



COMMONWEALTH OF MASSACHUSETTS  
ECONOMIC ASSISTANCE COORDINATING COUNCIL  
MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT

## Economic Development Incentive Program (EDIP) SUPPLEMENTAL APPLICATION **SAMPLE**

A complete application with all required attachments must be submitted in electronic form to your MOBD Regional Director by 5:00 P.M. on the [application deadline date](#). A hardcopy with original signatures and attachments must be postmarked no later than 1 day after the submission deadline and mailed to: EDIP Manager, MOBD, 10 Park Plaza, Suite 3730, Boston, MA 02116. **Applications that are incomplete or submitted after the deadline will not be considered at the scheduled Economic Assistance Coordinating Council (EACC) meeting, without exception.**

For assistance with this application please work with your MOBD Regional Director, local municipal officials and refer to the [EDIP Guidelines](#) and [402 CMR 2.00](#).

<b>PART I. APPLICANT OVERVIEW</b>					
<b>1. COMPANY INFORMATION</b>					
Company Name:					
Project Location Address:	Street Address:				
	City:		MA	Zip Code:	
Company Headquarters Location:	City:		State:		
FEIN # (Federal Employer Identification Number):					
DUA # (Dept. of Unemployment Assistance Number):					
Date of Issued Certificate of Good Standing:	<i>Select mm/dd/yyyy</i>				
Level of Interest:	<input type="checkbox"/> EDIP Investment Tax Credit <input type="checkbox"/> Local Tax Incentive <input type="checkbox"/> 10% Abandoned Building Tax Deduction				
<b>2. COMPANY CONTACT</b>					
Executive Officer/Company Designee:	Full Name:		Title:		
Contact (if different from above):	Full Name:		Title:		
Contact Address:	Street Address:				
	City:		State:		Zip Code:
Telephone Number	xxx-xxx-xxxx				
Email Address:					

**PART II. ECONOMIC DEVELOPMENT PROJECT**

**1. PROJECT TIMELINE & KEY MILESTONES**

Please provide a detailed plan for the proposed project outlining the estimated timeline and key milestones.

**2. EMPLOYMENT, JOB CREATION & WORKFORCE ANALYSIS**

Please complete the below sections providing current employment information, a job creation timeline and an analysis of the current workforce and jobs to be created. See: "[Definition of a Permanent Full-Time Employee](#)".

**Please note:** If project is approved, these job retention and creation numbers and dates will become part of the executed EDIP Tax Incentive contract, and will be used to measure the applicant's future program compliance.

**(a) COMPANY NAME MASSACHUSETTS & FACILITY EMPLOYMENT**

(i) Company-wide Permanent Full-Time Employment in Massachusetts (Total of all MA Facilities) at Date of Supplemental Application:	(ii) Permanent Full-Time Employment at Project Location at Date of Supplemental Application:	(iii) Permanent Full-Time Employees to be transferred from other Massachusetts Locations to Project Site (if any):	(iv) Total Permanent Full-Time Existing Jobs to be Retained at Project Location (Sum of questions 2. (a) ii & iii):

Notes on Current Employment:

**(b) COMPANY NAME JOB CREATION SCHEDULE AT PROJECT LOCATION**

Please indicate the number of Permanent Full-Time Jobs to be created in total and by year. If job creation timeline exceeds five years, please complete the "Extended Job Creation Schedule" and attach as an addendum.

Permanent Full-Time Jobs to be Created (net new to facility and Massachusetts):	<i>Select Year 1</i>	<i>Select Year 2</i>	<i>Select Year 3</i>	<i>Select Year 4</i>	<i>Select Year 5</i>

Notes on Job Creation:

**(c) WORKFORCE ANALYSIS**

i) Of the total full-time existing jobs to be retained at the project location, how many employees live within the Economic Target Area (ETA) of the Project?	
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- ii) Of the full-time permanent jobs to be created, please give a brief description of the type of positions (management, professional, skilled labor, unskilled labor, etc.) and the average projected salary ranges.

**3. PERMANENT FULL-TIME EMPLOYMENT 5-YEAR HISTORY**

Please complete the Permanent Full-Time Employee 5-Year History below.

