

Exhibit A
Financial Incentive Application Worksheet

DATE: _____ APPLICANT: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

CONTACT PERSON: _____

DEVELOPMENT SERVICES

PROJECT NAME: _____

PROJECT TYPE:

Check all that apply and fill in the SIC/NAICS code, if known.

☐ Industrial, Manufacturing, Technology

SIC/NAICS code: _____

- ☐ New building, no existing Missouri operations
- ☐ New building, other Missouri operations already in existence
- ☐ Expanding existing facility
- ☐ Retaining existing facility

☐ Retail/Restaurant/Hotel

SIC/NAICS code: _____

- ☐ New freestanding building
- ☐ New multi-use tenant building
- ☐ Remodel, addition or expansion of existing building

☐ Office

- ☐ New freestanding building
- ☐ New multi-use tenant building
- ☐ Remodel, addition or expansion of existing building

☐ Residential

- ☐ New freestanding residential units
- ☐ New residential units in a multi-use building
- ☐ Remodel, addition or expansion of existing building

☐ Downtown

- ☐ Remodel, addition or expansion of existing building
- ☐ Exterior façade improvement
- ☐ Construction of new building
- ☐ Other _____

PROPERTY FOR WHICH INCENTIVES ARE BEING SOUGHT

Attach map and legal description of property.

ADDRESS: _____

CURRENT PROPERTY OWNER: _____

WILL APPLICANT BE PURCHASING THE PROPERTY: _____ YES _____ NO

TOTAL ACRES: _____ BUILDING SQ. FT. _____

INVESTMENT

Total new investment: \$ _____

Acquisition of land/existing buildings: \$ _____
Annual lease of land/existing buildings: \$ _____
Preparation of plans, studies, surveys: \$ _____
Site preparation costs: \$ _____
Building improvements: \$ _____
Site improvements: \$ _____
Utilities/Infrastructure Costs: (streets, sewer, etc.): \$ _____

TIMELINE

Calendar year in which applicant plans to begin construction: _____

Approximate opening date: _____

WAGE & BENEFITS

	Job Category (executive, professional, clerical, general labor, etc.)	# new full- time employees	# new part- time employees	Average hourly wage/employee
Year 1				
Year 2				

% of health care premium paid for by the employer: _____

TYPE OF FINANCIAL INCENTIVE DESIRED

TAX REDIRECTION OR ABATEMENT

- ☐ Tax Increment Financing
- ☐ Chapter 100 Industrial Revenue Bonds 100% for 25 years
- ☐ Chapter 353 Tax Abatement
- ☐ Chapter 99 Land Clearance for Redevelopment Authority (LCRA)

SPECIAL TAXING DISTRICTS

- ☐ Neighborhood Improvement District
- ☐ Community Improvement District 1% sales tax, pay-as-you-go
- ☐ Transportation Development District

LOCAL INCENTIVE TOOLS

- ☐ Sales Tax Reimbursement Agreements
- ☐ Cost-Share Development Agreements
- B&I Tax Reimbursement/Contribution Agreements