#### South Dakota Reinvestment Payment Program South Dakota Jobs Application

Date:	<u></u>	
Project Owner:		
Project Contact Int	formation:	
Federal Employer'	s Identification Number (FEIN):	
Address (Street, C	ity, County, State, Zip):	
Telephone Numbe	r:	
Web Address:		
NAICS Code:		
Type of Ownership	p:	
☐ Partnership	State of Incorporation:	Date of Incorporation:
□LLC	State of Incorporation:	Date of Incorporation:
☐ Corporation	State of Incorporation:	Date of Incorporation:
☐ Other, please sp	pecify:	
	nark one)	of \$20,000,000 or equipment upgrades
☐ South ☐ than \$2,000	± •	\$20,000,000 or equipment upgrades less

Individual responsible for receiving notice and submitting documentation:
Name:
Address:
Phone:
Email:
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:
Brief History of Management Team:

Why are you requesting	ng a Reinvestment Paymo	ent or SD Jobs grant?	
D and the majest inten	1	D. :turnet Darmer	40 XV □ XI. □
1 0	d to assign or transfer the	Reinvestment Paymer	nt? Yes ⊔ No ⊔
If yes, to who:			
Name:			
Address:			
Has the project applie	d for reduced property ta	xation through the Cou	inty or Municipality?
Yes □ No □ If ye	es, please explain:		
Has the County or Mu	unicipality applied for TI	F (Tax Increment Finar	ncing) for this project?
Yes □ No □ If ye	es, has it been approved?		
Are you aware of the Financing) for this pro	County or Municipality's oject?	s intention to apply for	TIF (Tax Increment
Yes □ No □ If ye	es, please explain:		
Has the project applie	d for a municipal sales ta	x refund?	
Yes □ No □ If ye	es, please explain:		
Estimated date the pro	oject will commence:		
Estimated date the pro	oject 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

Estimated Cost of the Project	\$	_
Estimated <b>State</b> Sales/Use Tax	\$	-
Estimated Contractors Excise Tax	\$	
Reinvestment Payment amount rec Please note that the Reinvestment P	quested \$_ ayment is applicable ONLY to	sales tax.
SD Jobs grant amount requested \$		<u> </u>
***Please explain how you comp Excise tax amounts:	outed the estimated Sale	s/Use tax and the Contractors
***Provide attached cost matrix	and cost estimates to pr	ovide support for the estimated cost
Total public infrastructure costs as	sociated with the project:	
List all the local government tax m to this project. Please note the state		nomic tools, loans, or grants provided

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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			1 7	
Part-time*				
Seasonal/Temporary**				
Total Employees				

<sup>\*</sup>Works less than 30 hours per week.

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

	S	South Dak	xota Empl	oyees Only		1ovees	
	Wa	ges Weigl	hted		er of emp ving that	•	Total Employees
	Low	Avg	High	Low	Avg	High	
Managers & Administrators							
Professional & Technical							
Sales							
Clerical							
Service							
Ag, Forestry, Fishing							
Production & Maintenance							
			]	otal South	Dakota E	mployees	
		Cu	rrent Sout	h Dakota to	tal annua	l payroll:	

#### Current Employee Benefit Package

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

Return application to:

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

South Dakota *only	<u>Proj</u>					
South Dakota *only		ected Empl	oyment Info	<u>rmation</u>		
project being service		ent projected	to be created/1	retained each	year as a resu	ılt of the
	-		ployment in			
•	Year		y if jobs are to Year 3	Year 4	Year 5	Total
Full-time	1 Cai	1 1 Car 2	1 car 3	1 car 4	1 car 3	Total
Part-time*						
1 dit tillie						
Seasonal/Temp**						
	hours/week	ı (please spec	cify:mo	nths)		
*Works less than 30 **Works only during	hours/week g peak seasor			,	outh Dakota	only)
*Works less than 30	hours/week g peak seasor			,	outh Dakota	only)
*Works less than 30 **Works only during	hours/week g peak season mber of Emp			,	outh Dakota Year 4	only) Year 5
Total New Employ  *Works less than 30  **Works only during	hours/week g peak season  mber of Emp  Current	loyees in Va	rious Job Ca	ategories (So		
Total New Employ  *Works less than 30  **Works only during  Projected Nur  gers/Administration	hours/week g peak season  mber of Emp  Current	loyees in Va	rious Job Ca	ategories (So		
Total New Employ  *Works less than 30  **Works only during  Projected Nur  gers/Administration	hours/week g peak season  mber of Emp  Current	loyees in Va	rious Job Ca	ategories (So		
Total New Employ  *Works less than 30  **Works only during  Projected Nur  gers/Administration ofessional/Technical	hours/week g peak season  mber of Emp  Current	loyees in Va	rious Job Ca	ategories (So		
*Works less than 30 **Works only during  Projected Nur gers/Administration ofessional/Technical Sales	hours/week g peak season  mber of Emp  Current	loyees in Va	rious Job Ca	ategories (So		
*Works less than 30 **Works only during  Projected Nur  gers/Administration ofessional/Technical Sales Clerical Service	hours/week g peak season  mber of Emp  Current	loyees in Va	rious Job Ca	ategories (So		
*Works less than 30 **Works only during  Projected Nur  gers/Administration ofessional/Technical Sales Clerical Service Forestry & Fishing	hours/week g peak season  mber of Emp  Current	loyees in Va	rious Job Ca	ategories (So		
*Works less than 30 **Works only during  Projected Nur  agers/Administration ofessional/Technical Sales Clerical	hours/week g peak season  mber of Emp  Current	loyees in Va	rious Job Ca	ategories (So		
*Works less than 30 **Works only during  Projected Nur  gers/Administration ofessional/Technical Sales Clerical Service Forestry & Fishing fuction/Maintenance	hours/week g peak season  mber of Emp  Current	loyees in Va	rious Job Ca	ategories (So		

Return application to:

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

# **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 Return application to:

#### 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:
relephone munioer.	Date.

### 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:		

## 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.

#### **CERTIFICATIONS and ATTESTATION**

All information contained above and in schedules attached hereto are true and complete to the best knowledge and belief of the applicant. There is no intent to deceive or defraud the Board of Economic Development, the Economic Development Finance Authority or the South Dakota Development Corporation or any potential participant in any loans to finance this project.

The applicant recognizes that neither GOED nor any of the boards which it supports will process any application that is not complete. Incomplete applications will be returned to the applicant for completion.

Except for loan programs solely administered and under the control of GOED, GOED has no authority to commit financing or other financial assistance. Specifically, regardless of any assurance, guarantee, communication or representation to the contrary, GOED has no authority to make commitments for loans or other financial assistance from BED or EDFA.

The Governor's Office of Economic Development prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital or family status.

Pursuant to South Dakota Codified Law ("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.

Pursuant to South Dakota Codified Law 1-16G-68, no person, as that term is defined in SDCL 1-16G-56(10), who works for a project, as that term is defined in SDCL 1-16G-56(11), may be employed for a commission or compensation that is dependent in any manner upon the approval of any government grants, loans, or reinvestment payments that the person obtains for the project. By their execution of the Application, all persons signing this Application warrant and represent they have read and understand the provisions of SDCL 1-16G-68 and attest that no person is employed by the company or for the project in connection with the project in violation of SDCL 1-16G-68.

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