

Department of Economic Development INCENTIVES APPLICATION FORM

The City of El Paso requires the following information in order to process an application for incentives. This information is protected by the State of Texas and is not subject to public disclosure until the incentive agreement is executed. An application does not guarantee an incentive grant. City of El Paso Economic Development staff will conduct a review, normally 10 business days, and will contact the applicant once completed.

*Please note: If Construction has commenced on a project, the incentive application process is VOID.

Step 1	SECTION A. COMPANY AND	CONTACT INFORMATION
(Off	npany Headquarters Ficial Name and Address): ase include web address if available	
	iness Structure oprietorship, Partnership, Corporation	on)
3. Nan	ne of Contact Person:	
		Phone: () Email:
SECTION	ON B. PROPOSED PROJECT II	NFORMATION
4. Nan	ne and Address:	
5 Com	pany NAICS Code	
0. 00111	party Wilco Code	
6. Whic	ch target industry does your compan	most closely relate to?
	Defense and Aerospace	
	Life Sciences	
	Tourism	
	Advanced Manufacturing	
	Advanced Logistics	
	Business Support Services	
	Retail/Destination	
	Other: (please explain)	

Step 2 SECTION C. JOB AND WAGE INFORMATION

7a. **MUST** Provide number of **FULL-TIME** jobs, with hourly wage/salary, to be created or retained. (Fringe benefits are <u>not</u> to be included in these calculations.) Include current employment numbers if applicable. **Attach additional sheets if necessary.**

Title or Occupation Code	Number of Employees	Hourly Wage per employee	Annual Salary

7b (If applicable). Please also include the number of **PART-TIME** jobs, with hourly wage/salary, to be created or retained. (Fringe benefits <u>not</u> included in calculations). Include current PT employment numbers if applicable.

Title or Occupation Code	Number of Employees	Hourly Wage per employee	Annual Salary

8. Provide the total annual payroll for each of the initial five years of operation, **excluding** benefits.

	Year 1		Year 1 Year 2		Year 3		Year 4		Year 5	
	()	()	()	()	()
Total Annual										
Payroll										

9. Health Insurance *Please submit Paperwork to certify Health benefits, which will be offered to employees
What type of Health insurance will the company offer employees? What percentage of Health insurance will the company
cover for employees?

Step 3 SECTION D. INVESTMENT INFORMATION

10a. Total dollar amount for proposed project improvements:

Real Property	y
Land	\$
Existing Building Improvements	\$
New Building Improvements	\$
<u>Total</u>	\$
Personal Prope	rty
Equipment	
Computers	\$
Machinery	\$
Other- Specify(attach additional sheets if necessary)	\$
Furniture and Fixtures	\$
<u>Total</u>	\$
Grand Total	\$

10b. Please provide ACTUAL start and completion dates:	

10c. Please provide yearly investment breakdown (If any):

Year	Investment
Year 1 (20)	\$
Year 2 (20)	\$
Year 3 (20)	\$
Year 4 (20)	\$
Year 5 (20)	\$
Year 6 (20)	\$
Year 7 (20)	\$

11.	What is the current Minimum	Appraised Valu	e, If known please	provide:	(El Paso C	Central Appraisal

Year:	Value: \$	

12. Application packet must inclu	de the following:
	oounds, field notes and/or a site survey showing the location of existing and proposed description *please include Property ID
13. Has the company previously	received an incentive with all terms and conditions? YES NO
SECTION E. CERTIFICATION	N .
I hereby certify that the inform	nation contained within this application is true and correct.
Name and Title of Officer of	Company:
Signature:	
Date:	
Telephone:	
☐ Step 1- Section A-B☐ Step 2- Section C☐ Step 3- Section D-E	e completed all steps within the City of El Paso's incentive application and that all
Applicant signature	Denisse Carter, EDCCC- Economic & International Development
Date	Date

Return Completed Application to:

Eddie Garcia Garciaez2@elpasotexas.gov Economic Development Manager Economic & Int'l Development Department 801 Texas Ave. 2nd Floor El Paso Texas, 79901