

# **INCENTIVES APPLICATION FORM**



The County of El Paso and the City of El Paso require the following information in order to process an application for incentives. Customarily, this information is protected by the State of Texas through the Texas Government code § 552.131 and is not subject to public disclosure until the incentive agreement is executed. An application does not guarantee an incentive grant until it is reviewed and approved by the County and City of El Paso.

The Applicant acknowledges that the County and City of El Paso are governmental bodies subject to the Texas Public Information Act (PIA) and thus may be required to release information in accordance with the PIA. Any information the Applicant considers to be proprietary, trade secret, or otherwise confidential in its application or other information furnished to the County and City to facilitate the procedures for notice to third party under the PIA should be marked and noted.

#### SECTION A. COMPANY CONTACT INFORMATION

| 1.<br>2 | Applicant compan                                       | y:       | dress:                |         |                  |                       |            |         |
|---------|--|----------|-----------------------|---------|------------------|-----------------------|------------|---------|
| ۷.      |  | City     | y:                    |         |                  | State:                |            | Zip:    |
| 3.      | Name of contact p                                      |          |                       |         |                  |                       |            |         |
|         | •  | Phone:   |                       | Emai    | l:               |                       |            |         |
| 4.      | Ownership:   |          | □ Private             |         | D Public         |                       |            |         |
| 5.      | Business Structure                                     | :        | □ Proprietorship      |         | □ Partnership    | □Corporati            | on         | □ Other |
| SE      | CTION B. PROJECT                                       | DETAILS  | S                     |         |                  |                       |            |         |
| 6.      | Proposed location                                      | address: |                       |         |                  |                       | PID #:     |         |
|         | ·  | City:    |                       |         | State            | PID PID Z             |            |         |
| 7.      | Building:  |          |                       |         |                  |                       |            |         |
| 8.      | Acquisition:   |          | Purchased             |         | Leased           |                       |            |         |
| 9.      | If applicable, indicate date of acquisition:           |          |                       |         |                  |                       |            |         |
| 10.     | Company NAICS co                                       | ode:     |                       |         |                  |                       |            |         |
| 11.     | Specify industry:                                      | 🛛 Defe   | ense and Aerospace    |         |                  | Advanced Logistic     | cs         |         |
|         |  | 🗆 Life   | Sciences              |         |                  | Business Support      | Services   |         |
|         |  | 🗆 Toui   | rism                  |         |                  | 🗆 Retail / Destinatio | on / Hotel |         |
|         |  | 🗆 Adva   | anced Manufacturing   | g       |                  | □ Other               |            |         |
|         | If other, please ex                                    | plain:   |                       |         |                  |                       |            |         |
| 12.     | 2. List other communities considered for this project: |          |                       |         |                  |                       |            |         |
| 13.     | Has the company  | previou  | sly received incentiv | ves fro | om the following | taxing entities?      |            |         |
|         |  | 🗆 Cou    | nty of El Paso 🛛 🛛    | l City  | of El Paso       | □ State of Texas      |            |         |
| 14.     | Reason for incenti                                     | ve reque | st:                   |         |                  |                       |            |         |
|         |  |          |                       |         |                  |                       |            |         |
|         |  |          |                       |         |                  |                       |            |         |

## SECTION C. JOB WAGE AND BENEFITS INFORMATION

15. Provide number of **FULL-TIME** jobs, with hourly wage/salary, to be created or retained. (Fringe benefits are not 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 |
|--------------------------|---------------------|--------------------------|---------------|
|                          |                     |                          |               |
|                          |                     |                          |               |
|                          |                     |                          |               |
|                          |                     |                          |               |
|                          |                     |                          |               |
|                          |                     |                          |               |
|                          |                     |                          |               |

16. Please include the number of **PART-TIME** jobs, with hourly wage/salary, to be created or retained. (Fringe benefits <u>not</u> included in calculations).

