

To apply for assistance from the Pratt Area Economic Development Corporation (PAEDC) the following application is required.

PRATT AREA ECONOMIC DEVELOPMENT CORPORATION (PAEDC)
Economic Incentives Application Cover Sheet

The Pratt Area Economic Development Corporation welcomes your interest in participating in its economic development initiatives. This cover sheet and corresponding information must be filled out completely, signed, and submitted to the President of the Pratt Area Economic Development Corporation.

Applicant/Company Legal Name:

Address:

Telephone:

Business EIN/TIN Number:

E-Mail:

Website:

Principal Contact(s) and Titles:

Section I: Company Information

1. Form of Organization (Check Box)

☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Partnership
☐ Corporation ☐ Limited Liability Company ☐ Not-for-profit Corporation

2. List all subsidiaries or affiliates and details of ownership for:

a) company(s):

b) principal(s):

3. Has the Company or any of its Directors/Officers been involved in or is the Company presently involved in any type of litigation? ☐ Yes ☐ No If yes, please explain.

4. Is there any present threat of litigation? ☐ Yes ☐ No If yes, please explain.

5. Has the Company or any principal ever filed for bankruptcy? ☐ Yes ☐ No If yes, please explain.

6. If using a developer list the developer and their contact information. If not using developer note as not applicable.

7. If using a developer have they ever filed for bankruptcy? ☐ Yes ☐ No If yes, please explain.

8. Has the developer or any affiliated party had judgments recorded against them? ☐ Yes ☐ No
If yes, please explain.

9. Has the developer or any affiliated party defaulted on a real estate obligation? ☐ Yes ☐ No
If yes, please explain.

10. Has the developer or any affiliated party been the defendant in any legal suit or action? ☐ Yes ☐ No
If yes, please explain.

11. Is this business or developer delinquent on any taxes owed the State of Kansas, Pratt County, or the City of Pratt. ☐ Yes ☐ No

******If any delinquent taxes are present the business is disqualified from incentives until tax obligations have been satisfied.*****

Section II: Project Summary

1. Please provide a brief overview of the relocation or expansion project.
2. Provide a brief description of the proposed facility, including proposed location, square footage, and age and condition of the building.
3. If the building is leased:
 - a. What are the annual lease payments?
 - b. What is the present remaining value of the entire lease term?
4. If the building is owned:
 - a. What are the annual note payments?
 - b. What is management's estimate on the value of the property?
 - c. What is this estimate based on?
 - d. Has the property been appraised, by who, and when?
 - e. Will any portion of the building be leased to another tenant?
 - f. If leased to another tenant, to who, by when, and what are the terms of that lease?
5. List any other offices or plant locations of the Company or any subsidiary companies.
6. Any special facility needs for proposed location (i.e. water, sewer, power, streets, etc.)
7. Describe the project time-line.
8. Please indicate if you will be utilizing a local general contractor, or a mix of local and non-local contractors for construction purposes.
9. Please provide the names and address of the contractors, if known.

Section III: Contracts

1. List any significant contracts into which the Company has entered and which may affect plans in Pratt.
2. Has the Company licensed its technology to others, or is there any lien or claim on the Company's technology?
3. Is the company obligated to pay any royalties or is it obligated to future cash or in-kind payments to any third party for technology or any other matter?
4. Is there a labor union? If so, describe the contract with the union.

Section IV: Benefits and Community Fit

1. Does the company participate in the cost of a health insurance plan for all full-time employees?
 - a. If yes, what percentage of health benefits are paid by the employer and what percentage are paid by employee contributions?

Company	%
Employee	%
2. Please list and describe any other employee benefits that are provided by the company.
3. Please calculate the total cost to the company of all employee benefits (including health benefits and those reported in question 2) expressed as a percentage of wages for the average company employee. _____ %

4. Please indicate what percentage of your projected workforce will reside in the following locations.

_____ % live in Pratt County
 _____ % Other

5. What bi-products or waste products will be produced at the proposed location?
6. How will your company handle any waste or bi-products produced?
7. How does your company comply with all applicable environmental regulations?
8. Has your company ever received an environmental related fine from a regulatory
9. Please provide a summary of your company's community involvement and philanthropy. Please provide a description of any future plans in this area.
10. Please explain your company's job training program.
11. Please describe the advancement paths for positions within the company and the company's philosophy about upward mobility for employees.
12. Describe the overall added benefits your company will bring to Pratt and the community in terms of personnel, skills, labor force, etc.

