

Return all application forms and attachments to:

Renewable Energy Tax Incentive Program
Arizona Commerce Authority
1700 W. Washington St., Ste. 600
Phoenix, AZ 85007

Questions regarding the program can be directed to:
tiffanyf@azcommerce.com

Arizona Commerce Authority Renewable Energy Tax Incentive Program

INITIAL APPLICATION FOR PRE-APPROVAL (A.R.S. §41-1511)

Section A: General Information

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Structure:

Sole Proprietorship C-Corporation S-Corporation Partnership LLC

If LLC is selected, please identify whether the LLC is treated as a Partnership, Corporation or Disregarded Entity for federal tax purposes. _____

FEIN # _____ Tax Year End Date: _____

NAICS Code (3-6 digits) can be found on the first page of federal tax returns or at: <http://www.census.gov/epcd/www/naicstab.htm>: _____

Contact Person: _____ Contact Title: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

Is the applicant company the entity that will be operating out of the facility? Yes No

Does the applicant company have any partners, affiliates, subsidiaries or is this a joint venture in this renewable energy project? (If Yes, please list the other entities.) Yes No

Name **Address** **FEIN**

Name **Address** **FEIN**

To your knowledge, will any other company apply for tax credits for this renewable energy project? (If Yes, please list the other entities.) Yes No

Name **Address** **FEIN**

Name **Address** **FEIN**

Section B: Project Information

Project Name: _____

Physical address of the project: _____

City: _____ Zip: _____ County: _____

Is the renewable energy operation a: Headquarters Facility Manufacturing Facility

Is the project for the: Establishment of a New Facility Expansion of an Existing Facility

Describe the primary business activity at the Arizona facility. (Attach separate sheet if more space is required.)

- **Manufacturers:** Please identify what materials the business starts the manufacturing process with and describe in detail each of the following: a) new forms, b) qualities, c) properties and d) combinations that are imparted to the materials which result in a usable product.
- **Headquarters:** Please describe the administrative office functions that are performed at the facility including: financial, personnel, administrative, legal, planning and similar activities. Also identify the current and planned territories being covered by this HQ operation.

What renewable resource does the product use?
(i.e. solar, water, wind, etc.) _____

The primary activities of the company, affect which of the following, as it relates to electricity?

Generation Storage Testing and R&D Transmission Distribution

What percent of the overall business activity at the Arizona facility will be devoted to the activity described above? (Must be more than 50% to qualify.) _____ %

How was the percentage of business activity measured?

Revenues Expenses Square Footage People Assigned

Section B: Project Information Continued

Is the proposed project being completed in multiple phases? Yes No

If YES, how many phases will there be? _____

If the project has multiple phases, please describe the phase(s) that are being included in this application?
(Attach separate sheet if more space is required.)

Parcel Number(s) of Real Property:	Use of Property:
_____	_____
_____	_____

County Assessor Personal Property Account Number(s): _____

Provide a detailed description of the facility, including at a minimum the following details: a draft construction outline of the facility, square footage, estimated utility requirements (i.e. water, waste water and electrical consumption), special features or attributes of the facility (i.e. loading docks, ceiling heights, etc.).
(Attach separate sheet if more space is required):

Date construction is scheduled to begin: (Month, Day, Year) _____

Estimated last date of construction: (Month, Day, Year) _____

Estimated date the facility will be operational: (Month, Day, Year) _____

Provide the following for the prime contractor of the project, if available:

Name: _____

Address: _____

City, State & Zip: _____

Phone: _____

Contract Number: _____

Section B: Project Information Continued

Estimated total **capital investment amount** for the project:
 (This figure should be equal to the total capital investment listed in the Project Budget Detail below.)

\$ _____

Estimated total **qualifying investment amount** for the project:
 (This figure should be equal to the forecasted qualified investment amount listed in the Project Budget Detail below.)

\$ _____

Project Budget Detail

(Below are general categories of expenditures for a project. The estimated figures in the two columns below should be equal to the information provided in the Project Information Section above.)

Description	Total Capital Investment	***Forecasted Qualified Investment Amount
1. Lease deposits & prepaid lease amounts	\$ _____	\$ _____
2. Land and land improvement / development	\$ _____	\$ _____
3. Architecture, design, engineering, attorneys & other services	\$ _____	\$ _____
4. Direct pre-opening admin (permits, zoning, fees, security, etc)	\$ _____	\$ _____
5. Construction & building improvements (all trades)	\$ _____	\$ _____
6. Fixtures, including relocation of same	\$ _____	\$ _____
7. Machinery, equipment & pre-opening materials, including relocation of same	\$ _____	\$ _____
8. Furnishings & decor, including relocation of same	\$ _____	\$ _____
9. Other (Please describe):	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

*** Items to be excluded from Forecasted Qualified Investment Amount column, include:

- Any cost other than land, building, machinery and fixtures
- Depreciation, amortization & other non-cash costs
- General advertising, marketing & business development
- Payroll unless direct labor on the project, prior to beginning operations

