

Financial Incentive Pre-Application Worksheet

DATE: _____
APPLICANT: _____
ADDRESS: _____
PHONE #: _____ EMAIL: _____
CONTACT PERSON: _____
PROJECT NAME: _____

PROJECT TYPE

Please check all that apply and fill in SIC/NAICS code if known.

- ☐ Industrial, Manufacturing, Technology SIC/NAICS code: _____
 - ☐ New building, no existing Missouri operations
 - ☐ New building, other Missouri operations already in existence
 - ☐ Expanding existing facility
 - ☐ Retain existing facility
- ☐ Retail/Restaurant/Hotel SIC/NAICS code: _____
 - ☐ New freestanding building
 - ☐ New multi-use tenant building
 - ☐ Remodel, addition or expansion of existing building
- ☐ Office
 - ☐ New freestanding building
 - ☐ New multi-use tenant building
 - ☐ Remodel, addition or expansion of existing building
- ☐ Residential
 - ☐ New freestanding residential units
 - ☐ New residential units in a multi-use building
 - ☐ Remodel, addition or expansion of existing building
- ☐ Downtown
 - ☐ Remodel, addition or expansion of existing building
 - ☐ Exterior façade improvement
 - ☐ Construction of new building
- ☐ Other _____

PROPERTY FOR WHICH INCENTIVES ARE BEING SOUGHT

Attach map and legal description of property.

ADDRESS: _____
CURRENT PROPERTY OWNER: _____
WILL APPLICANT BE PURCHASING THE PROPERTY: YES _____ NO _____
TOTAL ACRES: _____ Building Sq. Ft.: _____

INVESTMENT

Total new investment: \$ _____

Acquisition of land/existing buildings:	\$ _____
Annual lease of land/existing buildings:	\$ _____
Preparation of plans, studies, surveys:	\$ _____
Site preparation costs:	\$ _____
Building improvements:	\$ _____
Site improvements:	\$ _____
Utilities/Infrastructure Costs: (streets, sewer, etc.):	\$ _____
Purchase of machinery & equipment:	\$ _____
Lease of machinery & equipment:	\$ _____
Other:	\$ _____

TIMELINE

Calendar year in which applicant plans to begin construction: _____

Approximate opening date: _____

WAGE & BENEFITS

	Job Category (executive, professional, clerical, general labor etc.)	# new full-time employees	# new part-time employees	Average hourly wage/employee
Year 1				
Year 2				

% of health care premium paid for by the employer: _____

TYPE OF FINANCIAL INCENTIVE DESIRED

Tax Abatement

- ☐ Tax Increment Financing
- ☐ Chapter 100 Industrial Revenue Bonds
- ☐ Chapter 353 Tax Abatement
- ☐ MODESA & MODESA-Lite

Special Assessment, Property Tax, Sales Tax

- ☐ Neighborhood Improvement District
- ☐ Community Improvement District
- ☐ Transportation Development District
- ☐ Special Business District

Local Incentive Tools

- ☐ Sales Tax Sharing Agreements
- ☐ Cost-Share Development Agreements
- ☐ Broker Assistance Program
- ☐ Downtown Improvement Incentives