**Illinois Department of Commerce and Economic Opportunity**

**Economic Development for a Growing Economy (EDGE)**

**Business Application**

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| **Part A: Legal Applicant** |

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| COMPANY(S)  **Exact legal name of company creating jobs, and making investment,**  **and claiming EDGE tax credits.** | |  |  |  | | --- | --- | --- | | **Name:** | **FEIN:** | **FYE:** |   Current Street Address:  City, State, Zip Code:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | SIC# |  | NAICS# |  | IL Unemployment Ins. Acct # |  |   Check all that apply: Creating Jobs Making Investment  Receiving offset against taxes  Choose only one: S Corp  C Corp LLC Other: State/Year of Incorporation \_\_\_\_\_\_\_\_  Disregarded for Illinois income tax purposes Disregarded for Illinois payroll tax purposes  Primary Contact Name/Title/Email/Phone:  Person completing the application Name/Title/Email/Phone:  Company Officers / Owners   |  |  |  | | --- | --- | --- | | *Name* | *Ownership %* | *Title* | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   *Please use additional sheets if more than one applicant.* | |
| Total # of new full-time employees to be hired for the project (must match Part B & Part C tables) | |  |
| Total # of statewide full-time employees at the time of application (must match Part B & Part C tables) | |  |
| Total # of worldwide full-time employees at the time of application (must match Part B & Part C tables) | |  |
| Illinois State Senate District # (all project locations) | |  |
| Illinois State Representative District # (all project locations) | |  |
| Individuals authorized to execute application and agreement (list below). **Number of signatures required: \_\_\_\_\_\_\_\_** | | |
| Name/Title/Company | |  |
| Name/Title/Company | |  |
| Name/Title/Company | |  |

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| **Part B: Project Summary** |

1. **Description of the Legal Applicant creating new jobs at the Project:**

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| Use-select only ONE | Manufacturing, processing, assembling, warehousing, distributing products, or agricultural processing, or  Office industries and other services, such as conducting research and development, providing tourism services, or providing services in interstate commerce. |
| **\*\*\*\*Retail, retail food, health and professional services (other than headquarters or distribution facilities) are NOT eligible under the EDGE program** | |

**List all other 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 Parent Sister Common Owner % |
|  |  |  | Sub Parent Sister Common Owner % |
|  |  |  | Sub Parent Sister Common Owner % |
|  |  |  | Sub Parent Sister Common Owner % |

Please describe the relationship among the Legal Applicants (identified in Part A, if applicable), as well as any related companies identified in the table above. Include a corporate organizational chart (as an attachment) to assist in your description.

Describe the nature of each Legal Applicant(s) (please provide some background on the company, when it was formed, the primary line of business/industry, current location, current headquarters, any Illinois sites, any DBAs or other company names, and any other relevant information, etc.) please add supplementary pages as necessary:

1. **Project Description**

Please check the boxes that apply:

If the Applicant has more than 100 full-time world-wide employees, the Company will invest at least $2,500,000 in Capital Improvements and employ the lesser of (a) ten percent (10%) of the Applicant’s current full-time headcount or (b) at least 50 new full-time employees at the Project site; or

If the Applicant has 100 or fewer full-time world-wide employees, the Company will employ at least five percent (5%) of the Applicant’s current full-time headcount.

Applicant is applying for EDGE for Startups as a Startup Taxpayer. “Startup Taxpayer” means a corporation, partnership, or other entity incorporated or organized no more than 10 years before the filing of an application for an Agreement that has never had any Illinois income tax liability, excluding any Illinois income tax liability of a Related Member which shall not be attributed to the startup taxpayer.

**Project Overview:**

* Project location (actual address of the project):
* Capital investment in first two years:
* Jobs to be created in first two years (full-time):
* Retained Jobs:
* Current full-time employee baseline at project (full-time):
* Illinois employee baseline (full-time):

**Narrative description of the project:**

Please answer the following questions:

* What is the project?
  + Ideal responses potentially include:
    - Expansion or Relocation
    - New Construction
    - Number of Square Feet
    - Term of Lease or Purchase Price
* Why are you pursuing this project?
  + Ideal responses potentially include:
    - New Customers
    - Natural Growth
    - Lack of Necessary Infrastructure
    - Lack of Continguous Land for Expansion
    - Lack of Utility Access

