



**HALLETTSVILLE 4A MANUFACTURING DEVELOPMENT CORPORATION
HEDC Business Incentives Program Application**

| |
|----------------------------|
| For Office Use Only |
| Business Name: _____ |
| Date Received: _____ |

APPLICANT INFORMATION

Applicant Name: _____ Phone Number: _____

Business Name: _____ Email: _____

Mailing Address: _____
STREET CITY STATE ZIP

Business Tax ID and/or EIN Number (required): _____

Building or Project Address: _____
(WRITE "SAME", IF SAME AS MAILING) STREET CITY STATE ZIP

BUSINESS INFORMATION

List Business Owner(s):

| | | | |
|------|------------|------|------------|
| NAME | %OWNERSHIP | NAME | %OWNERSHIP |
| NAME | %OWNERSHIP | NAME | %OWNERSHIP |

Describe your business: _____

PROJECT/INVESTMENT SUMMARY

Describe the project that this grant will help fund: _____

How many full time equivalent employees will this project create? _____ or None (CHECK IF APPLIES)

How many full time equivalent employees will this project retain? _____ or None (CHECK IF APPLIES)

Total estimated project investment: \$ _____

BUSINESS ECONOMIC IMPACT METRICS

Business Type: _____

Building Sq. Footage: _____

Land Acreage: _____

Est. Cost of Building + Property: _____

Est. City Property Taxes: _____

Est. Electricity Monthly Bill/Usage: _____

Direct Impact = Revenue – Expenses

**This shows how much money the business potentially injects into the local economy through its operations.*

Projected TOTAL Revenue: _____

Revenue Breakdown List: _____

Projected TOTAL Expenses: _____

Expense Breakdown List: _____

Est. Direct Impact (Revenue – Expenses): _____

AFFIDAVIT

I certify by my signature below that: A) this business does not and will not knowingly employ an undocumented worker, and B) if convicted of federal immigration violations under 8 U.S. Code Section 1324 a (f), I will repay all funds received from this grant plus 10% within 120 days of notice. At completion of project, I will submit a statement of project cost with supporting paid invoices, Texas Workforce Commission Employer’s Quarterly Reports with IRS Form 941, roster of employees with total hours worked, and copies of paid tax receipts. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING STATEMENT AND THAT THE FACTS STATED THEREIN ARE TRUE.

Applicant Signature: _____ Date: _____

Applicant Name: _____