



Quality Jobs Program

APPLICATION INSTRUCTIONS

SECTION ONE

(Application Page 3)
Business Information

- **Business Name:** Company name of the business applicant (as it should appear on the contract and as registered with Louisiana Department of Revenue)
- **Year Established:** List the year the company was formed
- **Physical Address:** List the complete address of the site location where the project takes place
- **Mailing Address:** Provide the address of the company's official location where written communication can be received
- **Parish:** List the Parish where the site is located
- **Phone Number:** Provide the phone number at the project site
- **Website Address:** If applicable provide the website
- **Fiscal Year:** Provide the date parameters for the company's fiscal filing period with LDR – this will be the same filing period for annual payroll rebates
- **Ownership type:** Check the appropriate box
- **Description of this project:** Explain the nature of the project and its functionality

SECTION TWO

(Application Page 4)
Primary Qualification

- **Federal Tax ID#:** Enter the company's registered tax ID number as issued by the Internal Revenue Service
- **Louisiana Unemployment Number:** Provide unemployment ID# as issued by the Louisiana Workforce Commission
- **Louisiana Department of Revenue Number:** Provide LDR taxpayer account number issued by LDR
- **NAICS Code:** Provide code number as assigned by the Department of Labor

Lists the business type(s) eligible to participate in the Quality Jobs Program. The applicant business (at the site) must be identified by at least one to qualify.

SECTION THREE

(Application Page 5)
Supplemental Questions

Additional questions necessary for processing the application. Make sure to provide explanations for those answers requiring explanations. Attach an additional sheet if necessary.

SECTION FOUR

(Application Page 6)
Estimated Investment/
Jobs/Payroll Costs

Estimated Investment Costs: Provide the actual cost for the following (if project is not complete provide the forecasted/estimated costs associated with each):

- **Building and Materials –** Provide the amount on all building and materials associated with this project
- **Machinery and Equipment –** Provide the cost of machinery and equipment leased, rented or purchased for this project
- **Labor and Engineering –** Provide the cost of wages paid for contract workers, construction workers and/or to a general contractor for services rendered regarding this project
- **Total Investment –** Total estimated expenditures for the entire project, which includes the building, material, machinery, equipment, labor and engineering costs calculated previously

Estimated Number of Jobs:

- **Existing (state-wide, including all affiliates):** Provide the number of employees statewide including all affiliates prior to the contract effective date
- **New Direct Jobs (10-year total):** Refer to application pro-forma
- **Construction Labor:** Provide the number of construction workers and/or general contractor workers that worked on the project

Estimated Payroll:

- **Existing –** Provide the total gross payroll of all existing employees
- **New (10 year total) –** Provide the total gross payroll of all employees that were illustrated in the fee calculation pro-forma
- **Construction Labor –** Provide the gross payroll sum amount paid to construction workers and/or a general contractor for services rendered

SECTION FIVE

(Application Page 6)
Contract Effective Date

The contract-effective date is either:

1. The date the Advance Notification and fee was filed with LED, or
2. A date selected by the company on its QJ Application, equal to or later than the Advance Notification date, after which date benefits can be generated for net new jobs created and additional investment incurred.

SECTION SIX

(Application Page 6-7)
Fee Calculation

Year 1 – Year 10: State the estimated number of net new jobs that will be created in each of the respective years for your project (column 1) and provide the sum of the annual gross payroll of the estimated net new jobs for each respective year in column 2. In column 3, write the cumulative annual gross payroll including a 2% increase. Refer to instructions on application. Repeat steps for the projected 10 years.

Total: Provide the sum total of the estimated net new jobs that will be created over the ten-year period and the sum total of the annual cumulative gross payroll.

Refer to application instructions for the final fee calculation.

SECTION SEVEN

(Application Page 7)
Business Legal Structure

If an LLC - Provide a complete listing of all of the company's owners. The owners legal name should be listed as registered with the Louisiana Department of Revenue, and their state tax identification provided.

Schedule 1- List Affiliate's of the applicant that made purchases for this project. Do not list construction contractors. The Affiliate's legal name should be listed as registered with the office of the Louisiana Secretary of State, and their state tax identification number should be provided as issued by the Louisiana Department of Revenue.

SECTION EIGHT

(Application Page 8)
Minimum Health Care Requirement

Employer must provide a Basic Health Benefits plan.

SECTION NINE

(Application Page 8)
Contact Information

Contact Type – Indicate if the person completing this application is a company representative or a hired third party

Contact Name – Name of the individual responsible for addressing and answering all questions pertaining to this application and QJ project

Contact Person's Title – If a company representative

Contact Person's Company Name – Name of company contact person is affiliated with

Mailing Address – Preferred U.S. postal address of the contact, where correspondence can be mailed

Phone Number – Preferred contact telephone number associated with contact person listed above

Email Address – Preferred email address associated with contact name

SECTION TEN

(Application Page 8)
Certification

Certification section should be read, dated and signed by an authorized company official acknowledging the information provided in the application is true and correct. Include documentation authorizing this individual to sign this application.



