Missouri Works Program

Notice of Intent (NOI)

New Jobs Programs

PROJECT REQUIREMENTS (Net new jobs must be created within 2 years of receipt of NOI) Note: "Existing" means that the company has operated in Missouri for a minimum of 10 years.						
√ One	Program Category	Minimum New Jobs	Minimum New Private Capital Investment	Minimum Average Wage for New Jobs	Health Insurance Offered and Paid at Least 50%	Program Benefits *Discretionary incentives may be available if certain criteria are met.
	Zone Works (Must be located in an Enhanced Enterprise Zone.)	2	$100,000	80% of County Average Wage	Yes	Retention of State Withholding Tax for 5 years, or 6 years for existing MO companies.
	Rural Works (All counties except Boone, Buchanan, Clay, Greene, Jackson, St. Charles, St. Louis County and City)	2	$100,000	90% of County Average Wage	Yes	Same as Zone Works (above).
	Statewide Works	10	N/A	90% of County Average Wage	Yes	Retention of State Withholding Tax for 5 years, or 6 years for existing MO companies.*
	Mega Works 120	100	N/A	120% of County Average Wage	Yes	6% of new payroll for 5 years, or 6 years for existing MO companies.*
	Mega Works 140	100	N/A	140% of County Average Wage	Yes	7% of new payroll for 5 years, or 6 years for existing MO companies.*
	Deal Closing Fund	10	N/A	100% of County Average Wage	Yes	Tax Credit within 1 year (must meet certain criteria and receive proposal from DED).
	Qualified Military Projects	10	Real or Personal Property Amount as outlined in the Proposal	90% of County Average Wage	Yes	A term no longer than 15 years. Tax Credits equal to estimated withholding taxes

Mail this Form to:

Missouri Department of Economic Development, Business and Community Solutions
PO Box 118, 301 W. High Street, Room 770, Jefferson City, MO 65102-0118
Phone: 573-751-4539 Fax: 573-522-4322
https://ded.mo.gov/programs/business/missouri-works **E-mail:** dedfin@ded.mo.gov

MISSOURI WORKS PROGRAM
NOTICE OF INTENT (NOI)

APPLICANT COMPANY INFORMATION

Qualified Company or Parent Company	Federal Tax ID No. (FEIN)	MITS/Missouri ID No.

Address of Project / Primary Facility	**Number of Current Full Time Employees at this facility**		**Number of Facilities in Missouri**	

City	County	Missouri	Zip Code +4

Tax year of Company	☐ Calendar	☐ Other (Please Describe)	Beginning: MM/DD	Ending: MM/DD

Does the applicant use any of the following? ☐ Payroll Provider ☐ Professional Employer Organization (PEO) ☐ Common Paymaster
(If the company uses a PEO, please provide DED with a copy of the PEO agreement.)

CONTACT INFORMATION (Please provide two (2) people that DED may contact directly regarding this program. At least one must be a company contact.)

Contact Person		Title	
Address	City	State	Zip Code
Telephone Number	Fax Number	E-mail	

Contact Person		Title	
Address	City	State	Zip Code
Telephone Number	Fax Number	E-mail	

TYPE OF BUSINESS

☐ Fiduciary	☐ C-Corp	☐ S-Corp	☐ LLC	☐ Sole Proprietor	☐ Partnership	☐ Non-Profit	☐ Other_____

OWNERSHIP: Percent of total ownership for **ALL TYPES OF BUSINESSES** must total 100% except for C-Corps. For C-Corps, please attach a list of the Board of Directors and anyone with a 10% or more ownership interest. See the Missouri Works Program Guidelines for the definition of "Owner" by business type.

Name(First, MI, Last) or Company / Trust	DOB	% Ownership	Name(First, MI, Last) or Company / Trust	DOB	% Ownership
		%			%
		%			%
		%			%

Is this company owned 51% or more by women?	☐ **YES**	☐ **NO**	**Is the company publicly traded?**	☐ **YES**	☐ **NO**	**Symbol**

PROJECT INFORMATION

Was the Company offered a Proposal by DED for this project?	☐ **YES**	☐ **NO**
IF YES: Date of the Proposal _____ Name of Company or Project Name on Proposal _____		
Has the company performed significant, project-specific site work at the project facility?	☐ **YES**	☐ **NO**
Has the company purchased any machinery or equipment related to the project?	☐ **YES**	☐ **NO**
Has the company publicly announced its intention to make new capital investment at the project facility?	☐ **YES**	☐ **NO**
Is the Project facility the company's permanent facility? If no, explain on additional sheet of paper.	☐ **YES**	☐ **NO**
Does the company participate in an employee stock ownership plan?	☐ **YES**	☐ **NO**

Is the applicant delinquent in the payment of any non-protested taxes or any other amounts due to the state or federal government or any other political subdivision?	☐ YES	☐ NO
Has the company filed for or publicly announced its intention to file for bankruptcy protection?	☐ YES	☐ NO
Will any additional locations be included as part of the project? (Must be within 60 miles of each other.)	☐ YES	☐ NO
Will any additional companies be creating investment or new jobs for this Project?	☐ YES	☐ NO

Please list any additional companies and/or facilities to be included as part of the project on the Facility Detail Worksheet.

