



BUSINESS ATTRACTION PRIME SITES PROGRAM

APPLICATION AND PROJECT NARRATIVE

PART A: LEGAL APPLICANT

NAME OF APPLICANT: D/B/A (if applicable)	
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ADDRESS(ES)	FEIN	IBT
County in which project will be located		

COMPANY CONTACT PERSON	TITLE:	PHONE NUMBER:
ADDRESS:		EMAIL:

NOTE: Information provided in this application, e.g. investment, job creation, etc., must track information provided by the applicant during the Economic Development for a Growing Economy (EDGE), High Impact Business (HIB), Reimagining Energy & Vehicles in Illinois (REV) program or Manufacturing Illinois Chips for Real Opportunity (MICRO).

Requested funding under Business Attraction Prime Sites program: \$ _____



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PART B: PROGRAM ELIGIBILITY

1. Has the applicant's project that is the subject of this application been approved for the EDGE, HIB, REV or MICRO programs?
- | | | | |
|------|-----|-----|-------|
| EDGE | HIB | REV | MICRO |
|------|-----|-----|-------|

If the applicant has not been approved for EDGE, HIB, REV or MICRO, has it applied for these programs?

EDGE	HIB	REV	MICRO
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2. For EDGE or HIB applicants/recipients only, which of the following minimal job creation and investment threshold will the project satisfy?

Creation of at least 50 new jobs and investment of at least \$40 million
Creation of at least 100 new jobs and investment of at least \$20 million

3. Which of the following industries does the applicant operate in, or does the project focus on?

Agribusiness or Ag Tech
Energy
Information Technology
Life Sciences or Healthcare
Manufacturing
Transportation or Logistics (excluding warehouse)

4. Is the applicant registered in the Grant Accountability and Transparency Act (GATA) Portal?

Yes	No
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PART C: PROJECT OVERVIEW – Location, Land, Building & Equipment

1. **Project Location** (Must provide an electronic/digital photo of project location)

Address	City	County	Zip Code

2. **Project Description** (Describe the nature of the project; please provide a text description in addition to completing the table below)

Building Information (If applicable, identify each location separately)	<u>Land & Building Structure</u> Land Size (acres): Building SF Existing: Building SF Expansion: Building Use New portion only <input type="checkbox"/> Manufacturing; SF: <input type="checkbox"/> Assembly; SF: <input type="checkbox"/> Warehouse/Distribution; SF: <input type="checkbox"/> Office; SF: <input type="checkbox"/> Other; SF: <i>Note: Attach contractor's or architect's construction budget</i>	<u>Land & Building Finances</u> Purchase Price \$: Construction Cost \$: Appraised Value \$: (new portion only) Appraisal Date: <i>Note: Attach appraisal and purchase agreement or closing statement.</i>
	New Equipment Funded with Grant (include installation costs) Manufacturing: \$ Assembly: \$ Distribution: \$ Office: \$ Other: \$ Total: \$ <i>Note: Attach vendor estimates or invoices.</i> Used Equipment Funded with Grant (include installation costs) Manufacturing: \$ Assembly: \$ Distribution: \$ Office: \$ Relocation Costs: \$ Other: \$ Total: \$ <i>Note: Relocation costs-attach written estimates. Equipment costs must be supported by appraisal.</i>	
Equipment Information	TOTAL NEW & USED EQUIPMENT FUNDED WITH GRANT	\$



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3. Project Narrative

Please provide in the text box below (or via attachment) the following:

A detailed scope of work narrative including project location and a description of the work to be performed and end result.

BRIEF DESCRIPTION OF TASKS (FOR COMPLETE PROJECT TIMELINE)	ESTIMATED COMPLETION DATE
Task 1.	
Task 2.	
Task 3.	
Task 4.	
Task 5.	
Task 6.	



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What are the necessary steps required to complete the project and your plans to complete them, including for example site acquisition, zoning, environmental review, construction, or other required steps?

Are there any foreseeable risks and what are your proposed mitigations?



