CONFIDENTIAL

APPLICATION FOR:
ECONOMIC DEVELOPMENT FUND (EDF)

TEAM KENTUCKY
CABINET FOR ECONOMIC DEVELOPMENT

INSTRUCTIONS

Rev 11/25

All applicants should familiarize themselves with the information regarding the incentive programs for which application is made as well as other applicable program statutory requirements. Fact sheets regarding the incentive programs are located at:

https://newkentuckyhome.ky.gov/Locating_Expanding/kybizir

If you are locating or expanding a business in Kentucky and are interested in incentives, you must notify the Department for Business and Community Development within the Kentucky Cabinet for Economic Development. A project manager will be assigned to assist you with your project and determine the incentives for which the project may qualify. No applications will receive consideration without the signature of an agent of the [illegible]

The application, consisting of the Project Information, the individual program and Certification and Disclosure worksheets, should be completed and submitted, including the original signatures and the required attachments, to the following address:

Kentucky Cabinet for Economic Development
Commissioner, Department for Business and Community
Development
Mayo-Underwood Bldg
500 Mero Street, 5th Floor
Frankfort, KY 40601
(502) 564-7670

REQUIRED ATTACHMENTS

The following items must be submitted in addition to the completed application:

1) An application fee payable to the Kentucky Economic Development Finance Authority (KEDFA) equal to $1,000. The application fee may be paid via credit card or ACH at the following website:
https://newkentucky[illegible].ky.gov/epayments
Please note: The EDF administrative fee is equal to 1 percent (1%) of the incentive amount authorized in the agreement, up to a maximum of $20,000. The administrative fee may be paid via ACH or credit card at the following website: http://ced.ky.gov/epayments. Additional fees for legal and administrative costs will be incurred for EDF projects when the final agreement with KEDFA is executed.
2) Company letter including a brief history of the business and description of the project.
3) A financial statement for the most recent fiscal year-end.
4) A letter endorsing the project from the appropriate local elected official (e.g., Mayor, County Judge).
Local economic development representatives will assist in obtaining this item.

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APPLICATION FOR INCENTIVE PROGRAMS
PROJECT INFORMATION

TEAM KENTUCKY. CABINET FOR ECONOMIC DEVELOPMENT

Date: | Rev 11/25

Is this an amendment to the initial application for incentives?

APPLICANT INFORMATION (Entity applying for incentives)

Company Name			
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Federal Employer ID Number	6 Digit NAICS Code	Company Organization	State of Organization
Salutation / Contact Person		Title	Telephone
Email Address		Company Website	

Is the applicant registered and in good standing with the Kentucky Secretary of State?

Has the applicant, or any owner or affiliate of the applicant, ever been convicted of any criminal offenses, been in receivership or adjudicated a bankruptcy, or been denied a business related license or had a business related license suspended or revoked by any administrative, governmental or regulatory agency

If yes, please list the violation and explain (attach additional explanation if needed):

PROJECT LOCATION

Street Address	City	State	Zip Code
		KY	

County	Activity at the Project	Is location in a Tax Increment Financing District?

For Non-retail Service or Technology projects ONLY:

a) Will the applicant provide a service to or use technology for customer or affiliate entities predominantly outside the Commonwealth?

b) Is the applicant designed to serve a multistate, national or international market?

Is the contact person for the project location the same as the person listed in the Applicant Information section? *If no, then please complete the following:*

Salutation / Contact Person	Email	Telephone

COMPANY OWNERSHIP

Please identify in rows 45-49 below all individual owners of the applicant company with 20% or greater ownership interest in the company. The Cabinet may run a background check on any individuals identified. If there are no individual owners with a 20% or greater ownership interest in the applicant company, enter "None" on row 45, follow instructions on row 57 and enter requested information on row 59.