Calendar Year End	Permanent Full-Time Employee Headcount in Massachusetts	Permanent Full-Time Headcount at Facility
<i>Select Year 1</i>	0	0
<i>Select Year 2</i>	0	0
<i>Select Year 3</i>	0	0
<i>Select Year 4</i>	0	0
<i>Select Year 5</i>	0	0

Please explain any fluctuation in employment:

**4. PROJECT TIMELINE & INVESTMENT ANALYSIS**

- (a) **Exhibit 1: Investment Analysis**  
Please complete the EDIP Investment Analysis. Complete

- (i) **FOR REGISTERED MANUFACTURERS ONLY:**  
**Exhibit 1A: Machinery & Equipment Investment Breakdown**  
If a registered manufacturer with the Massachusetts Department of Revenue (DOR), please complete the Machinery & Equipment Investment Breakdown. Complete
- Resource:** Unsure if you are a MA DOR registered manufacturer?  
[Search the DOR Corporations Book](#), registered manufacturers are identified by an “M” in the left column. N/A

**5. FINANCING**

- (a) **Attachment A: Funding Sources**  
Please provide information on all sources of funding that have been or will be sought to contribute towards the financing of the proposed expansion/relocation. Provide Evidence (i.e. letters from banks/investors) that if the “Certified Project” status is approved, the economic development project will have adequate funding. Attached

- (i) **Indicate and describe any local banking relationship, including those with [banks that participate in the Massachusetts Capital Access Program \(MCAP\)](#) designed to commit a portion of the bank’s deposits to fund loans to local businesses.**

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**6. TWO YEAR SALES REVENUE PROJECTION**

Please complete the below sections providing the company's and facility's most recent and projected total annual sales revenue for the next two years, separately distinguishing the sales revenue generated from outside the Commonwealth.

**(a) COMPANY TWO YEAR SALE REVENUE PROJECTION**

As of Company Year End in <i>Select Month of Company Year End</i>	Total Revenue	Approximate Revenue Generated from <u>Outside</u> the Commonwealth	Approximate Revenue Generated from <u>Within</u> the Commonwealth
<i>Select Previous Year</i>	\$ 0	\$ 0	\$ 0
<i>Select Year 1</i>	\$ 0	\$ 0	\$ 0
<i>Select Year 2</i>	\$ 0	\$ 0	\$ 0

**(b) FACILITY TWO YEAR SALE REVENUE PROJECTION**  N/A as this is a new facility

As of Company Year End in <i>Select Month of Company Year End</i>	Total Revenue	Approximate Revenue Generated from <u>Outside</u> the Commonwealth	Approximate Revenue Generated from <u>Within</u> the Commonwealth
<i>Select Previous Year</i>	\$ 0	\$ 0	\$ 0
<i>Select Year 1</i>	\$ 0	\$ 0	\$ 0
<i>Select Year 2</i>	\$ 0	\$ 0	\$ 0

**III. ECONOMIC DEVELOPMENT INCENTIVE PROGRAM INVESTMENT TAX CREDITS**

**1. INVESTMENT TAX CREDIT ALLOCATION**

Please indicate the company's projected 50% total state excise tax liability within the selected taxable year. These figures reflect the years in which an Investment Tax Credit (ITC) can be utilized and the amount.

Please consider and consult with the necessary tax professionals on the following:

- (a) Maximum credits allowed are 50% of the total liability due to the state in a taxable year.
- (b) EDIP ITC Awards are made for specific years and **MUST** be used for those specific tax years only and **capped at the amount awarded**; they **CANNOT be carried forward and any utilized credits in a given calendar year are foregone**.
- (c) To utilize the credit, enough assets must be placed in service to offset the credit.
- (d) When making an EDIP ITC Award, the Economic Assistance Coordinating Council (EACC) makes every effort to consider a company's ability to utilize the tax credits.
- (e) For more information on EDIP tax credit limitations, refer to [Department of Revenue TIR 10-1](#).

<i>Select Year 1</i>	<i>Select Year 2</i>	<i>Select Year 3</i>	<i>Select Year 4</i>	<i>Select Year 5</i>
\$	\$	\$	\$	\$

**Additional Information:**

**2. BUSINESS(ES) INTENDING TO TAKE ADVANTAGE OF TAX INCENTIVES**

Please complete the below sections for each business intending to take advantage of the tax incentives associated with this project. If this applies to more than 2 businesses, please attach information as an addendum.

(a) BUSINESS ONE		(b) BUSINESS TWO <input type="checkbox"/> N/A	
<b>Business Name:</b>		<b>Business Name:</b>	
<b>FEIN #:</b>		<b>FEIN #:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Contact Person:</b>		<b>Contact Person:</b>	
<b>Phone #:</b>	XXX-XXX-XXXX	<b>Phone #:</b>	XXX-XXX-XXXX
<b>Email:</b>		<b>Email:</b>	
<b>Type of Organization:</b>	<i>Select Organization Type</i>	<b>Type of Organization:</b>	<i>Select Organization Type</i>

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**(c) BUSINESS STAKEHOLDERS**

**If Organization Type is a:**

- (i) **Corporation:** Please list names and addresses of the officers and directors of said corporation and any person and/or corporation with a financial interest of five percent or greater in said corporation.
- (ii) **Partnership:** Please list the names and addresses of all partners and include the proportionate share of each partner.
- (iii) **S-Corporation:** Please list the names and addresses of all shareholders of said corporation.
- (iv) **LLC:** Please list the names of all the members of said LLC.
- (v) **Business Trust:** Please List the Names of all members and beneficiaries of said trust.

