



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, 136 Blackstone Street, 5th Floor, Boston, MA 02109. **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](#).

PART I. APPLICANT OVERVIEW					
1. COMPANY INFORMATION					
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):					
2. COMPANY CONTACT					
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					
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. PROJECT TIMELINE & INVESTMENT ANALYSIS**

**(a) Exhibit 1: Investment Analysis**

Please complete the EDIP Investment Analysis worksheet.

Complete

**3. FINANCING**

**(a) Attachment 1: 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

SAMPLE

**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) 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.
- (d) 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 Name:</b>	
<b>FEIN #:</b>	
<b>Address:</b>	
<b>Contact Person:</b>	
<b>Phone #:</b>	XXX-XXX-XXXX
<b>Email:</b>	
<b>Type of Organization:</b>	<i>Select Organization Type</i>

(b) BUSINESS TWO <span style="float: right;"><input type="checkbox"/> N/A</span>	
<b>Business Name:</b>	
<b>FEIN #:</b>	
<b>Address:</b>	
<b>Contact Person:</b>	
<b>Phone #:</b>	XXX-XXX-XXXX
<b>Email:</b>	
<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**

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

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<b>(c) Type of Local Incentive:</b>	<input type="checkbox"/> <b>Tax Increment Financing (TIF) Agreement</b> <input type="checkbox"/> <b>Special Tax Assessment (STA)</b>	
<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:	<b>Start Date:</b> <i>Select mm/dd/yyyy</i>  <b>Expiration Date:</b> <i>Select mm/dd/yyyy</i>  <input type="checkbox"/> Local Incentive Agreement commences upon certificate of occupancy and the dates represent best projections of the start & expiration of the local incentive based on the project timeline.	
<b>iv) Date Municipality Approved Local Tax Incentive or Date of Scheduled Vote:</b>	<i>Select mm/dd/yyyy</i>	
<b>(d) Attachment 2: 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 3: 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"/>	
	N/A <input type="checkbox"/>	
<b>(f) Attachment 4: 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>(g) Attachment 5: Municipal Endorsement by Authoritative Body endorsing the proposed "Certified Project"</b> This is only required when a TIF or STA is not provided by the municipality.	<b>Attached</b> <input type="checkbox"/>	
	N/A <input type="checkbox"/>	
<b>(h) 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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<b>(b) Kindly disclose any pending litigation before the Federal Government.</b>	
<b>(c) Attachment 6: 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).	<b>Attached</b> <input type="checkbox"/>
<b>(d) Attachment 7: 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.	<b>Attached</b> <input type="checkbox"/>
<b>(e) Attachment 8: 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.	 <b>Attached</b> <input type="checkbox"/>

SAMPLE

**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:**

<i>Select mm/dd/yyyy</i>		
_____ Name	_____ Title	_____ Date
<i>Select mm/dd/yyyy</i>		
_____ Name	_____ Title	_____ Date

**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 Date *Select mm/dd/yyyy*

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

**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*