Full Legal Name of Individual Owner of Applicant Company	Date of Birth	Owner's Full Home Address (no PO Boxes; Include City/State)	Social Security Number	Ownership Percent

Email addresses for ownership individuals listed above		#1/Row 45	
#2/Row 46		#3/Row 47	
#4/Row 48		#5/Row 49	

If one or more companies or legal entities has a 20% or greater ownership interest in the applicant company, please provide information about the ownership entity or entities on rows 55-56 and attach to this application a list of the officers, directors, principals or other key executive-level decision makers of the applicant company.

Name of Legal Entity with Ownership Interest in the Applicant Company	Date Organized	Entity Owner's Full Address (no PO Boxes; Include City/State)	Federal Employer Identification Number	Ownership Percent

If you entered one or more individual owners on rows 45-49, skip this section and proceed to row 61. Otherwise, enter one key executive-level decision maker (Chief Executive Officer, Chief Financial Officer or equivalent) of the applicant company on row 59 below. The Cabinet may run a background check on any individual identified.

Applicant Company Key Decision Maker Full Legal Name & Title	Date of Birth	Decision Maker's Full Home Address (no PO Boxes; include City/State)	Social Security Number

Email address for the individual listed on row 59			
Answer Yes or No: Is the applicant or its owner publicly traded?			

EXISTING KENTUCKY LOCATIONS

Other than the proposed project location, does the applicant have any existing Kentucky locations?

If yes, then please complete the following:

Company Name	Address	City	Current number of full-time positions

Please attach additional listing if more space is needed.

AFFILIATES WITH RELATION TO THE PROJECT

Will any affiliated entity be the owner or lessor of the project? *If yes, please provide:*

Affiliate Name	Address	City, State	FEIN

Will any affiliated entity employ any employees in connection with the project?	
Will any Professional Employer Organization (PEO) employ any employees in connection with the project?	
If yes, covered Yes on the PEO question on row 76, will any covered employees under the PEO project agreement be shared with a company that is unrelated/unaffiliated with the applicant?	

If you answered Yes to the question on row 75 OR row 76, please provide the information requested below:

Affiliate/PEO Name	FEIN	Current number of full-time project positions subject to Kentucky income tax

Please attach additional listing if more space is needed.

REQUIRED ATTACHMENT: If either affiliate question is answered "yes," then a disclosure statement (Attachment A) will be required to be submitted for each affiliated entity/PEO along with the applicant.

FACILITY INFORMATION

NEW LOCATION

Will the project be a new location in Kentucky? _____ *If no, skip to Expansion*

Project Site Acreage _____ Building Square Footage _____

The facility will be: _____

New Constructions: Provide the Anticipated Construction Dates:

Start _____

Completion _____

Acquisitions: Answer the following:

Has the facility been unoccupied for more than 90 days? _____

EXPANSION

Will the project be an expansion of an existing facility? _____

a) Does the project involve additions or renovations to existing buildings? _____

b) Does the project involve relocation from an existing facility? _____

c) If b) is yes, is real estate available at or adjacent to the existing facility? _____

Present Acreage		Present Square Footage	
Increased Acreage		Increased Square Footage	
Total Acreage	0.0	Total Square Footage	0

PROJECT COSTS

Please provide the estimated investment costs in fixed assets.

Land	
Building (new construction / acquisition / additions)	
Improvements (existing buildings)	
Equipment (including installation costs)	
Start-up Costs (excluding equipment)	
TOTAL INVESTMENT COSTS	$ -

Start-up Costs include the costs incurred to furnish and equip a facility, such as computers, furnishings, office equipment, fixtures, relocation of out-of-state equipment and nonrecurring costs of fixed telecommunication equipment.

EMPLOYMENT, WAGES & BENEFITS

List below current and projected full-time project jobs of the applicant. Full-time means the employee filling the job is required to work a minimum of 35 hours per week. Do not include contract, part-time or temporary employees.