Company Name	Address	City	County	FEIN

HEALTH BENEFITS

Will the company offer health benefits to all full-time employees at all facilities in MO and pay at least 50% of the premium? (Cannot be a reimbursement or stipend paid to employee for ACA Exchange.)		☐ YES	☐ NO
Name of the Health Insurance Company		Percentage paid by employer:	%

PROJECT FACILITY INFORMATION (Choose one.)

☐ New to MO	☐ New additional facility in MO	☐ Expansion of existing facility	☐ Replacement of existing facility	☐ Relocation of existing facility.

If Relocating, please indicate county and state from which relocating.	**County:**	**State:**
Check the box if project facility is located in a:	☐ Advanced Industrial Manufacturing (AIM) Zone	☐ State Tax Increment Financing (TIF) District
If this is a relocation/replacement: May require a Letter of Release from County	From where: (Current Address)	To where: (Future Address)
Describe the business activities conducted at the facility:		
List all other federal and state programs for which this facility is applying or is currently utilizing.		
When does the Company plan to meet program requirements and start program benefits? (MM/YYYY)		

Job Title	# of New Jobs	Annualized Wage of New Job	Years of Benefits	# of New Jobs Per Year	Amount of Capital Investment Per Year
			Year 1		$
			Year 2		$
			Year 3		$
			Year 4		$
			Year 5		$
Total			Year 6*		$
Average Wage			**Total**		**$**

Has the Company been operating and had employees in Missouri for ten years or more? (If 'Yes' complete **Year 6** above.)	☐ YES	☐ NO

* To qualify for 6 years of benefits, the company must provide documentation such as a Personal Property paid receipt or MO Tax Return from at least 10 years ago.

RELATED COMPANIES: If any of the answers below are 'YES' please list the additional companies and/or facilities with locations in Missouri on the Facility Detail Worksheet.

Does the **applicant company** or its subsidiaries own or operate **other** facilities in Missouri that are not included in the Project?	☐ YES	☐ NO
Does the **parent company** or its subsidiaries own or operate **other** facilities in Missouri that are not included in the Project?	☐ YES	☐ NO
Do any of the **individual owners** of the applicant company own or operate any **other** companies in Missouri?	☐ YES	☐ NO

All other Missouri operations as identified above are assumed to be *Related Facilities* as identified in RSMo 620.2005 which may affect program benefits. If the facilities are NOT *related*, please provide a detailed explanation as to why the facilities are not *related*.

CERTIFICATION

I, the undersigned, acting on behalf of the Applicant named below, hereby certify and agree to the following:

- The information submitted by the Applicant to the Missouri Department of Economic Development (DED) in connection with the Project is true and correct and such information is consistent with documents provided to lenders, other government programs, or investors. The Applicant hereby authorizes DED to verify such information from any source;
- The Applicant, contact person(s), owners, or signors identified in the application (Please mark appropriate box. If you mark "Have" or "Are", please provide an explanation on another sheet of paper):
  - a) ☐ Have ☐ Have not--committed a felony, is currently charged with commission of a felony, or is currently on parole or probation;
  - b) ☐ Are ☐ Are not--delinquent with respect to any non-protested federal, state or local taxes or fees;
  - c) ☐ Have ☐ Have not--filed (or is about to file) for bankruptcy, unless otherwise disclosed to DED; or
  - d) ☐ Have ☐ Have not--failed to fulfill any material obligation under any other state or federal program;
- There are no pending or threatened liens, judgments, or material litigation against the Applicant or any person identified on the application which is likely to have a material impact on the Applicant's viability;
- Neither the operations of the Project itself nor the receipt of incentives for the Project would violate any existing agreement;
- The Applicant has obtained or is capable of obtaining all necessary federal, state and local permits and licenses for the Project;
- I certify that the Applicant does NOT knowingly employ any person who is an unauthorized alien and that the Applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.
- I certify that the Applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo. with respect to employees working in connection with the activities that qualify applicant for this program. I certify that the Applicant will maintain and, upon request, provide DED documentation demonstrating Applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify Applicant for this program.
- I certify that the Applicant shall include in any contract it enters with a subcontractor in connection with the activities that qualify applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1, RSMo, and shall not be in violation during the length of the contract. In addition the Applicant will receive a sworn affidavit from each such subcontractor under penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the Applicant will maintain and provide DED and the Missouri Department of Revenue (DOR) access to documentation demonstrating compliance with this paragraph.
- I understand that, pursuant to Section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under Section 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates Section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of Section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.
- I understand that if the Applicant is found to have employed an unauthorized alien, Applicant maybe subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.
- I understand that if the Applicant is found to have employed an unauthorized alien in Missouri and did not, for that employee, examine the document(s) required by federal law, the Applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.
- I have read and understand the Missouri Works Program guidelines.
- I hereby agree to allow representatives of DED or DOR access to the property and applicable records as may be necessary for the administration of this program.
- I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.