LOUISIANA.
Custom-Fit Opportunity.

Quality Jobs Program Application

PLEASE TYPE (all fields required)

FOR OFFICE USE ONLY

DEPOSIT DATE _____

DEPOSIT # _____

CHECK # _____

CHECK AMOUNT _____

INITIALS _____

PROJECT NO.

APPLICATION

BUSINESS INFORMATION

BUSINESS NAME **YEAR ESTABLISHED IN LOUISIANA**

PHYSICAL ADDRESS

CITY **STATE** **ZIP CODE**

PARISH

PHONE NUMBER **EXT** **FAX NUMBER**

WEBSITE **FISCAL YEAR**

OWNERSHIP TYPE: CORPORATION LLC GENERAL PARTNERSHIP S-CORPORATION LP NONPROFIT ORGANIZATION

IS THE PROJECT LOCATED WITHIN CITY LIMITS? YES NO

PROJECT TYPE: NEW EXPANSION

PROVIDE A DESCRIPTION OF THIS PROJECT

FEDERAL TAX ID #		LA UNEMPLOYMENT INSURANCE ID #S	
LA DEPARTMENT OF REVENUE ID #		NAICS CODE (ASSIGNED BY LWC)	

PROJECT NO. _____

PRIMARY QUALIFICATION

Listed below are the business types eligible to participate in the Quality Jobs Program. The applicant business must be identified by at least one of the following to qualify for participation. The below identification must reflect the activities at the Quality Jobs site referenced in this document. (Supporting documentation may be required.)

1. Is the business a manufacturer, as defined by North American Industry Classification System (NAICS) codes 113310, 211, 213111, 541360, 311-339, 511- 512 and 54171, as the employer's primary function? YES NO

2. Is the business an oil and gas field service business, as defined in North American Industry Classification System (NAICS) code 213112, which has new direct jobs that pay not less than thirty thousand dollars per year, and meet the health insurance benefits required under this Paragraph and have Louisiana as the national or regional headquarters of a multistate business whose service territory includes at least Louisiana and the Gulf of Mexico? YES NO

If yes, you must provide the following supporting documentation:

- A corporate organizational chart showing the locations of all offices throughout the region and the United States
- Information describing the nature of the services provided by this Louisiana headquarters to other business locations
- The locations and dates the Louisiana headquarters began providing these services to the other locations
- Indicate the territory this location actually services at the time of the advance notification

3. Does the business have, or will the business have within one year, sales of at least fifty percent of its total sales:

- to out-of-state customers or buyers, or
- to in-state customers or buyers if the products or service are resold by the purchaser to an out-of-state customer or buyer for ultimate use, or
- to the federal government? YES NO

4. Is the business located in a distressed region as designated by the Department of Louisiana Economic Development?
A distressed region shall be either of the following (Check which applies):

- [] A parish which is within the lowest twenty-five percent of parishes based on per capita income
(List parish: _____)
- [] A census tract block group (CTBG) that is below the state median per capita income, based upon the latest federal decennial census.
(List CTBG, Parish and respective median per capita income: _____)

5. Is the business identified in one of the following industries? (If you select one of these, you must **attach** a detailed explanation of your operation. LED must certify these industry types.)

- [] Biotechnology, biomedical and medical industries serving rural hospitals
- [] Software, auto regulation, Internet and telecommunications technologies
- [] Micro-manufacturing
- [] Environmental Technology
- [] Food Technology
- [] Advanced Materials

If the applicant business is not identified by at least one of the 5 Primary Qualifications listed above, then the business may not be eligible to participate in the Quality Jobs Program and may want to consider applying for the Enterprise Zone Program. (See list of ineligible businesses that cannot participate in the program regardless of location.)

SUPPLEMENTAL QUESTIONS

1. Is the business affiliated through common ownership with any other group doing business in Louisiana?

If yes, list below the legal name(s) and location(s) of these businesses including all unemployment insurance numbers (UI#).

YES NO

2. Are any of the business activities covered by this application associated with:

- The purchase or other acquisition of another business?

YES NO

- Hiring employees or creating jobs that were previously provided to the business under a temporary labor service, contract employee, staffing agency or other type of employee service?

YES NO

If you answer yes above explain below in detail (attach separate sheet if necessary).

3. Are the new direct jobs proposed by this application related to a contract acquired to supply similar goods or services that another business or location within Louisiana was previously contracted to supply?

If yes, explain below in detail (attach separate sheet if necessary).

YES NO

4. Has the business or an affiliates business's location within the state closed or reduced employment within the immediate 12 months prior to the contract-effective date?

If yes, list below the location(s), number of employees lost at each location and the date closed, including UI#s.

YES NO

5. Have the business or any affiliates received, applied for or considered applying for any other state incentive(s)?

If yes, list below any such incentive(s)/program(s) and the date applied for.

YES NO

6. Have the business or any affiliates received, applied for or considered applying for a license to conduct gaming activities? (The Board of Commerce and Industry has adopted rules prohibiting any gaming on the site of, or related to the operation of, a business participating in one of the incentive programs.)