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| Project Timeline (dd/mm/yyyy) | Location Decision Date: | Construction Start: |
| Occupancy Date: | Full Employment Date: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Estimated Training Costs for New Employees (trainee wages not included) | |  |  |  |  | | --- | --- | --- | --- | | Year | Est. Training $ | Year | Est. Training $ | | 1 | $ | 6 | $ | | 2 | $ | 7 | $ | | 3 | $ | 8 | $ | | 4 | $ | 9 | $ | | 5 | $ | 10 | $ |   Training Costs: curriculum development; training materials (including scrap product costs); trainee domestic travel expenses; instructor costs (including wages, fringe benefits, tuition and domestic travel expenses); rent, purchase or lease of training equipment; and other usual and customary training costs |
| Is the proposed project located in an underserved area (select any that apply and supply supporting documentation subject to confirmation by Department personnel) | The area is identified as an underserved area on the DCEO website (<https://dceo.illinois.gov/expandrelocate/incentives/underservedareas.html> or  Not applicable. |

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| **Part C: Jobs Impact** |

**Table C-1: Current Illinois employees (excluding those currently located at Project that is the subject application at time of application):**NOTE: If multiple Illinois sites, please identify by location.

***\* Please enter information in “Current IL baseline” tab of EDGE application spreadsheet.***

**Table C-2: Current jobs located at the Project that is the subject of this application:** NOTE: If multiple Illinois sites, please identify by location.

***\* Please enter information in “Current Project baseline” tab of EDGE application spreadsheet.***

**Table C-3: New Full-Time Employees (1) to be hired during the first two years at the Project site(s).** NOTE: If multiple Illinois sites please identify by location.

**The number of newly created full-time jobs at the Project you report below will be incorporated into your EDGE agreement should your application be approved.**

***\* Please enter information in “New Jobs (2 years)” tab of EDGE application spreadsheet.***

**Jobs Created**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Q1 Jan-March** | **Q2 April-June** | **Q3 July-September** | **Q4 October-December** |
|  |  |  |  |  |
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**Estimated benefits as a percentage of compensation (i.e., health insurance)\_\_\_ \_\_\_\_\_\_%**

**Table C-4: Applicant’s locations outside of Illinois (which means other states and locations outside the United States – related entities are not included):**

|  |  |  |
| --- | --- | --- |
| **Company Name** | **State/Foreign Country** | **# of Full-Time Employees** |
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| **Total:** | |  |
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| **Part D: Costs** |

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| --- | --- | --- | --- | --- |
| **Year** | **Q1 Jan-March** | **Q2 April-June** | **Q3 July-September** | **Q4 October-December** |
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NOTE: For Projects including building leases, please submit a 10-year schedule of annual lease payments, NOT including CAM or property taxes.

***\* Please enter information in “Capital Investment” tab of EDGE application spreadsheet.***

**Incentives Offered by Local Illinois Units of Government**: If applicable, the company should identify any other local discretionary grants, loans, or services being offered as an incentive to locate the project IN Illinois.

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of Assistance (grant, loan, or service) | Source (list local Illinois unit of government) | $ Amount of Assistance  (present value) | Status of Assistance |
|  |  | $ | Applied Approved |
|  |  | $ | Applied Approved |

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| **Part E: Company Certification** |

The individual below, acting in the capacity to represent the Company in completion of this application, certifies that all information contained in this application, including the documentation, is true to the best of his/her knowledge and belief. By signing below, the Authorized Company Representative acknowledges that, once submitted, this application, as well as all data, information and documentation, becomes the property of the Department.

The Company(s) shall maintain operations at the Project for a minimum of ten (10) years beginning on the date of the Project is Placed in Service. If the Company ceases principal operations with the intent to shut down the project in the State permanently during the term of the Agreement, then the entire credit amount awarded to the Company prior to the date the Company ceases principal operations shall be returned to the Department and shall be reallocated to the local workforce investment area in which the project is located. Further, a discontinuance by the Company of operations at the Project during the first five (5) years after the beginning of the first tax year for which the Department issues a tax credit certificate shall result in all of the Credits taken by the Company during such five (5) years being deemed Wrongfully Exempted Illinois State Income Taxes and shall be subject to forfeiture. Discontinuance by the Company of operations at the Project after said initial five (5) year period shall not result in the forfeiture of any Credits previously taken by the Company. If the Company never meets either the investment or job creation and retention requirements specified in the Agreement during the entire five (5) year period beginning on the effective date of the Agreement and ending five (5) years after the effective date of the Agreement, then the Agreement is automatically terminated on the last day of the fifth taxable year after the Agreement is executed.

