

**South Dakota  
Reinvestment Payment Program  
Application**

**Project Owner:** \_\_\_\_\_

**Project Contact Information:** \_\_\_\_\_

**Federal Employer's Identification Number (FEIN):** \_\_\_\_\_

**Address (Street, City, County, State, Zip)** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Web Address:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**NAICS Code:** \_\_\_\_\_

**Type of Ownership:**

\_\_\_\_ Partnership    **State of Incorporation:** \_\_\_\_\_    **Date of Incorporation:** \_\_\_\_\_

\_\_\_\_ LLC    **State of Incorporation:** \_\_\_\_\_    **Date of Incorporation:** \_\_\_\_\_

\_\_\_\_ Corporation    **State of Incorporation:** \_\_\_\_\_    **Date of Incorporation:** \_\_\_\_\_

\_\_\_\_ Other, please specify: \_\_\_\_\_

**Type of Program Applying For:**

(You can only mark one)

\_\_\_\_ Reinvestment payment on project in excess of \$20,000,000

**OR**

\_\_\_\_ Reinvestment payment on equipment upgrades exceeding \$2,000,000

**Estimated State Sales/Use Tax** \$ \_\_\_\_\_

**Estimated Contractors Excise Tax** \$ \_\_\_\_\_

**Reinvestment Payment amount requested** \$ \_\_\_\_\_

**Why are you requesting a reinvestment payment?**

Return application to: Governor's Office of Economic Development, 711 East Wells Avenue Pierre, SD 57501 E-mail: <a href="mailto:cherissa.wright@state.sd.us">cherissa.wright@state.sd.us</a> Fax: 605.773.3256 (Revised 02/10/2015)
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**Individual responsible for receiving notice and submitting documentation:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Brief History of Management Team:**

**Have you signed the Information Release Authorization? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**(Information Release Authorization must be signed when application is submitted)**

**Project Name:**

**Location of the Project:**

**Legal Description:**

**Will the project be in Indian Country? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Description of the project:**

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**Has the project applied for reduced property taxation through the County or Municipality? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_**

**Has the County or Municipality applied for TIF (Tax Increment Financing) for this project? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, has it been approved? \_\_\_\_\_**

**Does the County or Municipality intend to apply for TIF (Tax Increment Financing) for this project? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Is the project subject to municipal sales tax refund? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_**

**Estimated Total Cost of the Project: \$ \_\_\_\_\_**

**Construction / Equipment upgrades Commencement Date: \_\_\_\_\_**

**Construction / Equipment upgrades Completion Date: \_\_\_\_\_**

**Prime Contractor: \_\_\_\_\_**

**List Anticipated SubContractors:**

Name	Address	Phone

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<b>Description</b>	<b>Equipment and Materials Self Installed <sup>1</sup></b>	<b>Equipment and Materials Contractor Installed <sup>1</sup></b>	<b>Contractor Payments</b>	<b>Services<sup>9</sup></b>	<b>Fees<sup>7</sup></b>	<b>Internal Costs<sup>8</sup></b>	<b>Other (attach explanation)</b>	<b>Total</b>
<b>Land acquisition</b>								
<b>Grading &amp; Excavation</b>								
<b>Site Improvements<sup>2</sup></b>								
<b>Existing Building<sup>3</sup></b>								
<b>Repairs &amp; Renovations<sup>4</sup></b>								
<b>Construction - New Bldg.<sup>5</sup></b>								
<b>Manufacturing Equipment<sup>6</sup></b>								
<b>Warehousing Equipment<sup>6</sup></b>								
<b>Computers &amp; Office Furniture<sup>6</sup></b>								
<b>Total</b>								

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- 1.) **Equipment and materials purchased directly by you, must be included in column B or C, enter amount before sales tax**
- 2.) **Site Improvement include parking lots, rail spurs, landscaping, etc.**
- 3.) **Existing Building-if you purchase an existing structure, enter the purchase price here**
- 4.) **Repairs & renovations- costs incurred to repair/renovate existing building go here**
- 5.) **Construction New Building-- enter contract price for new buildings/structures here**
- 6.) **Equipment - enter amount before sales tax, separately stated 3rd party installation costs should be entered in in column D**
- 7.) **Include separately paid permits and platting fees here**
- 8.) **Enter internal costs being capitalized per GAAP here**
- 9.) **Any services that are not Construction related (i.e. Architect, Engineering, etc.) when these services are not part of the contractor's costs**

**Please describe the equipment and installation including cost for each:**

**Total Infrastructure Costs (ex: roads, water, sewer etc.) associated with the project:**  
\$ \_\_\_\_\_

**List all the local government tax mechanisms and state economic tools, loans, or grants provided to this project:**

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**CURRENT EMPLOYMENT INFORMATION**

(Please provide current employment levels as of the date of the application.)

