

SUPPLEMENT TO STATEMENT OF BENEFITS Real Estate & Personal Property

INSTRUCTIONS:

1. This completed SUPPLEMENT and the completed STATEMENT OF BENEFITS, along with all other requested materials, must be submitted to Greater Lafayette Commerce.
2. This SUPPLEMENT TO STATEMENT OF BENEFITS is part of the total application, and the CERTIFICATION in the STATEMENT OF BENEFITS applies to all statements in the APPLICATION.
3. To qualify, the project investment must be at least \$500,000.

SECTION 1	APPLICANT
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Name of Taxpayer:	
Address of Taxpayer (street and number, city, state & ZIP code):	Telephone: E-mail:

Name of Applicant if different from Taxpayer:	
Address of Applicant if different from Taxpayer (street and number, city, state & ZIP code):	Telephone: E-mail:
Description of relationship of Applicant to Taxpayer:	

Contact for this Application:	
Address of Contact if different from Taxpayer (street and number, city, state & ZIP code):	Telephone: E-mail:

Name of Parent Company (if any):

Does the company currently conduct business at this site?	Yes	_____	No	_____
If "No", how is the site currently used?				

Annual Report & History of Company
Company Certified Public Accountant:
Company Commercial Bankers:
Company Counsel:

To be completed by GLC Staff

Is this area currently designated as an Economic Revitalization Area?	Yes	_____	No	_____
Has it ever been so designated in the past?	Yes	_____	No	_____
Is this property in a Tax Increment Finance (TIF) district (requires RD Commission Approval)?	Yes	_____	No	_____

SECTION 2

JURISDICTION & PURPOSE

Jurisdiction:

Lafayette _____
West Lafayette _____
Tippecanoe _____
Shadeland _____

Purpose of Application:

Real Estate Tax Abatement - _____ years
Personal Property Tax Abatement - _____ years
ERA Designation Only - _____ years

Type of Industry:

Research & Development _____
Manufacturing _____
Logistics _____
Information Technology _____
Other _____ Please specify:

Describe proposed project.

SECTION 3

PROPERTY DESCRIPTION

Assessor's Personal Property Key Number(s):

Location of Real Property (street and number, city, state & ZIP code):

****ATTACH LEGAL DESCRIPTION & PLAT MAP WITH LOCATION****

SECTION 4

NATURE OF REAL ESTATE IMPROVEMENTS

Describe any Real Property Improvements:

Size of facility to be constructed and /or renovated

Rehabilitation of existing structure(s), especially architecturally significant or historic structures

Demolition of architecturally significant or historic structure(s)

Estimated Investment _____

SECTION 5 PERSONAL PROPERTY

Type of Project:

Research & Development _____

Machinery & Equipment _____

Logistics _____

Information Technology _____

Other _____ Please specify:

Estimated Investment _____

****ATTACH DEPRECIATION SCHEDULE****

APPLIES ONLY FOR THE CITY OF LAFAYETTE

Please note that all Personal Property tax abatements are subject to a Memorandum of Agreement that may require repayment of all or a portion of the tax savings realized in a designated ERA if it is terminated because the property is removed from the City of Lafayette by the applicant. Please contact the City of Lafayette Economic Department for details.

SECTION 6 EMPLOYMENT

How many do you employ today? _____

How many will you employ after the project is complete? _____

How many jobs will be created? _____ Full-time _____ Part-time

How many jobs are retained? _____ Full-time _____ Part-time

How many jobs will be eliminated? _____ Full-time _____ Part-time

Will any of the new positions be temporary or filled by contract employees Yes _____ No _____

If "Yes", describe the contract: _____

Will new employees be hired from the Tippecanoe region? Yes _____ No _____

If any positions are to be eliminated, please explain the circumstances and if any of the employees from these positions will be eligible for the new positions.

How many additional employees are:		How many retained employees are:	
	Number	Hourly Average	
Production			Production
Administrative			Administrative
Management			Management
Professional/			Professional/
Technical			Technical
Other			Other
Total/			Total/
Average Wage			Average Wage

What is the anticipated time frame for reaching full employment and the salary goals, per SB-1, from completion of improvement?

Year	1 yr	2 yrs	3 yrs	4 yrs	5 yrs	> 5
Employment						

Salary

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****IF GREATER THAN FIVE YEARS PROVIDE DETIALED TIMETABLE****

Does the company provide benefits to full time employees? Yes _____ No _____

If "Yes", explain and list:

Health Insurance	_____	% paid
Life insurance	_____	% paid
Disability	_____	% paid
Childcare	_____	% paid
Vacation	_____	min. # of days
Retirement	_____	% paid
Other	_____	% paid

To be completed by GLC Staff.

Is the average wage at or above the Tippecanoe County average? Yes _____ No _____

SECTION 7 IMPACTS & STATUS

Please estimate the % of your products or services sold outside this 8-county economic region? _____ %

Does the applicant supply any local firms? Yes _____ No _____

If yes, please list:

Will any additional public utilities, city services or other infrastructure be required by this project? Yes _____ No _____

If "Yes", explain:

Will any environmental permits be needed? Yes _____ No _____

If "Yes", explain:

Current Zoning _____

Will any changes, special exceptions be required? Yes _____ No _____

Have they been approved? Yes _____ No _____ N/A _____

Has the applicant or any predecessor of the applicant defaulted in any material respect the performance of financial obligations by the applicant? Yes _____ No _____

Is there any pending litigation materially affecting the applicant? Yes _____ No _____

If "Yes", please describe giving procedural posture of the case(s):

Are there any restrictions contained in the applicant's Articles or Certificate of Incorporation, Charter, Bylaws, Code of Regulations or any agreements to which the applicant is a party that could affect the applicant's ability to engage in this project?	Yes	_____
	No	_____
If "Yes", explain:		

SECTION 8 AFFIRMATION OF TAX PAYMENTS

I affirm that the applicant is current with all local, state, and federal tax obligations and understand that failure to have paid said taxes in a timely manner may render the applicant, during the course of this tax abatement, noncompliant and, therefore, ineligible for tax abatement.

Signature	_____	Date	_____
Name Printed	_____	Title	_____
E-mail	_____	Phone	_____