The Company(s) has not entered into any real estate purchase or lease agreements at the Project site(s). If such agreements have been entered into, please provide a copy of the agreements. The Company(s) has not made any public announcements regarding commitments to expand in Illinois. The Company(s) certifies that if not for the credit, the project would not occur in Illinois.

**Legal Applicant:**

**Authorized Company Representative**

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|  |  |  |  |  |  |  |
| Signature |  | Print/Type Name |  | Title |  | Date |

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| **Part F: Company Certification and Tax Clearance Documentation**  **COMPLETE ONE FOR EACH LEGAL APPLICANT\***  ***(\*Applicants which checked Page 1 boxes as disregarded entities for both income and payroll taxes are NOT required to complete a separate ITR-1 form but are required to complete the certification information below.)*** |

The applicant certifies that it has no delinquent tax liabilities. The applicant below, if a company, certifies that it is a company in good standing and authorized to do business in Illinois. The applicant authorizes the Department of Commerce and Economic Opportunity to seek a tax clearance letter from the Illinois Department of Revenue and authorizes the Department of Revenue to provide such a letter stating whether its records show that applicant is in compliance with all tax acts administered by the Department of Revenue and to which the applicant is subject. The applicant also certifies that no tax liens, including but not limited to municipal, county, state or federal liens, have been filed against the applicant, the majority shareholders of the applicant (if a corporation), or in the name of related business owned by the applicant.

If the applicant has employed a consultant as part of completing this application or otherwise seeking tax credits from the Department, any compensation paid to the consultant shall comply with Section 8 of the Lobbyist Registration Act, 25 ILCS 170/8 (contingent fee prohibition).

The undersigned certifies that all information contained in this application, including the documentation, is true to the best of the signatory’s knowledge and belief.

SIGNATURE OF CHIEF EXECUTIVE OFFICER:

(including electronic signature)

PRINTED/TYPED NAME OF EXECUTIVE: NAME OF COMPANY:

COMPANY FEIN:

DATE:

**The Department strongly recommends submittal of this form as soon as possible, before completion of the application, in order to ensure timely processing of the tax clearance letter. The applicant must also compete the ITR-1, which is supplied as a separate document.**

**NOTE: PLEASE EMAIL TO CEO.EDGE@ILLINOIS.GOV**

**OR MAIL COMPLETED PAGE AND ITR-1 FOR EACH LEGAL APPLICANT TO:**

**EDGE PROGRAM MANAGER**

**DEPARTMENT OF COMMERCE & ECONOMIC OPPORTUNITY**

**500 EAST MONROE STREET, 4TH FLOOR,**

**SPRINGFIELD, ILLINOIS 62701**

***Applicants which checked Page 1 boxes as disregarded entities for both income and payroll taxes are NOT required to complete a separate ITR-1 form, but are required to complete the certification information above.*Definitions & Instructions**

1 “Full-time employee” means an individual who is employed for consideration for at least 35 hours each week or who renders any other standard of service generally accepted by industry custom or practice as full-time employment. [35 ILCS 10/5-5.] Interns and consultants are NOT included within the definition of full-time employee. Annually scheduled periods for inventory or repairs, vacations, holidays and paid time for sick leave, vacation or other leave shall be included in this computation of full time employment. An individual for whom a W-2 is issued by a Professional Employer Organization (“PEO”) is a full-time employee if employed in the service of the Applicant for consideration for at least 35 hours each week or who renders any other standard of service generally accepted by industry custom or practice as full-time employment to the Applicant. [*Id*.]