Annual	Total Number of Employees (in and out of SD)	Average Annual Hours	Total Number of Employees in SD	Average Hours (SD Employees)
Full-time	_____	_____	_____	_____
Part-time*	_____	_____	_____	_____
Seasonal/Temporary**	_____	_____	_____	_____
<b>TOTAL EMPLOYEES</b>	_____	_____	_____	_____

\*Works less than 30 hours per week.

\*\*Works only during peak season (please specify length of peak season \_\_\_\_\_ months).

**South Dakota Employees Only**

PLEASE USE HOURLY WAGES

	<u>Wages Weighted</u>			<u>Number of Employees Receiving that Wage</u>			
	Low	Avg	High	Low	Avg	High	per class
Managers & Administrators	\$ _____	\$ _____	\$ _____	_____ +	_____ +	_____ +	= _____
Professional & Technical	\$ _____	\$ _____	\$ _____	_____ +	_____ +	_____ +	= _____
Sales	\$ _____	\$ _____	\$ _____	_____ +	_____ +	_____ +	= _____
Clerical	\$ _____	\$ _____	\$ _____	_____ +	_____ +	_____ +	= _____
Service	\$ _____	\$ _____	\$ _____	_____ +	_____ +	_____ +	= _____
Agriculture, Forestry, Fishing	\$ _____	\$ _____	\$ _____	_____ +	_____ +	_____ +	= _____
Production, Maintenance	\$ _____	\$ _____	\$ _____	_____ +	_____ +	_____ +	= _____

**SOUTH DAKOTA TOTAL NUMBER OF WORKERS: \_\_\_\_\_**

**CURRENT SOUTH DAKOTA  
TOTAL ANNUAL PAYROLL: \$ \_\_\_\_\_**

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**CURRENT EMPLOYEE BENEFIT PACKAGE**

**1. Please provide a detailed listing of employer paid benefits.**

**2. Please provide a detailed description of all other benefits offered.**

**PROJECTED EMPLOYMENT INFORMATION**

**South Dakota (only) employment projected to be created/retained each year as a result of the project being serviced:**

**PROJECTED ANNUAL EMPLOYMENT IN SOUTH DAKOTA**

**Jobs to be created/retained**

(please specify whether jobs are created or retained)

	Year 1	Year 2	Year 3	Year 4	Year 5		
<b>Total</b>							
<b>Full-time</b>	_____	_____	_____	_____	_____	=	_____
<b>Part-time*</b>	_____	_____	_____	_____	_____	=	_____
<b>Seasonal/Temp**</b>	_____	_____	_____	_____	_____	=	_____
<b>Total New Employees</b>	_____	_____	_____	_____	_____	=	_____

**\*Works less than 30 hours per week.**

**\*\*Works only during peak season (please specify length of peak season \_\_\_\_\_ months).**

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**PROJECTED NUMBER OF EMPLOYEES IN VARIOUS JOB CATEGORIES IN SOUTH DAKOTA:**

	Current 20__	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Managers &amp; Administrators</b>	_____	_____	_____	_____	_____	_____
<b>Professional &amp; Technical</b>	_____	_____	_____	_____	_____	_____
<b>Sales</b>	_____	_____	_____	_____	_____	_____
<b>Clerical</b>	_____	_____	_____	_____	_____	_____
<b>Service</b>	_____	_____	_____	_____	_____	_____
<b>Agriculture, Forestry &amp; Fishing</b>	_____	_____	_____	_____	_____	_____
<b>Production, Maintenance</b>	_____	_____	_____	_____	_____	_____
<b>TOTAL EMPLOYEES</b>	=====	=====	=====	=====	=====	=====
<b>TOTAL ANNUAL PAYROLL \$</b>	_____	_____	_____	_____	_____	_____

**PROJECTED AVERAGE WAGE OF THE FULL-TIME JOBS CREATED BY THE PROJECT: \$ \_\_\_\_\_**

**PROJECTED SOUTH DAKOTA TOTAL ANNUAL PAYROLL: \$ \_\_\_\_\_**

**PROJECTED EMPLOYEE BENEFIT PACKAGE  
(If different than current benefit package, please note changes)**

**1. Please provide a detailed listing of employer paid benefits.**

**2. Please provide a detailed description of all benefits offered.**

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**Anticipated Economic Impact of Project:**

