

**INDIANA ECONOMIC DEVELOPMENT CORPORATION
APPLICATION FOR INDUSTRIAL RECOVERY TAX CREDIT**

I. APPLICANT:

Name of Business: _____

Contact Person: _____ Title: _____

Federal I.D.#: _____

State I.D.#: _____

Contact Person's Street Address: _____

City, County, Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

II. ELIGIBILITY CRITERIA

In order for a facility to be eligible for the Industrial Recovery Tax Credit, the following criteria must be met.

A.) "Plant" as defined per IC 6-3.1-11-9:

_____ Yes _____ No

Number of square feet of floor space, per IC 6-3.1-11-15: _____

B.) Year the Building or Complex of buildings was placed in service per IC 6-3.1-11-8:

_____.

Age of the building or complex of buildings: _____

C.) Percent of "plant" that is "vacant" per IC 6-3.1-11-14: _____%

D.) Do you own the "plant"? _____

If no, please see section **V(a)**.

III. HISTORICAL USE OF FACILITY/POTENTIAL ISSUES

In a separate attachment, please provide specific details describing the site location, past ownership, of the vacant facility and previous activities occurring at the vacant facility including any compliance or regulatory issues (i.e. environmental or otherwise) that are presently undergoing evaluation.

IV. DISCRETIONARY FACTORS

1. IMPACT OF LOSS

Describe the level of distress in the surrounding community caused by the loss of jobs at the vacant industrial facility. Examples include (but are not limited to): change in population in the community since the facility has been vacant; unemployment statistics since vacancy; median household income in the surrounding community since vacancy; and change in property assessed value since vacancy. **(Please provide responses in a separate attachment.)**

2. COMMUNITY SUPPORT

Describe the support for the designation by residents, businesses, and private organizations in the surrounding community. Please submit copies of letters of support from your State Representative or Senator, and local representatives,. **(Please provide responses in a separate attachment, including letters of support, favorable newspaper/magazine articles, etc.)**

3. INTENDED USE OF FACILITY

Describe the development plan and use of the facility proposed and the likelihood that the implementation of the plan will improve economic and employment conditions in the surrounding community. You should also specify who the intended end user would be. **(Please provide responses in a separate attachment.)**

4. SOURCE OF FUNDS

- a) List the firm commitments or commitments you are seeking by private or governmental units to provide financial assistance in implementing the proposed plan. *Governmental units include: local government, State, and Federal.* **(Please provide responses in a separate attachment along with copies of applicable letters of commitment from either private or government units.) Use tables below as a guide.**

Private Funding Source	Estimate of Funds(\$)	Status of the Commitment

Government Funding Source	Estimate of Funds(\$)	Status of the Commitment

- b) Describe the efforts by the local government to implement the development plan without the additional financial assistance from the state. **(Please provide responses in a separate attachment.)**

5. USE OF FUNDS AND REHABILITATION COSTS

Provide a detailed analysis (including hard and soft cost estimates) of the rehabilitation plan. Soft costs do not qualify but must be itemized out. *Examples of soft cost include: Movable Furniture & Fixtures, Licensing, Purchase of Real Estate, Legal and Accounting Fees, Developer Fees and other Professional Fees not directly related to rehabilitation of the property.* **(Please provide responses in a separate attachment and use the table below as a guide.)**

Expense Category (Include details of the expense)	Estimate of Cost(\$)	Year Expense Incurred

V. PROPERTY DETAILS:

- a) Provide specific details regarding the purchase of the property or timeline for purchase (if you do not currently own the property). **(Please provide responses in separate attachment.)**
- b) Describe the Developer's qualifications and experience. **(Please provide responses in a separate attachment.)**

The applicant affirms that there HAS NOT BEEN AND WILL NOT BE a substantial reduction or ceasing of its operations in Indiana in order to relocate within the Industrial Recovery site per IC 6-3.1-11-21. Additionally, the undersigned affirms that the information contained in this application is true and correct under penalty of perjury. .

Signed: _____

Printed: _____

Title: _____

Date Signed: _____