2 If the Applicant has more than 100 employees, the project must involve an investment of at least $2,500,000 in capital improvements to be placed in service within the State and the Applicant must employ a number of new employees in the State equal to the lesser of (A) 10% of the number of full-time employees employed by the applicant world-wide on the date the application is filed with the Department or (B) 50 New Employees. If the Applicant has 100 or fewer employees, there is no capital improvement requirement but the Applicant must employ a number of new employees in the State equal to the lesser of (A) 5% of the number of full-time employees employed by the applicant world-wide on the date the application is filed with the Department or (B) 50 New Employees. The annual Credit shall be equal the lesser of: (1) the sum of (i) 50% of the Incremental Income Tax attributable to New Employees at the Applicant's project, (ii) 10% of the training costs of New Employees and (iii) 25% of the Incremental Income Tax attributable to retained employees; or (2) 100% of the Incremental Income Tax attributable to New Employees at the Applicant’s project. However, if the project is located in an underserved area, then the amount of the Credit may not exceed the lesser of: (1) the sum of (i) 75% of the Incremental Income Tax attributable to New Employees at the Applicant’s project, (ii) 10% of the training costs of New Employees; and (iii) 50% of the Incremental Income Tax attributable to retained employees; or (2) 100% of the Incremental Income Tax attributable to New Employees at the Applicant’s project.

The amount of the annual Credit for a Taxable Year shall not exceed either the Incremental Income Tax attributable to the Project for that Taxable Year or the Company’s Illinois State Income Taxes for that Taxable Year, and further provided that the total amount of Credits allowed to the Company in all Taxable Years during the term of this Agreement shall not exceed the total amount of Project Costs incurred by the Company during all prior Taxable Years. For this reason, Project Cost information (defined below) is also requested, and must exceed the amount of the credits claimed annually based on the following formula and example:

(# new full-time jobs created) x (average annual gross salary of newly-created full time jobs) x (State of Illinois individual income tax rate) x (length of EDGE agreement in # years)

*Example*: 250 x $75,000 x 0.0495 x 10 x 0.50 = $4,640,625

(estimated minimum value of certificates issued over the 10-year life of EDGE agreement)

“Capital improvements” *represent the minimum eligible investment chosen in Part B-2*. Capital Improvements shall include the purchase, renovation, rehabilitation, or construction of permanent tangible land, buildings, structures, equipment and furnishings in an approved project sited in Illinois and in expenditures for goods or services that are *normally capitalized*, including organizational costs and research and development costs incurred in Illinois. For land, buildings, structures and equipment that are leased, the lease must equal or exceed the term of the 10-year Tax Credit Agreement and the cost of the property shall be determined from the present value, using the corporate interest rate prevailing at the time of the application, of the lease payments. [35 ILCS 10/5-30]

“Project costs”*must exceed tax credits to be received* andinclude all costs of the project incurred or to be incurred by the taxpayer including: capital investment, including, but not limited to, equipment, buildings, or land; infrastructure development; debt service, except refinancing of current debt; research and development; job training and education; and lease costs or relocation costs, but excludes the value of State incentives, including discretionary tax credits, discretionary job training grants, or the interest savings of below market rate loans. [35 ILCS 10/5-30]

The Department of Commerce and Economic Opportunity (DCEO) is committed to protecting the privacy of its vendors, grantees and beneficiaries of programs and services.  At times, DCEO will request social security numbers (SSNs) or other personal identifying information.  Federal and state laws, rules and regulations require the collection of this information for certain purposes relating to employment and/or payments for goods and services, including, but not limited to, grants.  DCEO also collects confidential information for oversight and monitoring purposes.

Furnishing personal identity information, such as a social security number, is voluntary; however, failure to provide required personal identity information may prevent an individual or organization from using the services/benefits provided by DCEO as a result of state or federal laws, rules and regulations.

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| **Part G: Required Attachments to Application** |

**Illinois Certificate of Good Standing (screenshot acceptable)** **for each Legal Applicant**

**ITR-1 for each Legal Applicant**

**Corporate organizational chart identifying each Legal Applicant (identified in Part A) and related company (identified in Part B)**

**Statement of Financial Conditions:** Existing companies must provide a Balance Sheet and Profit and Loss Statement for each Legal Applicant. Financial Statements must be for at least the last two (2) years, as well as 90-day interim or pro forma financials. Start-up companies must provide monthly cash flow projections for the first year and three-year projections of Balance Sheet and Profit and Loss Statements, as well as any 90-day interim or pro forma financials.

**Site plan or map which shows boundaries of the Project site(s) (please use Google Earth or similar software clearly identifying project location)**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**