**Projected annual property taxes to be paid as a result of the project:**

**Previous state assistance:**

**Community Benefits:**

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**Please attach the following items:**

\_\_\_ **Any letters of support for the project**

\_\_\_ **Any applicable environmental permits for this project (DENR, Building Permit, ETC)**

\_\_\_ **Any feasibility studies conducted**

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**CONFIDENTIALITY STATEMENT**

South Dakota Codified Laws 1-16G-11(BED);. DOCUMENTARY MATERIAL CONSISTING OF TRADE SECRETS EXEMPT FROM DISCLOSURE - Any documentary material or data made or received by the applicable board or the GOED for the purpose of furnishing assistance to a business, to the extent that such material or data consists of trade secrets or commercial or financial information regarding the operation of such business, may not be considered public records, and shall be exempt from disclosure pursuant to the provisions of 1-16G-3 to 1-16G-11, inclusive, or other applicable law. Any discussion, consideration of, or action upon such trade secrets or commercial or financial information by the applicable board may be done in executive session closed to the public, notwithstanding the provisions of the open meeting laws of this state.

Please NOTE that once an application is approved the following information shall be made public on the GOED website: the name of any person that receives a reinvestment payment; the amount of the reinvestment payment; an estimated number of the full-time jobs to be created by the project; an estimated average wage of the full-time jobs; a list of all the local government tax mechanisms and state economic tools, loans, or grants provided to the project; an estimate of the property taxes to be paid by the project; and a statement of why the project would not have occurred in South Dakota without the reinvestment payment.

Pursuant to SDCL 22-29-19, persons who knowingly make any materially false statement on or related to this application, or who willfully overvalues any land or other property offered as security for any loan sought by or related to this application is subject to prosecution. The maximum penalty for a violation of SDCL 22-29-19 is 2 years in the state penitentiary or a \$2000 fine, or both. By their execution of this Application, all persons signing this Application warrant and represent that they have read and understand the provisions of SDCL 22-29-19.

Applicant: \_\_\_\_\_  
Officer's Signature: \_\_\_\_\_  
Officer's Name/Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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**Information Release Authorization:  
Reinvestment Payment Program**

South Dakota law generally prohibits the South Dakota Department of Revenue from releasing taxpayer information to anyone but the taxpayer or the taxpayers' duly appointed designee. The appointment of a designee must be in writing. Furthermore, South Dakota law prohibits the Governor's Office of Economic Development and the Board of Economic Development from disclosing certain confidential information pertaining to its applicants and/or prospects. The Governor's Office of Economic Development provides staff and other support services for the Board of Economic Development.

By signing this Information Release Authorization, the undersigned Applicant is authorizing the exchange of otherwise confidential information by and among the South Dakota Department of Revenue, the Governor's Office of Economic Development and the Board of Economic Development and is providing a limited waiver of the confidentiality protections described above. The execution of this Information Release Authorization expressly authorizes the foregoing governmental entities to mutually communicate, share, discuss and convey any information regarding the Applicant's project necessary to (1) estimate the amount of South Dakota sales and use tax, and contractors' excise tax to be generated by the Applicant's project; (2) determine the final amount of SUT and CET actually generated by the Applicant's project; and (3) determine the Applicant's tax payment status to the State of South Dakota per ARSD 68:02:07:14. Except as otherwise required or permitted by applicable law, the information shall not be further disclosed by any of the entities without the express written consent of the Applicant.

Applicant Name (owner/partnership/corporation): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Responsible Person (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

South Dakota Tax License Number(s) (list all): \_\_\_\_\_

Application Number (assigned by GOED): \_\_\_\_\_

GOED Authorized Representative: \_\_\_\_\_

DOR Authorized Representative: \_\_\_\_\_

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**Authorization for the Board of Economic Development to take action on the  
application**

Please note any action taken by the board on an application will be done in an open forum and will be public information. Do not submit this application unless you are ready for the board to take action on the application in an open meeting with the results thereof published in the minutes.

I authorize GOED to take forward this application to the Board of Economic Development for action in accordance with ARSD 68:02:07:05.

X \_\_\_\_\_

\_\_\_\_\_  
Date

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