**A. STAKEHOLDERS OF BUSINESS ONE**

Name(s)	Title(s)	Address(es)

**B. STAKEHOLDERS OF BUSINESS TWO**

Name(s)	Title(s)	Address(es)

**PART IV. LOCAL INCENTIVE AGREEMENT INFORMATION**

**Please work with the local municipality and your MOBD Regional Director in completing the below section.**

**1. MUNICIPAL CONTACT**

Municipal Contact:	Full Name:		Title:	
Contact Address:	Street Address:			
	City:	MA	Zip Code:	
Telephone Number:	xxx-xxx-xxxx			
Email Address:				

**2. LOCAL INCENTIVE AGREEMENT**

**N/A No Local Incentive Received**

(a) Name of Economic Target Area (ETA) Project is Located in:			
(b) Economic Opportunity Area (EOA):	Name of EOA:		
	Is this a newly designated EOA? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(i) If yes, what is the duration of the designation? Years	N/A <input type="checkbox"/>	
	(ii) If no, how many years are remaining on the designation? Years	N/A <input type="checkbox"/>	
(c) Type of Local Incentive:	<input type="checkbox"/> <b>Tax Increment Financing (TIF) Agreement</b> <input type="checkbox"/> <b>Special Tax Assessment (STA)</b>		

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<b>i) Duration of Local Incentive:</b>	Year Local Incentive
<b>ii) Exemption Schedule of Local Incentive:</b>	0-0-0-0-0%
<b>iii) Start &amp; Expiration Date of Local Incentive:</b>  If Agreement commences upon certificate of occupancy please check box:	<p><b>Start Date:</b> <i>Select mm/dd/yyyy</i></p> <p><b>Expiration Date:</b> <i>Select mm/dd/yyyy</i></p> <p><input type="checkbox"/> Local Incentive Agreement commences upon certificate of occupancy and the dates represent best projections of the start &amp; expiration of the local incentive based on the project timeline.</p>
<b>iv) Date Municipality Approved Local Tax Incentive or Date of Scheduled Vote:</b>	<i>Select mm/dd/yyyy</i>
<b>(d) Attachment B: Economic Opportunity Area (EOA) Designation Application (for newly designated EOA's only)</b> Please attached a signed copy of the EOA Designation Application.	<b>Attached</b> <input type="checkbox"/>
	N/A <input type="checkbox"/>
<b>(e) Attachment C: Local Incentive Agreement</b> Please attach a signed copy of the TIF or STA Agreement.	<b>Attached</b> <input type="checkbox"/>
	N/A <input type="checkbox"/>
<b>(f) Attachment D: Local Incentive Zone &amp; Plan</b> Please attach the municipal TIF/STA Zone & Plan.	<b>Attached</b> <input type="checkbox"/>
	N/A <input type="checkbox"/>
<b>(g) Attachment E: Municipal Vote by Authoritative Body Approving Incentive</b> Please attach a copy of the vote approving the local incentive.	<b>Attached</b> <input type="checkbox"/>
	N/A <input type="checkbox"/>
<b>(h) Attachment F: Municipal Vote by Authoritative Body Approving submission of application of the Economic Assistance Coordinating Council (EACC)</b>	<b>Attached</b> <input type="checkbox"/>
	N/A <input type="checkbox"/>
<b>(i) Exhibit 2: Local Incentive Valuation</b> Please complete the attached exhibit detailing the estimated property tax exemption over the life of the agreement.	<b>Complete</b> <input type="checkbox"/>
	N/A <input type="checkbox"/>

**PART V. DISCLOSURES, AUTHORIZATIONS & CERTIFICATIONS**

**1. LITIGATION DISCLOSURE, EMPLOYMENT EQUALITY & SIGNATORY AUTHORIZATION**

**(a) Kindly disclose any pending litigation before the Commonwealth of Massachusetts, its agencies and its municipalities.**