I certify that I am an executive level representative of the Applicant and have the proper authority to execute this document on behalf of the Applicant and that I am authorized to make the statement of affirmation contained herein. I also realize that failure to disclose material information regarding the Applicant, any owners or individuals engaged in the management of the Applicant, or other facts may result in criminal prosecution.

Applicant Signature	**Print Name**	**Title**	**Date**

STATE OF _____ SS. COUNTY OF _____

On this _____ day of _____ in the year 20 ____ before me, _____, a Notary Public in and for said state, personally appeared _____ [name of Corporate Officer / Member], _____ _____ [Name of Corporation / Limited Liability Corporation], known to me to be the person who executed the within Agreement in behalf of said Applicant and acknowledged to me that he or she executed the same for the purposes therein stated.

_____ Notary Public My commission expires _____

REQUIRED ATTACHMENTS

CHECK BOX	ATTACHMENTS
☐	**Diversity Hiring Plan**—For Program Agreements effective as of or after 8/28/2019, provide a hiring plan that illustrates good faith efforts to employ racial minorities, contractors who are racial minorities, and contractors who employ at a minimum racial minorities commensurate with percentage of minorities in State of Missouri. The plan must include monitoring of effectiveness of outreach and recruitment strategies in attracting diverse applicants.
☐	**E-Verify Memorandum of Understanding (MOU)** - The company must register with the E-Verify program and submit an executed Memorandum of Understanding. We need the E-Verify for each company that is hiring employees, if those employees are used to qualify for Missouri Works. For more information regarding E-Verify, visit their web site at https://e-verify.uscis.gov/enroll/. **Must be electronically signed by Company & DHS-USCIS.**
☐	**Health Insurance** - Please attach a copy of the employer health insurance plan that is provided to new hires. Cannot be a reimbursement or stipend paid to employee for coverage obtained through an ACA Exchange.
☐	**Multiple Worksite Report** – If applicant has multiple facilities within the state, please complete the Multiple Worksite Report (MWR) – BLS 3020 for the duration of the program benefits, including the twelve (12) months prior to the date the Notice of Intent is received by DED.
☐	**Organization Chart** – Attach a complete organizational chart illustrating the *Qualified Compa*ny's ownership to include any subsidiaries owned by the parent company or by the *Qualified Company*.
☐	**Project Facility Detail Worksheet** - Please list any *Related Companies* and their locations within Missouri, and any other Missouri facilities operated by the *Qualified Company*.
☐	**Related Facility Worksheet** – If the applicant company has multiple facilities within the State or has *Related Companies* with facilities operating in the State, please complete and attach the Related Facility Worksheet for each facility.
☐	**Tax Clearance** - DED will notify the company if a Form MO-943 needs to be submitted to the Department of Revenue. If multiple entities are participating in this project, a Certificate of tax Clearance is required for each entity.

Please Note: When the Notice of Intent is received, DED will send the Company the Base Employment Information template. The information requested in this spreadsheet is used to calculate the project facility base employment, project facility base payroll, and the related facility base employment (if applicable). The Company's timely response is required. Data should be submitted as an Excel file.

If these documents contain any material that the Company considers to be closed records pursuant to Section 620.014, RSMo, each page must be clearly marked as 'Confidential' and the Company must provide a written explanation of how releasing the information would endanger the competiveness of the business, or any other reason for seeking confidentiality.

Annual Reporting Requirements and Penalty Provisions

All tax credit recipients must be familiar with the annual reporting requirements and penalties for non-compliance established under the Tax Credit Accountability Act of 2004. The responsibility for compliance falls with the tax credit recipient.

Recipients of tax credits are required to submit the Tax Credit Accountability Act Reporting Form to the **Department of Revenue**. You may contact (573) 526-8733 (Personal Tax) or (573) 751-4541 (Corporate Tax) with any questions.

> **NOTE: Failure to report for more than six months, but less than a year, shall result in a PENALTY of 2% of the value of the credits for each month of that delinquency; failure to report for more than a year shall result in a 10% penalty for each month of delinquency up to 100% of the value of the credits; and any fraud in the application process will result in a penalty equal to 100% of the credits issued.**