

Financial Incentive Pre-Application Worksheet

DATE: _____
APPLICANT: _____
ADDRESS: _____
PHONE #: _____ EMAIL: _____
CONTACT PERSON: _____
PROJECT NAME: _____

PROJECT TYPE

Please check all that apply and fill in SIC/NAICS code if known.

- Industrial, Manufacturing, Technology SIC/NAICS code: _____
 - New building, no existing Missouri operations
 - New building, other Missouri operations already in existence
 - Expanding existing facility
 - Retain existing facility

- Retail/Restaurant/Hotel SIC/NAICS code: _____
 - New freestanding building
 - New multi-use tenant building
 - Remodel, addition or expansion of existing building

- Office
 - New freestanding building
 - New multi-use tenant building
 - Remodel, addition or expansion of existing building

- Residential
 - New freestanding residential units
 - New residential units in a multi-use building
 - Remodel, addition or expansion of existing building

- Downtown
 - Remodel, addition or expansion of existing building
 - Exterior façade improvement
 - Construction of new building

- Other _____

PROPERTY FOR WHICH INCENTIVES ARE BEING SOUGHT

Attach map and legal description of property.

ADDRESS: _____
CURRENT PROPERTY OWNER: _____
WILL APPLICANT BE PURCHASING THE PROPERTY: YES _____ NO _____
TOTAL ACRES: _____ Building Sq. Ft.: _____

INVESTMENT

Total new investment: \$ _____

Acquisition of land/existing buildings: \$ _____
Annual lease of land/existing buildings: \$ _____
Preparation of plans, studies, surveys: \$ _____
Site preparation costs: \$ _____
Building improvements: \$ _____
Site improvements: \$ _____
Utilities/Infrastructure Costs: (streets, sewer, etc.): \$ _____
Purchase of machinery & equipment: \$ _____
Lease of machinery & equipment: \$ _____
Other: \$ _____

TIMELINE

Calendar year in which applicant plans to begin construction: _____

Approximate opening date: _____

WAGE & BENEFITS

	Job Category (executive, professional, clerical, general labor etc.)	# new full-time employees	# new part-time employees	Average hourly wage/employee
Year 1				
Year 2				

% of health care premium paid for by the employer: _____

TYPE OF FINANCIAL INCENTIVE DESIRED

Tax Abatement

- Tax Increment Financing
- Chapter 100 Industrial Revenue Bonds
- Chapter 353 Tax Abatement
- MODESA & MODESA-Lite

Special Assessment, Property Tax, Sales Tax

- Neighborhood Improvement District
- Community Improvement District
- Transportation Development District
- Special Business District

Local Incentive Tools

- Sales Tax Sharing Agreements
- Cost-Share Development Agreements
- Broker Assistance Program
- Downtown Improvement Incentives