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APPLICATION FOR: KENTUCKY REINVESTMENT ACT (KRA)

Rev 7/2025

INSTRUCTIONS

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/kybizince

If you are reinvesting in a business in Kentucky and are interested in incentives, you must notify the Department for Business 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 Cabinet.

The application, consisting of the Project Information, 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 by credit card or ACH at the following website:

   https://newkentuckyhome.ky.gov/epayments

   Please note: The KRA administrative fee is equal to 1/4 of 1 percent (0.25%) of the incentive amount authorized in the reinvestment agreement, up to a maximum of $50,000. The administrative fee may be paid via ACH or credit card at the following website: https://ced[illegible].gov/epayments. Additional fees for legal and administrative costs will be incurred for KRA projects when the final reinvestment agreement with KEDFA is executed.

2) Company letter including a history of the business and a detailed description of the reinvestment project.

3) A timeline for the reinvestment project and the costs to be incurred.

4) A financial statement for the most recent fiscal year-end.

5) 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 KRA - PROJECT INFORMATION

TEAM KENTUCKY. CABINET FOR ECONOMIC DEVELOPMENT

Rev 7/2025

Date:

Is this an amendment to the initial application for incentives?

APPLICANT INFORMATION (Entity applying for incentives)

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

Has the applicant received final approval for KIRA incentives within the last 5 years?

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?	

Length of time operating in Kentucky

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

Why is the reinvestment in the facility and its full-time employees necessary?

Please attach more pages if additional space is needed.

Why are the requested incentives needed?

Please attach more pages if additional space is needed.

Describe the other alternatives that are available if the incentives are not provided. *Please attach more pages if additional space is needed.*

CONDITION OF EXISTING FACILITY

Physical status of the facility: *Please attach more pages if additional space is needed.*

Financial situation of the company: *Please attach more pages if additional space is needed.*

Efficiency and productivity of the facility: *Please attach more pages if additional space is needed.*

Other: *Please attach more pages if additional space is needed.*

COMPANY OWNERSHIP

Please identify on rows 55-59 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 55, follow instructions on row 67 and enter requested information on row 69.

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 55	
#2/Row 56		#3/Row 57	
#4/Row 58		#5/Row 59	

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 65-66 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 55-59, skip this section and proceed to row 71. Otherwise, enter one key executive-level decision maker (Chief Executive Officer, Chief Financial Officer or equivalent) of the applicant company on row 69 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 69	
Answer Yes or No. Is the applicant or its owner publicly traded?	

EXISTING KENTUCKY LOCATION

Other than the 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

AFFILIATE 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 you answered Yes to the PEO question on row 87, 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 86 OR row 87, please provide the information requested below:

Affiliate/PEO Name	FEIN	Current number of full-time project positions

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

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

LEASED OR OWNED

Will the applicant or an affiliate own the property, via title to the property, OR
Will the applicant or an affiliate own the property, via a capital lease, OR
Will the applicant lease the project via an operating lease with an unrelated entity?

OWNED LEASED

Please provide the existing lease terms (indicate if applicable)

Please provide the new lease terms after completion of the project

ELIGIBLE EQUIPMENT AND RELATED COSTS

Provide estimated investment in equipment and related costs.	OWNED	LEASED
Building (new construction / acquisition / additions)		
Improvements (existing buildings)		
Equipment (including installation costs)		
TOTAL EQUIPMENT AND RELATED COSTS	$ -	$ -

Eligible equipment and related costs must be at least $1,000,000 for leased projects and $2,500,000 for all other projects, and must relate to a qualifying Reinvestment Project which includes the acquisition, construction and installation of new equipment and the construction, rehabilitation and installation of improvements to facilities necessary to house the new equipment. Eligible equipment and related costs does not include costs related to the replacement or repair of existing machinery or equipment resulting from normal wear and usage.