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What is the nature of the ongoing operations at the site once the project is complete?

Please indicate any other information necessary to convey the nature of the project and the capacity to execute.



PART D: PROJECT NEED

1. **Project Location.** Is the project located in one of the following areas (must provide documentation)?:
- Opportunity Zone (<https://dceo.illinois.gov/oppzn.html>)
 - Underserved area
 (<https://dceo.illinois.gov/expandrelocate/incentives/underservedareas.html>)
 - Enterprise Zone
 (<https://dceo.illinois.gov/expandrelocate/incentives/taxassistance/enterprisezone.html>)

None of the above

2. Cost Differential (for EDGE or HIB applicants/recipients only):
- a. Summarize below the cost differential (\$xx.xx) of alternative out-of-state sites (please attach supporting documents):

Cost	Illinois Site	Alt State 1 (City, State)	Alt State 2 (City, State)
Construction costs	\$	\$	\$
Land & building costs – own	\$	\$	\$
Land & building costs – lease	\$	\$	\$
Equipment – new/used	\$	\$	\$
Federal, state & local grants or incentives (from below)	\$	\$	\$
Other (describe and attach support)	\$	\$	\$
Total	\$	\$	\$

- b. Project financial information (please attach supporting documents):

Grantee Financial Report Table	
The dates of your entity's fiscal year.	
The amount of State-funded grant awards your entity is expected to receive during your current fiscal year.	
The amount of federally-funded grant awards (direct federal and federal pass-through combined) your entity is expected to receive during your current fiscal year.	



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OTHER FUNDING SOURCES (values in grant scope of work should match those provided in budget template)	Approved/Secured	Pending	Not Yet Applied	If Funds Not Yet Approved/ Secured, Provide Estimated Date	Activities in Grant Scope of Work	Over Project Costs
Federal Funds (list below)						
					\$	\$
					\$	\$
					\$	\$
Other State Funds (list funds from any state source/program)						
					\$	\$
					\$	\$
					\$	\$
Other Local Funds (list funds from any local source/program)						
					\$	\$
					\$	\$
					\$	\$
Other Funds (list organization's funds, bank and other loans, fundraising, donations, etc.)						
					\$	\$
					\$	\$
					\$	\$
TOTAL					\$	\$



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Provide an estimated monthly expenditure of funds once the project starts.

(Note: Include total expenditures for proposed capital project for which you are requesting a grant, including matching funds in this estimated monthly cash flow.)

Date Project to Start	
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Month 1	\$	Month 13	\$
Month 2	\$	Month 14	\$
Month 3	\$	Month 15	\$
Month 4	\$	Month 16	\$
Month 5	\$	Month 17	\$
Month 6	\$	Month 18	\$
Month 7	\$	Month 19	\$
Month 8	\$	Month 20	\$
Month 9	\$	Month 21	\$
Month 10	\$	Month 22	\$
Month 11	\$	Month 23	\$
Month 12	\$	Month 24	\$
		Total	\$



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3. **Statement of Need.** Describe the need for state assistance, without which, the project would not occur in Illinois:



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4. **Local support.** Has the applicant secured all necessary federal, state and local permits and approvals to proceed with this project? Yes No

a. If not, please identify permits/approvals to be obtained and provide a reasonable, estimated timetable to secure such permits/approvals below:

b. **Please include copies of any letter(s) of support from local officials or community members.**

5. **Multiple locations.** If the applicant has multiple locations, please identify in the below charts:

a. **List of other locations or 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)

Company Name	City	# Full-Time Employees	Relationship
			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"/> %

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

Company Name	State/Country	# Full-Time Employees	Relationship
			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"/> %



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PART E: PROJECT CAPACITY

1. Industry. Is the project in one of the following industries? (if so, please provide a narrative or supporting documentation demonstrating the project industry)

Advanced Computer Technology and Applications, including:

Artificial Intelligence

Blockchain

Cloud Computing

Data Science

Internet of Things

Quantum Information Systems

Virtual Reality

Renewable and Alternative Energy

Cybersecurity

Biotechnology and Pharmaceuticals

Nanotechnology

Agricultural Technology

Medical Devices

Telemedicine

Robotics

Next-Generation Transport & Logistics (Self-Driving Vehicles, Drones, etc.)

