



JobsCT Tax Rebate Program Application



Department of Economic and
Community Development

Application Instructions

General Description

This request for Business Assistance is a brief outline to enable the DECD to determine, on a preliminary basis, the suitability and eligibility of the business to apply for the JobsCT Tax Rebate Program. **A current business plan should be included** (consult with your project manager if assistance is needed). The business plan should support the projected job growth.

All information accompanying this application is confidential and exempt from the Freedom of Information Act.

- 1. Business Name:** List the full legal name of the applicant for financial assistance.
- 2. Address:** Mailing address where correspondence should be sent. If different from the applicant location, indicate.
- 3. Contact Person:** If appropriate, include title.
- 4. Project Location:** Project location.
- 5. Opportunity Zone:** Identify if this project is in an Opportunity Zone.
- 6. Distressed Municipality:** Identify if this project is in a Distressed Municipality.
- 7. Type of Business:** Indicate type of Product or Service (e.g. manufacturing, technology, machining, etc.). Including the NAICS Code, Federal Employer ID # or Social Security # and State Tax Registration #.
- 8. Connecticut Employment as of the date of this application:** Provide Current Connecticut employment information broken out by the identified demographic.
- 9. Full Time Equivalents & Average Annual FTE Wages:** Identify current Full Time Equivalents and average annual FTE wage. Identify Average Annual FTE wages projections for the length of your project.
(1 Full Time Equivalent (FTE) is a minimum of 35 worked hours per week.)
- 10. Disadvantaged Community Job Creation:** Identify if this project will create jobs for any of the targeted disadvantaged communities listed.
- 11. Anticipated Capital Expenditures:** Provide the amount budgeted by the company to execute this project, broken out by category.
- 12. Gross Sales/Receipt:** Provide the total amount of income from all operations during the last fiscal accounting year.
- 13. Form of Ownership:** Indicate the company's structure.
- 14. Business Ownership:** If not practical to list every business owner, include owners holding

10% or more of the business. If ownership of the borrower is different from the business, please list on a separate sheet the owners of the borrower. Minority or woman ownership must be 51% to be considered for this status. ("Minority" includes a variety of categories such as racial, ethnic, gender and disability status).

15. Unpaid Taxes: Provide unpaid tax information by fiscal authority.

16. Pending or Anticipated Claims or Litigations: Check appropriate box and provide information, if applicable.

17. Bankruptcy Information: Check appropriate box and provide information, if applicable.

18. Have you received prior state funding: Identify funding source, program, amount and funding date, if applicable.

19. Environmental Compliance: Check appropriate box and provide information, if applicable.

20. OSHA Compliance: Check appropriate box and provide information, if applicable.

21. Public Disclosure: Check appropriate box and provide information, if applicable.

22. Required Documents: Please attach the following documents.

JobsCT Tax Rebate Program Application

1. Business Legal Name:	Sample Application
2. Address:	450 Columbus Blvd
City:	Hartford
State:	<input type="text" value="CT"/>
Zip Code:	06112
3. Contact Person and/or Title:	Alicia Smith
Phone:	860-500-2415
Email:	kerron.vernon@ct.gov
Company Website:	State of CT DECD
Address:	450 Columbus Blvd
City:	<input type="text" value="Hartford"/>
State:	<input type="text" value="CT"/>
Zip Code:	06112
5. Is this project located in an Opportunity Zone? (Link to map)	<input type="text" value="No"/>
6. Is this project located in a Distressed Municipality? (Link to map)	<input type="text" value="No"/>
7. Type of Business:	<input type="text" value="Manufacturing"/>

Type of Product or Service: Electric Vehicle Charging Station

NAICS Code (Link to NAICS): 221122

Federal Employer Identification Number (EIN) or Social Security Number: 12-3456789

State Tax Registration Number: 123456789-123

Department of Labor Unemployment Insurance Number (UI #): 12-345-67

8. Current CT Employment as of the date of this application:

Current Connecticut Employment:

	Number of Jobs	Minority	Disabled	Veteran
Current Employees:	50	15		10

9. Current Connecticut FTE's & Average Annual Connecticut W-2 Compensation (1 Full Time Equivalent (FTE) is a minimum of 35 worked hours per week.)

Current Connecticut FTE's: 75

Average Annual Connecticut W-2 Compensation for Current FTE's (For purposes of clarity, please enter your answers with appropriate comma separations, i.e.: \$100,000 instead of \$100000): \$102,000

NEW EMPLOYMENT: Please show year-by-year how employment will “ramp up” (if any), using the incremental number of new jobs created each year, as the cumulative total will be calculated automatically. For example, if the firm creates 50 new jobs in 2023 and the firm adds 15 new jobs in 2024, put 50 in 2023 and 15 in 2024.