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<p><b>(b) Attachment G: Adherence to Immigration and Nationality Act</b> Please attach documentation of adherence to the Immigration and Nationality Act (i.e. policy or letter from Human Resources outlining the verification and audit process).</p>	Attached <input type="checkbox"/>
<p><b>(c) Attachment H: Equal Opportunity Employment/Affirmative Action Statement or Plan</b> Please attach the company’s Equal Opportunity Employment/Affirmative Action Statement or Plan. If the applicant does not have such statement or plan, please attach a statement describing the business’ hiring policies and practices.</p>	Attached <input type="checkbox"/>
<p><b>(d) Attachment I: Documentation of Signatory Authorization to Complete Application on Behalf of the Company</b> Officers and/or Directors are responsible for the application and consequent obligations if certification is approved. Please attach documentation (i.e. a letter from the company’s legal counsel or a resolution from the Board of Directors) specifically authorizing the signatories to complete this application on behalf of the company and to authorize the signatories to make the investment and job creation commitments on behalf of the company. Please include the signatories reporting structure within the organization.</p>	Attached <input type="checkbox"/>

**2. APPLICATION AUTHORIZATION, CERTIFICATION & ACKNOWLEDGEMENT**

*I/We \_\_\_\_ (fill in name and title) of the applicant business applying for “Certified Project” status from the Commonwealth of Massachusetts, Economic Assistance Coordinating Council hereby certify that I/we have been authorized to file this application and to provide the information within and accompanying this application and that the information provided herein is true and complete and that it reflects the applicant’s intentions for investment, job creation and sales to the best of my/our knowledge after having conducted reasonable inquiry. I/We understand that the information provided with this application will be relied upon by the Commonwealth in deciding whether to approve “Certified Project” status and that the Commonwealth reserves the right to take action against the applicant or any other beneficiary of the Certified Project if the Commonwealth discovers that the applicant intentionally provided misleading, inaccurate, or false information. I/We make this certification under the pains and penalties of perjury.*

*The signatories also hereby acknowledge that, under the Public Records law of the Commonwealth of Massachusetts, this application and all documents submitted in support thereof are public records under the provisions of Massachusetts G. L., Ch. 4, sec. 7 (26).*

**Signed:**

*Select mm/dd/yyyy*

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Name	Title	Date
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*Select mm/dd/yyyy*

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Name	Title	Date
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**3. DEPARTMENT OF UNEMPLOYMENT ASSISTANCE CONSENT FOR DISCLOSURE OF WAGE REPORTING INFORMATION**

**Consent for the Disclosure of Wage Reporting Information for Federal Employment Identification Number (FEIN): #**

**Division of Unemployment Assistance (DUA) Number: #**

*I/We, \_\_\_\_\_, a duly authorized representative of \_\_\_\_\_ and of all the other businesses listed in PART III of this SUPPLEMENTAL APPLICATION (hereinafter "Employer"), hereby releases and gives authority to the Massachusetts Department of Unemployment Assistance, pursuant to G.L. c. 151A, §46(1), to provide the Economic Assistance Coordinating Council, upon its request, with the Employer's information, including but not limited to, wage reporting information, that is (a) necessary to verify the amount and tax year in which the Employer claims any of the Tax Incentives awarded in the Economic Development Incentive Program or Employer's fulfillment of job creation and job retention commitments as indicated in the supplemental application and job chart, or (b) otherwise necessary to ensure the proper operation or enforcement of this Agreement or the Program. This authorization is effective upon date of signature and will be valid until superseded by a subsequent application or revoked in writing.*

**Signed:**

\_\_\_\_\_  
Name Title *Select mm/dd/yyyy* Date

\_\_\_\_\_  
Name Title *Select mm/dd/yyyy* Date

**4. DEPARTMENT OF REVENUE CONSENT FOR DISCLOSURE OF TAX RETURN AND WAGE REPORTING INFORMATION**

**Consent for Disclosure of Tax Return and Wage Reporting Information for Federal Employment Identification Number (FEIN): #**

*I/We, \_\_\_\_\_, a duly authorized representative of \_\_\_\_\_ and of all the other businesses listed in PART III of this SUPPLEMENTAL APPLICATION, hereby authorizes and consents to the Massachusetts Department of Revenue providing the Economic Assistance Coordinating Council with information, including but not limited to tax return and wage reporting information, that is (a) necessary to verify the amount and tax year in which Recipient claims any of the Tax Incentives awarded in the Economic Development Incentive Program or Recipient's fulfillment of job creation and job retention commitments as indicated in the supplemental application and job chart, or (b) otherwise necessary to ensure the proper operation or enforcement of this Agreement or the Program.*

*This authorization is effective upon date of signature and will be valid until superseded by a subsequent application or revoked in writing.*

**Signed:**

\_\_\_\_\_  
Name Title Date *Select mm/dd/yyyy*

\_\_\_\_\_  
Name Title Date *Select mm/dd/yyyy*