

**South Dakota  
Reinvestment Payment Program  
South Dakota Jobs  
Application**

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)*

☐ Reinvestment payment on project in excess of \$20,000,000 or equipment upgrades exceeding \$2,000,000.

☐ South Dakota Jobs Grant for project less than \$20,000,000 or equipment upgrades less than \$2,000,000

(Revised 06/13/2023)

Why are you requesting a Reinvestment Payment or SD Jobs grant?

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Does the project intend to assign or transfer the Reinvestment Payment? Yes ☐ No ☐

If yes, to who:

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

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

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? \_\_\_\_\_

Are you aware of the County or Municipality's intention to apply for TIF (Tax Increment Financing) for this project?

Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

Has the project applied for a municipal sales tax refund?

Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

Estimated date the project will commence: \_\_\_\_\_

Estimated date the project will be complete: \_\_\_\_\_

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

List Anticipated Sub-Contractors

Name	Address	Phone

Return application to:

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

E-mail: [Stephanie.Deyo@state.sd.us](mailto:Stephanie.Deyo@state.sd.us)

Fax: 605.773.3256

(Revised 06/13/2023)

Estimated Cost of the Project \$ \_\_\_\_\_

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

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

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

*Please note that the Reinvestment Payment is applicable **ONLY** to sales tax.*

SD Jobs grant amount requested \$ \_\_\_\_\_

**\*\*\*Please explain how you computed the estimated Sales/Use tax and the Contractors Excise tax amounts:**

**\*\*\*Provide attached cost matrix and cost estimates to provide support for the estimated cost.**

Total public infrastructure costs associated with the project: \_\_\_\_\_

List all the local government tax mechanisms and state economic tools, loans, or grants provided to this project. Please note the status of each.

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### Current Employment Information

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

	Total Employees (in and out of SD)	Average Annual Hours	Total South Dakota Employees	Average Annual Hours
Full-time				
Part-time*				
Seasonal/Temporary**				
Total Employees				

\*Works less than 30 hours per week.

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

<b>South Dakota Employees Only</b>							
	Wages Weighted			Number of employees receiving that wage			Total Employees
	Low	Avg	High	Low	Avg	High	
Managers & Administrators							
Professional & Technical							
Sales							
Clerical							
Service							
Ag, Forestry, Fishing							
Production & Maintenance							
Total South Dakota Employees							
Current South Dakota total annual payroll:							

### Current Employee Benefit Package

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

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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:

<b>Projected Annual Employment in South Dakota</b> <i>Jobs to be created (specify if jobs are to be retained only)</i>						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Full-time						
Part-time*						
Seasonal/Temp**						
Total New Employees						

\*Works less than 30 hours/week

\*\*Works only during peak season (please specify: \_\_\_\_\_ months)

Projected Number of Employees in Various Job Categories (South Dakota only)						
	Current 20____	Year 1	Year 2	Year 3	Year 4	Year 5
Managers/Administration						
Professional/Technical						
Sales						
Clerical						
Service						
Ag, Forestry & Fishing						
Production/Maintenance						
Total Employees						

Estimated Total

Annual Payroll \$                      \$                      \$                      \$                      \$                      \$

Projected average wage of the full-time jobs created by the project: \$\_\_\_\_\_

Projected South Dakota total annual payroll: \$\_\_\_\_\_

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**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 other benefits offered.

Anticipated Economic Impact of Project (attach if necessary):

Projected annual property taxes to be paid as a result of the project: \$\_\_\_\_\_

Previous state assistance:

Community Benefits:

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 SD Jobs 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: \_\_\_\_\_

Dept. of Revenue 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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