FINANCING SOURCES AND AMOUNT OF INCENTIVES REQUESTED

Bank Loan		
Equity		
Other (describe)		
Other (describe)		

Other (describe)		
TOTAL FINANCING SOURCES		$ -
Maximum Amount of Incentives Eligible		$ -

EMPLOYMENT AND WAGES

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. Retention of at least 85% of the full-time employment level as of the date of preliminary approval is required.

Enter the number of full-time project employees of the applicant business in the appropriate column/row	Full-time employees working on-site at the project site	Full time Kentucky resident employees working remotely whose job is expensed to project	Total number of full-time employees for the project
Current number of full-time project jobs			0
Projected number of full-time jobs to be preserved as a result of the project			0
Projected number of new full-time jobs to be created as a result of the project			
Total jobs projected by the end of project	0	0	

Project must employ at least 25 full-time employees to be eligible

Total annual payroll for the	0	employees on row 144 (excluding benefits)	
Average hourly wage for the	0	employees on row 144 (excluding benefits)	

INCOME, SALES & PROFIT PROJECTIONS

Please provide estimates for the Kentucky taxable income (loss) Kentucky gross sales and Kentucky gross profits to be generated as a result of the project after the date of final approval.

	Kentucky Taxable Income (Loss)	Kentucky Gross Sales	Kentucky Gross Profits
End of Fiscal Year 1			
End of Fiscal Year 2			
End of Fiscal Year 3			
End of Fiscal Year 4			
End of Fiscal Year 5			
End of Fiscal Year 6			
End of Fiscal Year 7			
End of Fiscal Year 8			
End of Fiscal Year 9			
End of Fiscal Year 10			

The amounts provided above are only estimates. The applicant will not be measured for compliance against the projections provided.

CED Business Development Contact:

FOR OFFICE USE ONLY

Business Development Contact:			Application Fee
Financial Incentives Contact:			Company Letter
			Timeline
Negotiated Incentive Amount:			Local Support Letter
Job Percentage Requirement (at least 85%):			Financial Statements

Commissioner Approval

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APPLICATION FOR KRA
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, 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 reported 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.

SELECT THE FOLLOWING:

☐ I represent and certify that, but for the financial incentives being provided in this application, the proposed reinvestment project would not be economically feasible for the company.

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, investment, eligible costs, approved costs and other information as required by a reinvestment 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 (including any affiliate) has not 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 not 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 not been convicted of any criminal offenses or filed for bankruptcy within the last ten years.

If unable to answer Yes to all three 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 reinvestment 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 th 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 determ 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 m type his/her name in the signature field, but the name must be preceded by a "/s" (e.g., /s J S h). Ar mail is also required from the signer providing a statement certifying/authenticating the typ signa 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 Kentucky 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, lease, loan, assessment, incentive, inducement, or tax credit is awarded (the "incentive package"), the beneficiary of the incentive package must file with the approving board or authority a disclosure statement stating (i) the identity of the beneficiary of the incentive package, (ii) the identity of any person employed to act on behalf of the beneficiary with respect to the incentive package, (iii) the details of any financial transaction (as defined in KRS 11A.201(6)(a), see below) between the beneficiary (or any other person listed in (ii) above) and any agent or public servant of the CED, any member of any board or authority within or attached to that Cabinet, or any other public servant involved in the negotiation of the economic incentive package.

Your application or request will not be processed until this form is filed with CED with file copies of this form with the Executive Branch Ethics Commission pursuant to KRS 11A.2[illegible]3(2).

NOTE: For purposes of KRS 11A.201(6)(a), the definition of "financial transaction" is activity conducted or undertaken for profit, not available to the general public on the same terms, that arises from the joint ownership, the ownership, or part ownership in common, of any real or personal property or any commercial or business enterprise of whatever form between

1) Beneficiary, agent or employee of the beneficiary; and

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

Beneficiary's Legal Name

Type(s) of Economic Incentive Package(s): Kentucky Reinvestment Act (KRA)

Please identify all employees or agents of the Beneficiary who have acted on behalf of the Beneficiary in its dealings with the CED or any board or authority within or attached to the CED in regard to the above incentive package.

Name	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.