Do not double-count employees or the number of full-time project employees of the applicant business only once in the appropriate column/ row	Full-time employees working on-site at the project site and subject to Kentucky individual income tax	Full-time Kentucky resident employees working remotely whose job is expensed to project	Total number of full-time employees for project subject to Kentucky individual income tax
Current number of full-time project jobs			0
Projected number of new full-time jobs to be created as a result of the project			0
Total jobs projected by the end of project	0	0	0

Total annual payroll for the 0 current, full-time employees subject to Kentucky individual income tax (see line 118 above) _____

Total project jobs at time of application, including jobs not subject to Kentucky income tax _____

Total jobs projected by the end of project, including jobs not subject to Kentucky income tax _____

Anticipated Wages for the New Jobs to be Created:

Lowest Hourly Wage		Highest Hourly Wage	
Average Hourly Wage		Average Total Hourly Compensation	

Total Hourly Compensation = Hourly Wage + Employee Benefits

Employee Benefits are nonmandated payments by the company for its full-time employees for health insurance, life insurance, dental insurance, vision insurance, defined benefit plans, 401(k) plans or similar plans.

Will the applicant provide benefits as part of the compensation package?

Will at least 90% of all new jobs created be offered at least some form of company paid employee benefit?

What is the value of the benefit package as a percent of wages or salary?

Indicate which of the following employee benefits will be offered as a company-paid benefit:

	Life Insurance		Dental Insurance		Other Retirement
	Health Insurance		Stock Purchase		Profit Sharing
	Disability Insurance		401(k)		Other (list below)

CED Business Development Contact:

FOR OFFICE USE ONLY

Business Development Contact:

Financial Incentives Contact:

PROGRAM:

	Financial Statements		Application Fee
	Company Letter		Local Support Letter

	KBI
	KEIA
	Other (list below)

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APPLICATION FOR INCENTIVE PROGRAMS
ECONOMIC DEVELOPMENT FUND (EDF) - COMPANY PORTION

Rev 11/25

TEAM KENTUCKY. CABINET FOR ECONOMIC DEVELOPMENT

Company Name

County Where Project will be Located

Total Projected Investment Costs $ -

FINANCING SOURCES

Bank Loan	
Equity	
Economic Devp Fund	
Other (describe)	
Other (describe)	
TOTAL FINANCING SOURCES	$ -

ADDITIONAL QUESTION

Are there any similar businesses located within the same county

If yes, please give the name and address of the b[illegible]

Please attach additional listing if more space is neede

FOR OFFICE USE ONLY

REQUIREMENTS:

Jobs

Amount of EDF

Wa[illegible]

Number & Timing of Compliance Periods

[illegible]lateral

[illegible] of Fun[illegible]

Commiss[illegible]ner Approval

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APPLICATION FOR INCENTIVE PROGRAMS ECONOMIC DEVELOPMENT FUND (EDF) - LOCAL PORTION

Rev 11/25

TEAM KENTUCKY
CABINET FOR ECONOMIC DEVELOPMENT

Company Name

County Where Project will be Located

REQUIRED ATTACHMENT: A resolution adopted by the governing body of the local governm entity/grantee requesting this grant and authorizing the execution of the Grant Agreement wit the Cab t for Economic Development.

Date resolution was adopted by the local government entity:

LOCAL GOVERNMENT ENTITY/GRANTEE INFORMATION

Name of Local Government Entity

Street Address	City	te	Zip Code
		KY	

Salutation	Contact Person	itle	Telephone

Email Address

INDIVIDUAL EXECUTING DOCUMENTS

Name	Title

LEGAL COUNSEL

Legal Counsel Firm Nam	Salutation	Contact Person

Street Address	City	State	Zip Code

Email Address	Telephone

C RTIFICATION

ereby represen and c ify that the foregoing information to the best of my knowledge is true and complete d accurately ar fairly describes the proposed project for which financial assistance is required.