Projected FTEs:

	2023	2024	2025	2026	2027	2028	2029
Full time jobs created and maintained for the calendar year	25	15	10	10			
Cumulative jobs created	25	40	40	60			

	2023	2024	2025	2026	2027	2028	2029
Average Annual Connecticut W-2 Compensation	100000	100000	100000	100000			

- 1 25
- 2 15
- 3 10
- 4 10

10. Will this project create jobs for any of the following individuals: (a) receiving or have received services from the Department of Aging and Disability Services; (b) are receiving employment services from the Department of Mental Health and Addiction Services or participating in employment opportunities and day services, as defined in section 17a-132 226 of the general statutes, operated or funded by the Department of Developmental Services; (c) have been unemployed for at least six of the preceding twelve months; (d) have been convicted of a misdemeanor or felony; (e) are veterans, as defined in section 27-103 of 136 the general statutes; (f) have not earned any postsecondary credential and are not currently enrolled in a postsecondary institution or program; or (g) are currently enrolled in a workforce training program fully or substantially paid for by the employer that results in such individual earning a postsecondary credential.

Yes

11. Anticipated Capital Expenditures

	Dollar Amount
Construction/Leasehold Improvements	700,000
Furniture and Fixtures	400,000
Machinery and Equipment	1,200,000

	Dollar Amount
Computer Software	150,000
Computer Equipment	250,00
Other	200,000
Total	2,900,000

12. Gross Sales or Receipts

Total sales or receipts: 1,200,000

Approximate % of sales in CT: 85

Approximate % of sales outside CT: 15

Approximate % of sales outside US: 2

13. Form of Ownership

Corporation

Date Acquired or Established: Monday, December 24, 2018

14. Business Ownership

	Name	Title	% of Ownership
1	Alicia Smith	Founder, CEO	60
2	John Smith	President	30
3	Adam Smith	Tresurer	10
4			

Woman owned (must be 51% woman –owned to qualify)

15. Unpaid Taxes (List any below)

No

16. Are there outstanding, pending, or anticipated claims or litigation against your company?

No

17. Have you ever personally declared bankruptcy or been an officer of a company or organization where bankruptcy was declared?

No

18. Have you received prior state funding?

Yes

Which programs have you received prior state funding from?

DECD

CT Innovations

If you selected "Yes" for Q.18, please provide details below.

	Amount received \$	Program	Date
Amount	\$500,000	Manufacturing Assistance Act	10/20/20
Amount			
Amount			
Amount			

19. Environmental Compliance: Do you have any outstanding orders or citations from either the Connecticut Department of Environmental Protection or Federal Environmental Protection Agency? If yes, please describe on an additional sheet and give the name, address and telephone number of the individual handling your case at the respective agency.

No

20. OSHA Compliance: Do you have any outstanding orders from the Federal Occupational Safety and Health Administration? If yes, please describe on an additional sheet and give the name, address, and telephone number of the individual handling your case.

No

21. Public Disclosure: Will informing the municipality and employee representatives of the proposed request for financial assistance prior to DECD's final approval be considered a disclosure of confidential or proprietary information, or trade secret?

No

22. Required Documents:

- Please attach a current business plan to support job growth.
- Please complete the following Department of Labor Release Form: <https://portal.ct.gov/-/media/DECD/Business-Development/Documents/JobsCT-DOL-release-form-10-22.doc>
- Click on the following link to sign into your account and request letter of good standing from the Department of Revenue Services:

<https://portal.ct.gov/DRS/myconneCT/myconneCT>

Provide Question 22 Documents here.



Certification of Applicant

The undersigned represents, as an inducement to the Department of Economic and Community Development to consider the tax rebate applied for herein, that to the best of my knowledge and belief, no information or data contained in this application or any attachments are in any way false or incorrect and that no material information has been omitted or misrepresented. The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Environmental Protection and any other state agency are hereby authorized now, or anytime in the future, to give the Department of Economic and Community Development any and all information requested in connection with this application and rebate program, including information concerning the payment of taxes by the applicant. In addition, the undersigned agrees that any rebate provided pursuant to this application will be utilized exclusively for the purposes set forth in the application, as may be amended, and for no other purposes, without the consent of the Commissioner of the Department of Economic and Community Development in its sole discretion.

Authorized Signatory:

A handwritten signature in black ink, appearing to read "Alicia Smith".

Title: CEO

Date: Monday, December 19, 2022

Name: Alicia Smith