



Greater Minnesota Job Expansion Program Application Form

The Greater Minnesota Job Expansion Program provides a tax benefit to qualified Greater Minnesota businesses that increase their employment. Greater Minnesota is generally the area outside the Twin Cities seven county metro area. Qualified businesses that meet employment growth goals will receive sales tax refunds, subject to award limits, for purchases made during the 7-year period that the business is certified. Refer to the program's Frequently Asked Questions (FAQs) for guidance on completing this application.

Before proceeding, complete the Eligibility Form to determine if you may qualify for this program.

Section I. BUSINESS NAME AND IDENTIFYING INFORMATION

Business Name: _____

DBA/Trade Name (if any): _____

Previous Name(s) (if any): _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Website: _____

Business type: C Corp S Corp LLC LLP Partnership Sole Proprietor Other: _____

FEIN: __ - _____ MN Tax ID: _____

Date operations began in Greater Minnesota: Month: _____ Year: _____

Does your business participate in a traded sector (sells a significant amount of goods or services in non-local markets)? Yes: _____ No: _____

Business Industry Classification (NAICS) 3 digit code: _____

Find the code at <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart+2012>

List the location of the business expansion facility (if different than above). Complete a separate application for each additional facility.

Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Section II. AUTHORIZED BUSINESS REPRESENTATIVE INFORMATION

Name: _____
 First M.I. Last Title

Phone: _____ Email Address: _____

Section III. PROJECTIONS

1. Projected Taxable Purchases

Please complete the table below with the projected purchases subjected to sales tax at the business expansion facility for the 7-year certification period for which you are applying.

Annual Projected Purchases Subject to Sales Tax (7-Year Period)	
2015:	\$ _____
2016:	\$ _____
2017:	\$ _____
2018:	\$ _____
2019:	\$ _____
2020:	\$ _____
2021:	\$ _____
2022:	\$ _____
2023:	\$ _____
2024:	\$ _____
2024:	\$ _____
 Total: \$ _____	

2. Requested Amount

Use the formula provided below to determine potential award amount of the expansion.

$\$ \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \% = \$ \underline{\hspace{2cm}}$			
Total Expenditures	X	Sales Tax Rate	= Requested Amount

3. Planned Capital Expenditures

Please complete the tables below indicating the estimated dollar amount of real property improvements (building/land, not including acquisition) and capital equipment expenditures (machinery/equipment) for the first three years for which you are applying:

Building/Land Expenditures (not including acquisition)	
2015:	\$ _____
2016:	\$ _____
2017:	\$ _____
2018:	\$ _____

Machinery/Equipment Expenditures	
2015:	\$ _____
2016:	\$ _____
2017:	\$ _____
2018:	\$ _____

4. Planned Capital Expenditures Explanation

Provide a brief overview of any planned capital expenditures for the first three years at the business expansion facility:

Section IV. QUALIFICATION INFORMATION

1. Please list ALL positions at the facility.

Please note, if you have more than 10 positions, DEED has developed an excel spreadsheet for this question. The Spreadsheet can be found at <<insert web site>>.

Job Title	Date of Hire	Lowest Hourly Wage for this Position	Hourly Value of Non-Mandatory Benefits	Total Hourly Compensation of Lowest Paid Position	Total Hours Paid in the Last 12 Months	

2. Current Employment Status at the Business Expansion Facility

- a. Current number of Full Time Equivalent* (FTE) employees in Minnesota: _____
- b. Current number of Full Time Equivalent (FTE) employees: _____
- c. Number of FTEs to be created at the facility within three years: _____
- d. Total number of FTEs to exist at the facility within three years: _____
- e. Does the company's expansion plans include any employee relocations? Yes: No:
- f. Attach the most recent payroll register for business expansion facility. If there are currently no employees, attach a statement attesting to the lack of payroll and employment.

**"FTE " means one or a combination of employees that work 2080 hours in one 12-month period. These employees must be direct employees and for whom the business is required to pay social security, unemployment insurance and worker's compensation. Student workers, interns, contracted or temporary employees are not included in calculating the FTE numbers.*

3. Payroll Information

- a. Compensation* of lowest paid current employee at the business expansion facility: \$_____per/hr
- b. Anticipated average compensation* of new employees at the business expansion facility: \$_____per/hr

**compensation includes cash wages and benefits not mandated by law*

Please note the business is required to pay all of their employees at the business expansion facility at least 120% of the federal poverty guideline for the year for a family of four before seeking a sales tax refund. For 2015, 120% of the federal poverty level for a family of four is \$29,100 per year, which is equivalent to \$13.99 per hour based on a 2080 hour work year. This rate is adjusted annually and must be met for the 7-year certification period.

4. Type of business

Describe the primary business activity at the business expansion facility:

5. Other Assistance

List and provide amount of other financial assistance the business expansion facility has received or expects to receive related to this expansion from state or local governments, such as tax credits, loans, grants, tax increment financing, and tax abatements:

Section V. APPLICATION FEE

The application fee is \$500 or 3% of the award, whichever is greater, and is payable upon preliminary approval of this application. DEED will notify the business of the amount and when to submit the application fee.

Section VI. CERTIFICATIONS AUTHORIZATIONS

The undersigned:

- a. Has filed a copy of this application with (print name of official) _____, the chief clerical officer of the city in which the facility is located (or, if an agricultural processing facility outside a city's boundaries, the county's chief clerical officer), and
- b. grants the State of Minnesota and its agents the right to contact any and all persons as the State may deem necessary to verify the accuracy or completeness of any and all Applicant Data, and
- c. agrees to execute and deliver written authorizations for the release of data or for any and all data privacy waivers reasonably required for the State to verify the accuracy or completeness of Applicant Data, and
- d. acknowledges that it is aware it will be disqualified from any further consideration for financial assistance from the Greater Minnesota Job Expansion Program if any Applicant Data proves to have been false or misleading at the time it was made, and that the act of providing any such false Applicant Data may subject the business to the penalties provided in Minn. Stat. 609.645 (Fraudulent Statements).

DATA PRIVACY ACKNOWLEDGMENT:

Tennessee Warning Notice: We are requesting this data to determine if you are eligible for an award under the Greater Minnesota Job Expansion Program. You don't have to provide the information, but failure to do so will make it difficult to determine if you are eligible for an award. The data you provide is private and cannot be shared without your permission.

Data Privacy Notice: per MN Statutes 13.591, Subdivision 1, certain data provided in this application is private or non-public data; this includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds. Per MN Statutes 116J.401, Subd. 3., certain data provided in this application is private data; this includes data collected on individuals pursuant to the operation of the Greater Minnesota Job Expansion Program.

BUSINESS CERTIFICATION:

Financial Assistance Certification: I hereby certify that the Greater Minnesota Job Expansion Program is necessary to my business expand and that without the Greater Minnesota Job Expansion Program my business expansion project would not happen to the extent outlined in the Application. I certify that I will not count any existing positions or employees moved or relocated from another of Minnesota facility where my business conducts operations as full-time equivalent for the purposes of fulfilling requirements of the Greater Minnesota Job Expansion Program. I certify I will not terminate, lay-off, or reduce the working hours of an employee for the purpose of hiring an individual to fulfill the requirements of the Greater Minnesota Job Expansion Program.

I have read the above statements and I agree to supply the information requested to the MN Department of Employment and Economic Development, Office of Business Finance with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Print Name/Title of Business Representative: _____

Signature of Business Representative: _____ Date: _____

Submit applications or questions to:
David.J.Heyer@state.mn.us
Ph.: 651-259-7441

or by mail to:

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