HEDC Business Incentives Program Application

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: _____