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

- 17. Total company workforce (global / national workforce): \_\_\_\_\_\_
- 18. If available, include the expected number of construction jobs:
- 19. Total local jobs to be created (part time, full time, construction):
- 20. Provide total annual payroll years 1-5, as required, **excluding** benefits.

|                      | Year 1<br>(20) | Year 2<br>(20) | Year 3<br>(20) | Year 4<br>(20) | Year 5<br>(20) |
|----------------------|----------------|----------------|----------------|----------------|----------------|
| Existing jobs        |                |                |                |                |                |
| New Jobs             |                |                |                |                |                |
| Total Annual Payroll |                |                |                |                |                |

21. What percentage of health care benefits is covered by the employer: \_\_\_\_\_%

#### SECTION D. INVESTMENT INFORMATION

22. Total dollar investment for proposed project:

| Real Property                  |    |
|--------------------------------|----|
| Land                           | \$ |
| Existing Building Improvements | \$ |
| New Building Improvements      | \$ |
| Total                          | \$ |
| Personal Property              |    |
| Equipment                      |    |
| Computers                      | \$ |
| Machinery                      | \$ |
| Furniture and Fixtures         | \$ |
| Total                          | \$ |
| GRAND TOTAL                    | \$ |

23. Please provide yearly investment breakdown:

| Capital Investment |     |  |  |  |
|--------------------|-----|--|--|--|
| Year 1 (20 )       | \$  |  |  |  |
| Year 2 (20 )       | \$  |  |  |  |
| Year 3 (20 )       | \$  |  |  |  |
| Year 4 (20 )       | \$  |  |  |  |
| Year 5 (20 )       | \$  |  |  |  |
| Training Investme  | ent |  |  |  |
| Year 1 (20 )       | \$  |  |  |  |
| Year 2 (20 )       | \$  |  |  |  |
| Year 3 (20 )       | \$  |  |  |  |
| Year 4 (20 )       | \$  |  |  |  |
| Year 5 (20 )       | \$  |  |  |  |

#### SECTION E. NEW CONSTRUCTION DETAILS

- 24. Wall Height:
- 25. Construction Type: \_\_\_\_\_
- 26. General Shape: \_\_\_\_\_
- 27. HVAC:

28. Lighting:

## 29. Fire Suppressant:

- 30. Occupancy:
- 31. Exterior Walls:
- 32. Parking Area:
- 33. Loading Dock Area:

#### SECTION F. LEGAL ENTITIES TO A 380/381 INCENTIVE AGREEMENT

34. Please list all applicant subsidiaries that would be a party to the incentive agreement:

- Affiliate 1:
- Affiliate 2: \_\_\_\_\_
- Affiliate 3:

Relationship to applicant: Relationship to applicant: Relationship to applicant: \_\_\_\_\_

# SECTION G. ADDITIONAL COMPANY INFORMATION

- 35. Please include the following attachments:
  - Company insurance
  - □ Health insurance benefits
  - □ Financial statements 3-year or prior year report
  - □ Property information:
    - Metes and bounds
    - Site survey/renderings showing the location of existing and proposed improvements
    - Legal description
  - □ If this project is in the Retail / Destination / Hotel Industry, please provide projected sales

# **SECTION H. CERTIFICATION**

I hereby certify that I am familiar with the provisions contained in the current incentive policy and guidelines, and that the information provided in this application may become part of an incentive agreement with the County and City of El Paso. I also certify that I am authorized to sign this application and that the information provided here is true and correct, and that knowingly providing false information may result in voiding this application and termination of any incentive agreement. Name: \_\_\_\_\_ Title:

Signature:

Date:

## Submit the following application and additional documents (i.e. Section G) to:

City of El Paso **Economic and International Development Department** 123 W Mills Ave. Suite 111 El Paso, TX 79901 0:915.212.0094

| County of El Paso                   |
|-------------------------------------|
| Economic Development Department     |
| 500 E. San Antonio Avenue, Room 312 |
| El Paso,TX 79901                    |
| 0: 915.546.2177                     |

# SECTION I. ADDITIONAL INFORMATION (FOR INTERNAL STAFF USE ONLY)

| City tax information | (if expansion) |
|----------------------|----------------|
|----------------------|----------------|

Texas Secretary of State legal standing status

Real property: \$

| Applicant | is | eligil | ble | for: |
|-----------|----|--------|-----|------|
|-----------|----|--------|-----|------|

| 🗆 FTZ in | centives |
|----------|----------|
|----------|----------|

County precinct:

School district:

□ State incentives

City council district: Proposed property zoning:

What is the current year appraisal value as per the Central Appraisal District:

Personal property: \$ \_\_\_\_\_