HEDC Business Incentives Program | Application

FOR OFFICE USE ONLY
Application #: _____
Date Received: _____
Funding Source: _____

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Business Name: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Tax ID / EIN: _____

Project Address (if different): _____

BUSINESS INFORMATION

Owner(s) and Ownership Percentage:

Name: _____ Ownership %: _____

Name: _____ Ownership %: _____

Name: _____ Ownership %: _____

Name: _____ Ownership %: _____

Brief Description of Business:

_____

_____

_____

Entity Type: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Nonprofit

Is the business currently operating in the city limits of Hallettsville? ☐ Yes ☐ No

If yes, how long? _____ If no, anticipated start date: _____

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PROJECT / INVESTMENT SUMMARY

Project Description:

_____

_____

_____

Number of Jobs to be Created: _____ Number of Jobs to be Retained: _____

Total Project Investment: $ _____ Project Start Date: _____

Estimated Project Completion Date: _____

BUSINESS ECONOMIC IMPACT METRICS

Building Size (sq ft): _____ Land Acreage: _____

Property Purchase Cost: $ _____ Estimated Annual Property Tax: $ _____

Estimated Monthly Utilities: $ _____

Funding Sources (check all that apply):

☐ Personal Savings ☐ Bank Loan ☐ SBA Loan ☐ Investor(s) ☐ Other: _____

REVENUE & EXPENSE PROJECTIONS

Category	Year 1	Year 2	Year 3	Year 4-5
Projected TOTAL Revenue	$ _____	$ _____	$ _____	$ _____
Projected TOTAL Expenses	$ _____	$ _____	$ _____	$ _____
Direct Economic Impact (Rev - Exp)	$ _____	$ _____	$ _____	$ _____

Revenue Breakdown

_____

_____

_____

_____

_____

Expense Breakdown

_____

_____

_____

_____

_____

IMPORTANT — READ BEFORE COMPLETING THIS PAGE: The figures entered below will form the basis of your Performance Agreement. You are legally bound to meet these projections. Misrepresentation may result in grant termination.

JOBS TO BE CREATED

Level	Salary Range	Pts Each	Please list numbers of each actual or projected
1	$0 - $15,999	0.5	☐
2	$16,000 - $29,999	1	☐
3	$30,000 - $44,999	2	☐
4	$45,000 - $59,999	4	☐
5	$60,000 - $99,999	6	☐
6	$100,000+	10	☐
TOTAL JOBS			

ANNUAL SALES TAX CONTRIBUTION

Select the level that best represents your projected annual sales tax contribution:

Level	Annual Contribution	Points	Check the box that best estimates your sales tax contribution
1	$1 - $24,999	2 pts	☐
2	$25,000 - $49,999	5 pts	☐
3	$50,000 - $74,999	10 pts	☐
4	$75,000 - $99,999	16 pts	☐
5	$100,000 - $120,000+	25 pts	☐

Selected Level: _____ Projected Annual Sales Tax Contribution: $ _____

OWNERSHIP DISCLOSURES

Are any owners currently delinquent on any federal, state, or local taxes?

☐ Yes ☐ No If yes, explain: _____

Have any owners filed for bankruptcy within the past seven (7) years?

☐ Yes ☐ No If yes, explain: _____

Are any owners currently involved in pending litigation?

☐ Yes ☐ No If yes, explain: _____

PROFESSIONAL REFERENCES

Reference 1:

Name: _____ Organization: _____

Relationship: _____ Phone: _____ Email: _____

Reference 2:

Name: _____ Organization: _____

Relationship: _____ Phone: _____ Email: _____

REQUIRED ATTACHMENTS

Please include the following documents with your application. Incomplete submissions will be returned.

- ☐ Letter of Intent
- ☐ Business Plan (including 5-year financial forecast)
- ☐ Completed Application
- ☐ Project cost estimates or contractor bids
- ☐ Any additional supporting documentation

AFFIDAVIT & APPLICANT CERTIFICATION

UNDER PENALTIES OF PERJURY, I certify that:

A. All information provided in this application is true, complete, and accurate to the best of my knowledge.

B. I understand that the figures provided in this application will form the basis of a Performance Agreement between the applicant and the HEDC.

C. I agree to comply with all terms and conditions of the Performance Agreement, including job creation, wage levels, and sales tax contribution commitments.

D. I understand that failure to meet the terms of the Performance Agreement may result in withholding or forfeiture of grant payments.

E. I authorize the HEDC to verify any information provided in this application, including but not limited to tax records, employment data, and financial statements.

F. I understand that any misrepresentation of information may result in immediate termination of the grant and repayment of all funds received.

G. I acknowledge that the HEDC Board of Directors retains full discretion over all award decisions and that submission of this application does not guarantee funding.

_____ _____

Authorized Signature Date

_____ _____

Printed Name Title

FOR OFFICE USE ONLY — AWARD CALCULATION

Total Jobs Points: _____ Total Sales Tax Points: _____ Combined Total: _____

Award Tier: _____ Award Amount: $ _____ Payout Term: _____ years

20% of Total Investment: $ _____ Final Award (lesser of): $ _____

NOTE: Incomplete or disorganized reimbursement packages will be returned and will delay payment processing. Please follow the checklist below carefully.

REIMBURSEMENT REQUEST CHECKLIST

Submit the following documents in order for each annual reimbursement request:

☐ **Expense Summary Sheet** — listing all expenses in chronological order with date, vendor, description, and amount

☐ **Invoices** — original invoice or billing statement for each expense, organized in same order as summary

☐ **Proof of Payment** — cancelled check, bank statement, paid receipt, or electronic confirmation for each invoice

☐ **Texas Workforce Commission (TWC) quarterly wage reports** — verifying job creation and wage levels

☐ **Payroll reports** — showing employee count, job titles, and wages

☐ **Sales tax receipts or comptroller reports** — verifying sales tax contribution

☐ **Proof of continued business operations** — at the approved location

☐ **Any additional documentation** — as required by your Performance Agreement

Package Organization:

1. Expense Summary Sheet (cover page)
2. For each line item: invoice and matching proof of payment, clipped together in order
3. Label each section clearly
4. For electronic submissions, label files (e.g., 01_Invoice_VendorName_Date)

CONTACT INFORMATION

Submit completed applications and reimbursement packages to:

Chelsea Steffek, EDC Administrator
Hallettsville Economic Development Corporation
101 N. Main Street
Hallettsville, TX 77964

Phone: (361) 772-3021
Email: HallettsvilleEDC@gmail.com