Section V: Confidential Disclosures and Finance Information

1. Suppliers: list name, address and phone numbers for 3 current major suppliers
2. Customers: list name, address and phone numbers for 3 current major customers
3. Past three years of audited year-end financial statements (minimum of balance sheets and income statements) for company.
4. Current and historical financial statements for affiliated/partner companies, if applicable.

Section VII: Signature and Verification

I hereby certify that the foregoing and attached information is true and correct to the best of my knowledge.

Date: _____

Applicant Printed Name: _____

Applicant Signature: _____

Applicant Title: _____

Section II: Project Budget Summary

1. Please indicate the requested funding from PAEDC.

	Land	Buildings	Infrastructure	Abatements	Loans	Grants	Other	Total
Year 1	\$	\$	\$	\$	\$	\$	\$	\$
Year 2	\$	\$	\$	\$	\$	\$	\$	\$
Year 3	\$	\$	\$	\$	\$	\$	\$	\$
Year 4	\$	\$	\$	\$	\$	\$	\$	\$
Year 5	\$	\$	\$	\$	\$	\$	\$	\$
Total:	\$	\$	\$	\$	\$	\$	\$	\$

2. Please provide a complete project budget for the proposed relocation or expansion. This should include the company's investment, requested PAEDC funding and any other funding source pertaining to this project. Use the following format.

	PAEDC	Company	Source (Identify)	Source (Identify)	Source (Identify)	Total
Land	\$	\$	\$	\$	\$	\$
Buildings	\$	\$	\$	\$	\$	\$
Infrastructure	\$	\$	\$	\$	\$	\$
Machinery/Equipment	\$	\$	\$	\$	\$	\$
Relocation/Training	\$	\$	\$	\$	\$	\$
Equipment	\$	\$	\$	\$	\$	\$
Vehicles	\$	\$	\$	\$	\$	\$
Abatements	\$	\$	\$	\$	\$	\$
Loans	\$	\$	\$	\$	\$	\$
Grants	\$	\$	\$	\$	\$	\$
Other (Specify)	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$

2. Please indicate the investment by the company and other source(s) of funds (excluding the funds being requested) in the relocation or expansion within the Pratt Area over a ten-year period. Use the following table format.

	Land	Buildings	Infrastructure	Machinery/ Equipment	Relocations/ Training	Vehicles	Other	Total
Year 1	\$	\$	\$	\$	\$	\$	\$	\$
Year 2	\$	\$	\$	\$	\$	\$	\$	\$
Year 3	\$	\$	\$	\$	\$	\$	\$	\$
Year 4	\$	\$	\$	\$	\$	\$	\$	\$
Year 5	\$	\$	\$	\$	\$	\$	\$	\$
Year 6	\$	\$	\$	\$	\$	\$	\$	\$
Year 7	\$	\$	\$	\$	\$	\$	\$	\$
Year 8	\$	\$	\$	\$	\$	\$	\$	\$
Year 9	\$	\$	\$	\$	\$	\$	\$	\$
Year 10	\$	\$	\$	\$	\$	\$	\$	\$

Section III: People and Job Creation

- Names of Current Executive/Senior Management Personnel responsible for the proposed operation.

Name	Title	Years of Service	Ownership Interest

- Names of all Directors and Key Employees associated with the Company.

Name	Title	Years of Service	Ownership Interest

- Are any new management talents needed?
- What kind?
- What specific members of management will be hired in the next year?
- Indicate any management/partners not full time with Company (describe other responsibilities).
- Please list all **current** employees as outlined in the table below.

Job Category	Current Number	Average Hourly Wage
Accounting/Finance		\$
General Management		\$
Research & Development		\$
Clerical		\$
Sales/Marketing		\$
Engineering		\$
Production		\$
TOTAL		\$

9. Please list all ***new employees*** that will be created by the proposed project using the table format below.

Job Title/Category	Hourly Wage Range (Low – High)	Average Hourly Wage	Jobs Created Per Year										Total Jobs
Exempt (Salaried)			1	2	3	4	5	6	7	8	9	10	
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											
Non-Exempt (Hourly)			1	2	3	4	5	6	7	8	9	10	
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											
	\$ - \$	\$											

Section IV: Signature and Verification

I hereby certify that the foregoing and attached information is true and correct to the best of my knowledge.

Date

Applicant's Signature

Applicant's Printed Name

Title