Local Official Signature

Title

Print Name

Date

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APPLICATION FOR INCENTIVE PROGRAMS
CERTIFICATION OF APPLICATION

TEAM KENTUCKY
CABINET FOR ECONOMIC DEVELOPMENT

Company Name

County Where Project will be Located

CERTIFICATION

Eligibility for financial assistance is determined by the information presented in this application and in the required attachments. Any changes in the status of the proposed project from the facts presented herein, including but not limited to the commencement of construction, any public announcement or legal commitment (e.g., lease or contract) without contingency language, could jeopardize the project's eligibility for incentives. Please contact the staff of the Authority before taking any action which would change the status of the project as represented herein.

I, the undersigned, on behalf of the applicant, hereby represent and certify that the foregoing application information, including all attachments, to the best of my knowledge, is (a) true, complete and accurate with respect to the information concerning the proposed project for which financial incentives are sought; and (b) does not contain any information for which any entity competing with the applicant may claim a proprietary interest.

The undersigned, on behalf of the applicant, acknowledges that information contained within the application and its attachments may be subject to public disclosure to the extent required by law pursuant to any request made under the Kentucky Open Records Act contained in Chapter 61 of the Kentucky Revised Statutes. Notwithstanding the above, except as otherwise agreed to by the applicant in writing, no confidential or proprietary application information shall be disclosed if properly excluded from disclosure under KRS 61.878 (as determined by the Authority, the Kentucky Attorney General or court of competent jurisdiction). Information reported to the Cabinet or the Authority with regard to employment numbers, average wages, investment, eligible costs, approved costs and other information as required by an incentive agreement shall be available for public disclosure.

For each of the following statements, enter Yes if the corresponding statement is an accurate statement for the applicant company. Enter No if the corresponding statement is not an accurate statement for the applicant company. Each response shall operate as a separate certification. The undersigned hereby certifies to the best of his/her knowledge:

	The applicant hereby certifies that it has secured, or is in the process of securing, the necessary capital to fully execute and complete the proposed project for which it is seeking incentives under the EDF program. Specifically, the applicant affirms that is has either: (1) sufficient committed financial resources readily available to undertake and complete the project as proposed, or (2) commenced formal capital acquisition efforts and is currently engaged in active and substantive discussions with financial institutions, investors, or other relevant funding sources. Said efforts are at an advanced stage, and the applicant has a high degree of confidence, based on existing negotiations and/or term sheets under review, that the requisite capital will be secured within a timeframe that will not materially impact the project schedule or deliverables. This statement is made in good faith and with the understanding that misrepresentation of financial readiness may affect eligibility under the previously referenced incentive program.
	The applicant (including any affiliate) has <u>not</u> been placed in receivership or bankruptcy, been denied a business-related license, or had a business-related license revoked by any administrative, governmental, or regulatory agency.
	The Chief Executive Officer, or a similarly situated person in charge of the applicant's executive operations, has <u>not</u> been convicted of any criminal offenses or filed for bankruptcy within the last ten years.
	The Chief Financial Officer, or a similarly situated person in charge of the applicant's financial affairs, has <u>not</u> been convicted of any criminal offenses or filed for bankruptcy within the last ten years.

If unable to answer Yes to all four of the statements above, please attach a brief explanation on a separate sheet of paper which shall be incorporated as an attachment to this application.

The applicant shall make the Cabinet aware if, subsequent to the filing of this application, including during the term of any agreement entered into between the applicant and the Cabinet or KEDFA, the applicant, or any owner or affiliate of the applicant, is convicted of any criminal offenses, is placed in receivership or adjudicates a bankruptcy, or is denied a business related license or has a business related license suspended or revoked by any administrative, governmental or regulatory agency.

The undersigned, on behalf of the applicant, acknowledges that the applicant will be required to self-report annually the total amount of incentives claimed for each year during the term of the incentive agreement and agrees to provide this information annually. Failure to provide the information may result in suspension of incentives.

In addition, the undersigned, on behalf of the applicant, acknowledges and grants permission to the Authority to share any and all information contained within the application and its attachments with appropriate state and federal agencies, local jurisdiction(s) and contracted consultants to determine the feasibility and potential impacts associated with the project for which incentives are sought.