If yes, attach a detailed explanation including the name of the entity receiving or applying for the license, the relationship to the business if an affiliate, the location and the type of gaming activities.

YES NO

ESTIMATED INVESTMENTS/JOBS/PAYROLL

In the chart below provide the companies' estimated values for each item. Note: If you have investment costs involving contractual/construction, you must give an estimate number of the jobs created, and the total respective payroll amount.

Estimated Investments Costs		Estimated Number of Jobs		Estimated Payroll	
Building and Material	\$	Existing (state-wide, including all affiliates)		Existing (Annual)	\$
Machinery and Equipment	\$	New Direct Jobs (10-year total)		New (10-year total)	\$
Labor and Engineering	\$	Construction Labor		Construction Labor	\$
Total Investment	\$				\$

CONTRACT EFFECTIVE DATE

Contract Effective Date (month/day/year)

Please be aware that if you are seeking local sales tax rebates Business Incentive Services must receive the endorsement resolution from the local governing authority prior to the application receiving approval from the Board of Commerce and Industry.

FEE CALCULATION

In the chart below indicate the anticipated new direct jobs for each year of the contract and the respective payroll. The cumulative annual gross payroll is to reflect any year's new payroll plus the previous year's payroll, including a 2% increase (for example, multiply column 3A X 1.02 + 2B = 3B. A value must be indicated in column 3, A-J. Make sure to total column 3, A-J, for the Total Estimated 10-year cumulative annual gross payroll.

Year		Number of New Direct Jobs Created (Created Annually)	Annual Gross Payroll (For respective year's New Direct Jobs)	Cumulative Annual Gross Payroll (Include 2% cumulative increase annually)
A	20__		\$	\$
B	20__		\$	\$
C	20__		\$	\$
D	20__		\$	\$
E	20__		\$	\$
F	20__		\$	\$
G	20__		\$	\$
H	20__		\$	\$
I	20__		\$	\$
J	20__		\$	\$
Total New Direct Jobs			Total Column (estimated 10-year cumulative annual gross payroll) →	**\$

*Estimated 10-year Cumulative Annual Gross Payroll (**Total from previous chart)

PROJECT NO. _____

**\$ _____

X 0.06

= (a) Estimated 10-year payroll rebate

= \$ _____ (a)

Is the company seeking sales and use tax rebates or the investment tax credit?
If yes, enter values for (b) & (c); if no enter "0"

YES NO

(b) Estimated State Sales/Use Tax Rebate (or Investment Tax Credit)

\$ _____ (b)

(c) Estimated Local Sales/Use Tax Rebate

\$ _____ (c)

= Total Estimated Rebates (a + b + c)

= \$ _____

X 0.005

= Application Fee: (Minimum \$500 — Maximum \$15,000)

= \$ _____

(Make check payable to Louisiana Economic Development — make sure to include project number on check)

Mail to: Louisiana Economic Development
Business Incentives Services
P.O. Box 94185
Baton Rouge, LA 70804-9185

Physical Address: Louisiana Economic Development
Business Incentives Services
1051 N. 3rd Street
Baton Rouge, LA 70802

BUSINESS LEGAL STRUCTURE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

If an LLC, list the names and the LA Dept. of Revenue tax identification number or social security number for all LLC members.

Legal Name (as registered with LDR)	LA Department of Revenue Identification Number or SSN#

SCHEDULE 1 — If seeking sales and use tax rebates or the investment tax credit, list affiliates of the contract holder that made purchases for this project or reporting depreciable assets on their federal tax return. (Do not list your construction contractors.)

Legal Name (As registered with the office of La. Secretary of State)	LA Department of Revenue Identification Number

MINIMUM HEALTH CARE REQUIREMENT

Under Act 387, the employer must provide a Basic Health Benefits plan (BHBP) or the Health Insurance Coverage (HIC) to the individuals it employs in new direct jobs to have a value of at least one dollar and twenty-five cents per hour (\$1.25/hr.). (If you are other than a self insured company, the value of the plan is the employer's portion of the actual cost for the employee only coverage. If you are a self insured company, LED will determine the value.)

The BHBP or HIC does not include dental, vision, short/long term disability, life insurance etc.

CONTACT INFORMATION

CONTACT TYPE: BUSINESS CONSULTANT OTHER

PREFIX **FIRST NAME** **MI** **LAST NAME**

CONTACT PERSON'S TITLE **COMPANY NAME**

MAILING ADDRESS 1 **MAILING ADDRESS 2**

CITY **STATE** **ZIP CODE**

PHONE NUMBER **EXT**

EMAIL ADDRESS

CERTIFICATION

(Must have legal authority to sign this document)

I hereby certify that the Quality Jobs project identified in this document with the above referenced number and additional materials meet all of the requirements of R.S. 51:2451, et seq. and applicable regulations. I hereby certify that the information provided in this document and additional materials is true and correct, and I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public records (R.S. 14:133) and/or forfeiture of any tax credits or rebates approved under this program. I understand that application and information submitted with it shall not be returnable to the applicant.

Original Signature

Printed Name and Title

Date