

**South Dakota
Jobs Grant 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)

____ **SD Jobs Grant for project less than \$20,000,000**

OR

____ **SD Jobs Grant for equipment upgrades less than \$2,000,000**

Why are you applying for a South Dakota Jobs Grant?

Return application to:

Governor's Office of Economic Development, 711 East Wells Avenue Pierre, SD 57501

E-mail: cherissa.wright@state.sd.us 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:

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Description of the project:

Will the project be in Indian Country? Yes _____ No _____

Has the County, Municipality, local development corporation or any state agency offered any financial assistance for the project? Yes ____ No ____

If yes, please explain: _____

Estimated Total Cost of the Project: \$ _____

Construction / Equipment upgrades Commencement Date: _____

Construction / Equipment upgrades Completion Date: _____

Amount Requested

\$ _____

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Description	Equipment and Materials Self Installed ¹	Equipment and Materials Contractor Installed ¹	Contractor Payments	Services⁹	Fees⁷	Internal Costs⁸	Other (attach explanation)	Total
Land acquisition								
Grading & Excavation								
Site Improvements²								
Existing Building³								
Repairs & Renovations⁴								
Construction - New Bldg.⁵								
Manufacturing Equipment⁶								
Warehousing Equipment⁶								
Computers & Office Furniture⁶								
Total								

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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**

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EMPLOYMENT SUMMARY

CURRENT EMPLOYMENT INFORMATION

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

	Total Number of Employees (in and out of SD)	Average Wage	Total Number of Employees in SD
Full-time	_____	_____	_____
Part-time*	_____	_____	_____
Seasonal/Temporary**	_____	_____	_____
TOTAL EMPLOYEES	_____	_____	_____

TOTAL ANNUAL PAYROLL: \$ _____

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.**

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PROJECTED EMPLOYMENT INFORMATION

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

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	
Total						
Full-time	_____	_____	_____	_____	_____	= _____
Part-time*	_____	_____	_____	_____	_____	= _____
Seasonal/Temp**	_____	_____	_____	_____	_____	= _____
Total New Employees	_____	_____	_____	_____	_____	= _____

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:

Previous state assistance:

Community Benefits:

Projected impact on local property tax base:

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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 name of the applicant, the location of the applicant, the grant amount and the number of employees to be employed or trained is not confidential.

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:
South Dakota Jobs Grant 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; and (2) determine the Applicant's tax payment status to the State of South Dakota per ARSD 68:02:10:15. 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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