

INCENTIVE REQUEST APPLICATION

The DeSoto Economic Development Corporation (DEDC) and the City of DeSoto use established guide-lines for investing public resources in private projects to develop the economic base and quality of life in DeSoto, TX. The DEDC uses information from this form to estimate both the fiscal impact of a proposed private project upon the community of DeSoto and the level of return upon the investment of public resources in the proposed private project. The fiscal impact model must be applied to each project applying for any form of incentive, regardless of whether they are direct financial investments, abatements, deferred taxes or regulatory considerations, before public resources may be committed and given to a private business. The established guidelines stipulate that all projects must meet or exceed minimum threshold levels. If the minimum thresholds are not met, the project may be considered on a case-by-case basis.

Please provide as much of the following as which pertains to the subject project:

I. Real Property 1. Acquisition price of an existing facility or current taxable value......\$_____ 2. Total construction budget for new facility\$ a. Percent allocated to materials% b. Percent allocated to soft costs______ (Soft costs are permitting fees, architectural engineering, testing, inspections, environmental studies, developer management fees, legal and audit fees, etc.) d. Percent of construction budget resulting in an increase e. Percent of construction materials purchased in DeSoto.....___________________ g. Percent of construction workforce residing in DeSoto% 3. Land Value\$ **II. Business Personal Property** 1. Value of newly purchased furniture and fixtures......\$_____\$ 2. Percent of newly purchased furniture and fixtures purchased in DeSoto......% 3. Value of furniture and fixtures relocated to DeSoto\$ 4. Value of newly purchased equipment\$_____

| | 6. Value of equipment relocated to DeSoto | \$ | | | | | | |
|------|--|---------------|---------|--|--|--|--|--|
| | 7. Value of inventory as of January 1 each year | \$ | | | | | | |
| | 8. Percent of inventory qualifying for in-lieu-of freeport exemption | | % | | | | | |
| | | | | | | | | |
| III. | . Employee Information | | | | | | | |
| | 1. Number of existing employees | | | | | | | |
| | 2. Average annual wage of existing employees | \$ | | | | | | |
| | 3. Annual wage growth rate (in %) of existing employees | | % | | | | | |
| | 4. Percentage of existing employees who live in DeSoto | | % | | | | | |
| | 5. Anticipated number of new employees in | *#1 Year #2 Y | ′ear #3 | | | | | |
| | Exempt Employees | | | | | | | |
| | Non Exempt Employees + | + +_ | | | | | | |
| | Total New Employees Each Year = | = = | | | | | | |
| | OVERALL TOTAL NEW EMPLOYEES | | | | | | | |
| | 6. Average annual wage of new employees (indicate different levels within each category by labeling them as Class 1 or Class 2) | | | | | | | |
| | Exempt Employees – Class 1 | \$ | | | | | | |
| | Exempt Employees – Class 2 | \$ | | | | | | |
| | Non Exempt Employees – Class 1 | \$ | | | | | | |
| | Non Exempt Employees – Class 2 | \$ | | | | | | |
| | 7. Annual wage growth rate (in %) of new employees | | | | | | | |
| | Exempt Employees | | % | | | | | |
| | Non Exempt Employees | | % | | | | | |
| | 8. Anticipated percentage of new employees who will live in DeSoto | | | | | | | |
| | Exempt Employees | | % | | | | | |
| | Non Evernt Employees | | % | | | | | |

IV. Operations

| 1. Taxable retail sales at the facility | \$ | | | | |
|--|----|--|--|--|--|
| 2. Total annual operating budget | \$ | | | | |
| 3. Value of materials purchased for operations (excluding inventory) | \$ | | | | |
| 4. Percentage of these materials bought in DeSoto | % | | | | |
| 5. Average annual cost of each utility | | | | | |
| a. Electricity | \$ | | | | |
| b. Telephone | \$ | | | | |
| c. Cable | \$ | | | | |
| d. Natural Gas | \$ | | | | |
| e. Sanitation | \$ | | | | |
| f. Water & Sewer | \$ | | | | |
| 6. Estimated annual number of visitors to the facility | | | | | |
| 7. Estimated number overnight visitors | | | | | |
| 8. Average length of stay (nights) | | | | | |
| Please tell us what you consider both a NECESSARY and REASONABLE incentive request.* | | | | | |
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| Type of Busines | ss: | | | | |
|--|--|--|---|-------------------------|---|
| North America | n Industry Classifi | ication System (NA | AICS) Code: | | |
| Name of Comp | pany: | | | | |
| Mailing Addres | SS: | | | | |
| City, State & Zi | p Code: | | | | |
| Phone #: | | | Fax # : | | |
| E-Mail Address | :: | | | | |
| Name (Please F | Print): | | | | |
| The applicant cert knowingly employ division, or depar the amount of the agreement between | tifies that the busine y an undocumented tment of the busine e funds provided by een the DEDC and th | worker; and that if, a ss, is convicted of a v DEDC with interest, | ion, or department o ifter receiving a fund riolation under 8 U.S. at the rate and accor the incentive, grant | C. Section 1324a(f), to | business, or a branch, he business shall repay |
| Signed this | day of | 20 | _ Signed this | day of | 20 |
| (Print Applicant Name) | | | (Print Applicant Name) | | |
| (Applicant Signature) | | (Applicant Signature) | | | |