**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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?**

**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:**

**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**

**$**

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

**EMPLOYMENT SUMMARY**

**CURRENT EMPLOYMENT INFORMATION**

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

 **Total Number of Average Total Number Employees Wage of Employees**

 **(in and out of SD) 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.**

**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.**

**Anticipated Economic Impact of Project:**

**Previous state assistance:**

**Community Benefits:**

**Projected impact on local property tax base:**

**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:

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

**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