Signature	Title
Print Name	Date

For Electronic Signature: The person responsible for signing the document may type his/her name in the signature field, but the name must be preceded by a "/s" (e.g., /s Jim Smith). An email is also required from the signer providing a statement certifying/authenticating the typed signature on the document is his/her signature.

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APPLICATION FOR INCENTIVE PROGRAMS
ATTACHMENT A - INCENTIVE DISCLOSURE STATEMENT

TEAM KENTUCKY
CABINET FOR ECONOMIC DEVELOPMENT

Company Name

County Where Project will be Located

INSTRUCTIONS: In accordance with the Executive Branch Code of Ethics, Chapter 11A of the Kentuc Revised Statutes ("KRS"), before any board or authority within or attached to the Cabinet for Economic Development ("CED") takes final action on any contract or agreement by which a bond, grant ease, n, assessment, incentive, inducement, or tax credit is awarded (the "incentive package"), the b eficiary o he incentive package must file with the approving board or authority a disclosure statement sta : (i) the identity of the beneficiary of the incentive package, (ii) the identity of any person emp d to a on beh of the beneficiary with respect to the incentive package, (iii) the details of any finan al tra action defined in KRS 11A.201(6)(a), see below) between the beneficiary (or any other p son liste in (ii) a ve) and any agent or public servant of the CED, any member of any board or aut ity thin or att hed to at Cabinet, or any other public servant involved in the negotiation of the econ ic incen e package.

Your application or request will not be processed until this form is file CED w file copies of this form with the Executive Branch Ethics Commission pursuant to KRS 11A.2 (2).

NOTE: For purposes of KRS 11A.201(6)(a), the definition of "fi ncial an tion" is activity conducted or undertaken for profit, not available to the general p the same rms, at arises from the joint ownership, the ownership, or part ownership in c mon, of any real personal property or any commercial or business enterprise of whatever form betwe

1) Beneficiary, agent or employee o b iciary; a d

2) CED agent, employee, member of board or autho attached to CED, or other public servant involved in the negotiation of any incentive ka

Beneficiary's Legal Name | Beneficiary is the:

Type(s) of Econom Incen Economic D velopment Fund (EDF)
Package(s)

Please identif il employ s or age the Beneficiary who have acted on behalf of the Beneficiary in its dealings wit e CED any board or authority within or attached to the CED in regard to the above incentive packa

Na	Title	Organization

Please attach additional listing if more space is needed.

Have any of the employees or agents of the Beneficiary had any "financial transactions" (as defined above) with a CED agent, employee, or a board or agency attached to CED or any other public servant involved in the negotiation of any economic incentive package?

If yes, please detail any "financial transactions" (as defined above) between the Beneficiary (or any other person listed as an employee or agent of the Beneficiary) and (i) any agent or public servant of the CED, (ii) any member of any board or authority within or attached to that Cabinet, or (iii) any other public servant involved in the negotiation of the economic incentive package:

TRANSACTION 1

Name of Beneficiary (agent or employee)

Name of CED (agent, employee, or board/authority member)

Name of Other Public Servant

Description of Financial Transaction

TRANSACTION 2

Name of Beneficiary (agent or employee)

Name of CED (agent, employee, or board/authority member)

Name of Other Public Servant

Description of Financial Transaction

TRANSACTION 3

Name of Beneficiary (agent or employee)

Name of CED (agent, employee, or board/authority member)

Name of Other Public Servant

Description of Financial Transaction

Please attach additional listing if more space is needed.

The undersigned, a duly authorized representative of the Beneficiary listed above, hereby certifies that the information set forth in this Economic Incentive Disclosure Statement has been reviewed, and is true and correct to the best of his knowledge of the undersigned.

Signature

Date

For Electronic Signature: The person responsible for signing the document may type his/her name in the signature field, but the name must be preceded by a "/s" (e.g., /s Jim Smith). An email is also required from the signer providing a statement certifying/authenticating the typed signature on the document is his/her signature.