

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 is being used? _____

The 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

What percentage of the company's product is sold or is anticipated to be sold:

- A) Within the State of Arizona? _____ %
- B) Outside the State of Arizona? _____ %
- C) Outside of the United States? _____ %

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

If YES, how many phases will there be? _____

Section B: Project Information Continued

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 and 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. (Please describe):	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

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

- Any cost other than land, building, machinery and fixtures
- Any cost incurred prior to being pre-approved
- 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 below.) _____

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 below.) _____

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 _____

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 above.)

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

Section D: Supplemental Information

- Attach the appropriate application fee (\$500 - \$2,500 depending on the size of the project).
 Checks made payable to the Arizona Department of Commerce.
- 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 Assessor 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 and etc.

Section E: Program Evaluation

How important a factor was the Renewable Energy Tax Incentive program in the business' 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:

Initials

- _____ Qualifies as a Renewable Energy Company as described in A.R.S. §41-1511;
- _____ Agrees to continue in business at the qualifying facility for 10 full calendar years after receipt of post-approval, other than for reasons beyond the control of the applicant;
- _____ Agrees to not be involved in any action involving the liquidation of the business assets or relocation out of state for five calendar years after a company receives post-approval, pursuant to A.R.S. §41-1511(S). 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 disclosure by the Arizona Department of Commerce of the amount of tax incentives received each year in composite form without specific identification of any taxpayer;
- _____ 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 Department of Commerce and the Arizona Department of Revenue as are reasonably necessary to verify the accuracy of the submitted information;
- _____ Authorizes Arizona Department of Commerce 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 Department of Commerce 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 Assessor 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. §35-397;
- _____ Hereby certifies that the applicant does not have scrutinized business operations in Sudan, in accordance with A.R.S. §35-397.

_____ Print Name of Officer

_____ Signature

_____ Date