



Department of Economic Development

**EXHIBIT B – ECONOMIC IMPACT
BROWNFIELD REDEVELOPMENT PROGRAM**

TO BE COMPLETED BY THE OPERATOR OR EACH LESSEE ON SEPARATE FORMS

NAME OF ELIGIBLE BUSINESS

JOB TITLES	NEW JOBS CREATED WITHIN YEARS AT THE ELIGIBLE BUSINESS	EXISTING JOBS IN MO (ALL LOCATIONS)	PROPOSED AVERAGE HOURLY WAGE*
1. Management			
2. Clerical			
3.			
4.			
5.			
6.			
7.			
8.			
TOTALS			N/A

* Note: Wage amounts above should NOT include benefits.

- Medical Insurance:** Will company-subsidized medical insurance be provided to all new jobs listed above?
- New Job Estimate Documentation:** Justify the projected number of new jobs created on an attached sheet, and identify as "Exhibit B, #2". Such documentation would include an employment plan based on the new assets to be purchased for the eligible project; financial projections that can be related to the projected new jobs; or other as acceptable by DED.
- Retention:** In the event this project involves retained jobs, see the definition of "Retained Jobs" in Section C of the Brownfield Program Guidelines, and provide adequate documentation as specified.
- Total Payroll:** Indicate the total annual payroll of eligible business named above for the new jobs ONLY: \$ _____
- New Qualified Investment:** Indicate the total amount of new qualified investment to be located at the eligible business:
(a) Investment in Building: \$ _____ (b) Investment in Equipment: \$ _____ (c) Total Investment: \$ _____
- Annual Dollars:** Indicate annual dollar amount of output from the eligible business name above such as sales, income, revenues, etc.:
\$ _____
- Projected Taxable Income:** Indicate project income of the eligible business:
Missouri Taxable Income projected: 1st Year: \$ _____ 2nd Year: \$ _____ 3rd Year: \$ _____
- SIC (Standard Industrial Classification) or NAICS (North American Industry Classification System):** Indicate the primary SIC or NAICS code of the eligible business. Describe the activities of the eligible business to be conducted at the proposed eligible project:

- Certification:** I hereby certify this information is true and correct.

COMPANY OFFICIAL

DATE