

**Sherman Economic Development Corporation
Incentive Application**

CONFIDENTIAL

Notice: Submittal of this application does not imply the approval of any incentives from Sherman Economic Development Corporation (SEDCO). Any incentives must be considered and approved by the SEDCO Board of Directors in a public meeting. We encourage you to provide conservative estimates.

1. Company Information Project Name: _____

a. Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

b. Authorized signatory for company contracts:

Name: _____ Title: _____

c. Legal entity type:

Corporation State of Incorporation: _____

Partnership Sole Proprietor Other _____

d. Year Company was established: _____ e. NAICS Code: _____

f. Business description: _____

g. Anticipated date to begin full-time operations: _____

h. What is the expected start and completion date for this project:

Begin: _____ End: _____

2. Investment Information

a. Company's proposed investment in taxable assets at its facility for this project:

	<u>Buildings</u>	<u>Mfg. Equip.</u>	<u>Furn/Fix&OthEquip</u>
Year 1	\$ _____	\$ _____	\$ _____
Year 2	\$ _____	\$ _____	\$ _____
Year 3	\$ _____	\$ _____	\$ _____
Year 4	\$ _____	\$ _____	\$ _____

b. New taxable value added to the tax roles: _____

c. If new building construction, estimate construction period:

Begin: _____ End: _____

d. Estimated Construction Costs:

Construction Materials \$ _____

Construction worker's annual payroll \$ _____

Total construction costs \$ _____

3. Utility Information

a. Projected monthly water usage: _____ gal _____ cu. ft.

b. Projected monthly wastewater discharge: _____ gal _____ cu. ft.

c. Projected monthly electric usage: _____ KWh

d. Projected monthly natural gas usage: _____

4. Projected Jobs

a. If local expansion, the current job base is _____ as of _____

b. Number of full-time equivalent jobs created at the Sherman location:

	<u>(Non-Exempt)</u>	<u>(Exempt)</u>
Total Year 1	_____	_____
Total Year 2	_____	_____
Total Year 3	_____	_____
Total Year 4	_____	_____

c. Number of workers moving to the Sherman area as a result of the project: _____

5. Projected Wages

- a. Starting hourly wage rate: \$ _____
- b. Average plant hourly wage rate: \$ _____
- c. Average annual salary of exempt workers: \$ _____
- d. Total projected monthly payroll in first year: \$ _____

6. Benefits

- a. Offered coverage for:

Healthcare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prescription Drug	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No
401K/Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education Reimbursement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cafeteria Plan (Section 125 Plan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other (please list): _____

- b. Percent of employer paid premium: _____

7. Additional Information

- a. What is the expectation for assistance from SEDCO and/or City of Sherman?

- b. What other incentives are anticipated?

c. Can you provide a business plan? Yes No

d. What market areas are to be served from this facility?

8. For Start-Up/Small Business Applications

On a separate page, please list previous business history, business references, and personal guarantor information.

Please submit to:

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