WHITFIELD, DEPARTMENT OF COMMERCE & ECONOMIC OPPORTUNITY, 500 EAST MONROE STREET, 4TH FLOOR, SPRINGFIELD, ILLINOIS 62701 OR EMAIL TO TERI.WHITFIELD@ILLINOIS.GOV.**

Definitions & Instructions

¹ “Full-time employee” means an individual who is employed for consideration for at least 35 hours each week or who renders any other standard of service generally accepted by industry custom or practice as full-time employment. [35 ILCS 10/5-5.] Interns and consultants are NOT included within the definition of full-time employee. Annually scheduled periods for inventory or repairs, vacations, holidays and paid time for sick leave, vacation or other leave shall be included in this computation of full time employment. An individual for whom a W-2 is issued by a Professional Employer Organization (“PEO”) is a full-time employee if employed in the service of the Applicant for consideration for at least 35 hours each week or who renders any other standard of service generally accepted by industry custom or practice as full-time employment to the Applicant. [*Id.*]

² If the Applicant has more than 100 employees, the project must involve an investment of at least \$2,500,000 in capital improvements to be placed in service within the State as a direct result of the project and the Applicant must employ a number of new employees in the State equal to the lesser of (A) 10% of the number of full-time employees employed by the applicant world-wide on the date the application is filed with the Department or (B) 50 New Employees. If the Applicant has 100 or fewer employees, there is no capital improvement requirement but the Applicant must employ a number of new employees in the State equal to the lesser of (A) 5% of the number of full-time employees employed by the applicant world-wide on the date the application is filed with the Department or (B) 50 New Employees. The annual Credit shall be equal the lesser of: (1) the sum of (i) 50% of the Incremental Income Tax attributable to New Employees at the Applicant's project and (ii) 10% of the training costs of New Employees; or (2) 100% of the Incremental Income Tax attributable to New Employees at the Applicant's project. However, if the project is located in an underserved area, then the amount of the Credit may not exceed the lesser of: (1) the sum of (i) 75% of the Incremental Income Tax attributable to New Employees at the Applicant's project and (ii) 10% of the training costs of New Employees; or (2) 100% of the Incremental Income Tax attributable to New Employees at the Applicant's project. If an Applicant agrees to hire the required number of New Employees, then the maximum amount of the Credit for that Applicant may be increased by an amount not to exceed 25% of the Incremental Income Tax attributable to retained employees at the Applicant's project; provided that, in order to receive the increase for retained employees, the Applicant must provide the additional evidence required under paragraph (3) of subsection (b) of Section 5-25. The amount of the annual Credit for a Taxable Year shall not exceed either the Incremental Income Tax attributable to the Project for that Taxable Year or the Company's Illinois State Income Taxes for that Taxable Year, and further provided that the total amount of Credits allowed to the Company in all Taxable Years during the term of this Agreement shall not exceed the total amount of Project Costs incurred by the Company during all prior Taxable Years. For this reason, Project Cost information (defined below) is also requested, and must exceed the amount of the credits claimed annually based on the following formula and example:

(# new full-time jobs created) x (average annual gross salary of newly-created full time jobs) x (State of Illinois individual income tax rate) x (length of EDGE agreement in # years)

Example: 250 x \$75,000 x 0.0495 x 10 x 0.50 = \$4,640,625
(estimated minimum value of certificates issued over 10-year life of EDGE agreement)

“Capital improvements” *represent the minimum eligible investment chosen in Part B-2.* Capital Improvements shall include the purchase, renovation, rehabilitation, or construction of permanent tangible land, buildings, structures, equipment and furnishings in an approved project sited in Illinois and in expenditures for goods or services that are *normally capitalized*, including organizational costs and research and development costs incurred in Illinois. For land, buildings, structures and equipment that are leased, the lease must equal or exceed the term of the Tax Credit Agreement and the cost of the property shall be determined from the present value, using the corporate interest rate prevailing at the time of the application, of the lease payments.

“Project costs” *must exceed tax credits to be received* and include all costs of the project incurred or to be incurred by the taxpayer including: capital investment, including, but not limited to, equipment, buildings, or land; infrastructure development; debt service, except refinancing of current debt; research and development; job training and education; and lease costs or relocation costs, but excludes the value of State incentives, including discretionary tax credits, discretionary job training grants, or the interest savings of below market rate loans. [35 ILCS 10/5-30.]

³ The cost differential of alternative out-of-state sites, includes written information on non-Illinois sites under consideration, comparison of industry costs in other states, cost/benefit analyses of moving or closing the business, financial statements, internal memoranda, or any other financial documentation evidencing cost differential.

Part J: Required Attachments to Application

- Certificate of Good Standing for each Legal Applicant identified in Part A (or other proof of authority to transact business in the State)
- ITR-1 for each Legal Applicant identified in Part A
- Organizational chart identifying each Legal Applicant (identified in Part A) and related company (identified in Part B)
- Specific Project Information attachment (describes each checked items in the following three categories: *Rationale for Building Expansion/New Building at Project Location; Rationale for Equipment Purchases at Project Location; Rational for Full-Time Job Growth at Project Location.*)
- Supporting Cost Documentation (Part D)-*Optional*
- 10 year schedule of annual lease payments for leased Project space- *Provide both gross and discounted value (3% discount rate)*
- Competitive Requirements Supporting Documents (Part E description) -*Optional, for information in additional to that provided in Part E*
- Cost Differential Narrative (Part F description)
- Statement of Financial Conditions:** Existing companies must provide a Balance Sheet and Profit and Loss Statement for each Legal Applicant identified in Part A. Financial Statements must be for at least the last two (2) years, as well as 90-day interim or pro forma financials. Start-up companies must provide monthly cash flow projections for the first year and three year projections of Balance Sheet and Profit and Loss Statements, as well as any 90-day interim or pro forma financials.
- Real Estate purchase or lease agreements at the Project site(s)
- Other _____
- Other _____