Description of industry:



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2. **Investment.** Total capital investment (attach supporting information). (This should match the amount from your EDGE, HIB, REV or MICRO application) \$ _____
3. **Employment.**
 - a. Total worldwide employment (applicant, parent, subsidiaries): _____
 - b. Total new jobs to be created by project: _____
4. **Wage information.**
 Complete the table below by entering the total number of full-time jobs to be created by the applicant at the project.

Job Title	Average Annualized Wage	Number of Full-time Jobs	Total Payroll
TOTAL			

*1 FT = 35+ hrs. per week.

County average annualized pay: \$ _____

(Please use the “Average Annual Pay” from the U.S. Bureau of Labor Statistics (<https://data.bls.gov/PDQWeb/en>))



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PART F: ATTACHMENTS

1. Electronic/Digital Photo of Project Site

2. Lease (if applicable)

If grant funds are to be utilized to make capital improvements to real property structures/land **that your organization does not own**, please provide a copy of the lease or other agreement (i.e., easements, rights-of-way, etc.) between your organization and the property owner that will allow your organization to continue to use the improved premises, for an appropriate length of time, consistent with applicable state law and rules.

3. Other Supporting Documents



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PART G: APPLICANT CERTIFICATION

The applicant certifies that this project is a new startup or expansion and is not a relocation of an existing business from another site in Illinois.

The applicant certifies that it will comply with all applicable laws and regulations prohibiting discrimination on the basis of race, sex, religion, national origin, age or handicap, including but not limited to the Illinois Human Rights Act (775 ILCS 5/1 *et seq.*).

The applicant authorizes the Department of Commerce and Economic Opportunity to verify in any manner deemed appropriate any and all items indicated in this application which includes information obtained through the Illinois Department of Employment Security, Consumer Credit Bureau Services, business reporting services such as Dun and Bradstreet and criminal history record check.

The applicant certifies that if the provisions of the Illinois Prevailing Wage Act (820 ILCS 130/.01 *et seq.*) apply to the project which is the subject of this application, construction cost estimates provided by the applicant have taken into account the effect of said Act.

The applicant is aware the Department must comply with certain State of Illinois requirements which may impact proposed projects. Department funded projects must comply with the Farmland Preservation Act (505 ILCS 75/1 *et seq.*); the Administrative Rules related to flood disaster protection (17 Ill. Admin. Code Parts 3700, 3702, 3704, 3706, 3708); the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 *et seq.*); the Interagency Wetland Policy Act of 1989 (20 ILCS 830/1-1 *et seq.*); and the Illinois Natural Areas Preservation Act (525 ILCS 30/1 *et seq.*). If awarded, Applicants are advised that they must comply with the annual reporting responsibilities required by the Corporate Accountability for Tax Expenditures Act, 20 ILCS 715/1 *et seq.*

Neither the applicant nor the applicant's employees have been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois nor has there been an admission of guilt to such conduct which is a matter of public record.

The applicant has not been barred from bidding on, or entering into, State of Illinois contracts as a result of a violation of the Criminal Code of 2012 (720 ILCS 5/33E-3 and 5/33E-4).

The applicant will comply with the provision of the Illinois Business Economic Support Act (30 ILCS 760/1 *et seq.*).



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TAX CERTIFICATIONS

The applicant certifies that it is a company in good standing, authorized to do business in Illinois and has no delinquent tax liabilities.

The applicant 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 a related business owned by the applicant.

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my information and belief, the information contained herein is true, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

Applicant Name:

Authorized Company

Representative

_____	_____	_____	_____
Signature	Print/Type Name	Title	Date

Applicant Name:

Authorized Company

Representative

_____	_____	_____	_____
Signature	Print/Type Name	Title	Date