Section C: Employment Information

Current number of jobs at the facility: _____

Estimated total number of new jobs at the facility: _____

Estimated number of **new full-time employment positions** being created for this facility: (This figure should be equal to the **total FTEs** listed in the Employment Information Detail.) _____

Estimated number of **qualified employment positions** being created for this facility: (This figure should be equal to the **total QEPs** listed in the Employment Information Detail.) _____

Estimated gross payroll at this facility (excluding benefits, bonuses and commissions): _____

Estimated average annual wage at this facility: _____

Percentage of health insurance paid by company for all net new full-time employees: _____ %

Health Insurance Company Name: _____

Policy Number: _____

Effective Dates: _____ to _____

If the applicant is self-insured, attach documentation showing employer pays at least 80% of the fixed cost of the plan exclusive of claims payments, e.g. a copy of the Summary of the Plan or table of administrative fees, etc.

Employment Information Detail

(Below are general employment categories. The estimated figures in the FTE and QEP columns below should be equal to the information provided in the Project Information Section.)

Employment Categories	Annual Wage (excluding benefits)	% Insurance Paid by Company	Total number of new FTEs	Once the project is complete, what is the estimated number of new people being hired and retained to fill this FTE position in:					Total number of new QEPs
				Year 1	Year 2	Year 3	Year 4	Year 5	
A. Management	\$	%							
B. Production Staff									
1.	\$	%							
2.	\$	%							
C. Administration									
1. Customer Service	\$	%							
2. Facilities	\$	%							
3. Sales/Marketing	\$	%							
4.	\$	%							
D. Shipping & Transportation	\$	%							
E. Other (Please describe):	\$	%							
TOTALS	\$	%							

Section D: Supplemental Information

- Attach the appropriate application fee (\$500 - \$2,500 depending on the size of the project). Make check payable to the Arizona Commerce Authority.
- Attach the original [Form 285B](#) authorizing Commerce to obtain confidential taxpayer information from the Arizona Department of Revenue.
- Attach a copy of the Letter of Good Standing from the Arizona Department of Revenue.
- Attach a copy of the Letter of Good Standing from the County Treasurer of the county in which the project is located.
- Attach proof of participation in the federal [E-Verify program](#). A copy of the screen shot once logged in and their information is viewable or a copy of the Memorandum of Understanding (MOU) will suffice.
- Attach a copy of the fully executed construction contract, if available.
- Attach the estimated timeline of major project milestones, including such things as secured financing, acquisition of land/building, groundbreaking, inspections, etc.

Section E: Program Evaluation

How important a factor was the Renewable Energy Tax Incentive program in the applicant's decision to locate, expand or remain in Arizona?

- Very important Important Not important

How did you learn about the Renewable Energy Tax Incentive program?

Please share comments regarding your experience with the Renewable Energy Tax Incentive program:

Section F: Affidavit

As an officer of the applicant business, I certify under penalty of perjury that the information contained herein is true and correct according to my best belief and knowledge after a reasonable investigation of the facts and that the company:

Initial Each

- _____ Qualifies as a Renewable Energy Company as described in A.R.S. § 41-1511;
- _____ Agrees to continue in business at the qualifying facility for 5 full calendar years after receipt of post-approval, other than for reasons beyond the control of the applicant (A.R.S. § 41-1511(B)(8)(b)).;
- _____ Agrees to not be involved in any action involving the liquidation of the business assets or relocation out of state for 5 calendar years after a company receives post-approval, pursuant to A.R.S. § 41-1511(T). Acknowledges the State of Arizona claims the position of a secured creditor of the business in the amount of income tax credits the business received pursuant to A.R.S. §§ 43-1083.01 or 43-1164.01.
- _____ Consents to the adjustment or recapture of any amount of tax credit due to non-compliance;
- _____ Hereby certifies that it is in compliance with environmental, employment and other regulatory measures;
- _____ Understands that receipt of pre-approval does not guarantee receipt of tax incentives under this program;
- _____ Agrees to allow inspections and audits by the Arizona Commerce Authority and the Arizona Department of Revenue as are reasonably necessary to verify the accuracy of the submitted information;
- _____ Authorizes Arizona Commerce Authority and Arizona Department of Revenue to adjust, terminate or recapture all or part of the tax incentives for noncompliance with program requirements;
- _____ Agrees to furnish records of Arizona expenditures to Arizona Commerce Authority and Arizona Department of Revenue on request;
- _____ Must apply for and receive a Letter of Good Standing from the Arizona Department of Revenue and the County Treasurer for the county in which the project is located to receive pre-approval for the tax incentives;
- _____ Is registered with and is participating in the E-Verify program pursuant to A.R.S. § 23-214(B) <http://www.uscis.gov/portal/site/uscis>;
- _____ Hereby certifies that the applicant does not have scrutinized business operations in Iran, in accordance with A.R.S. § 35-393 *et seq*; and
- _____ Hereby certifies that the applicant does not have scrutinized business operations in Sudan, in accordance with A.R.S. § 35-391 *et seq*.

_____ Print Name of Officer

_____ Signature

_____ Date