



# Missouri Works Program

## Job Retention Initial Application

Incentives must be offered via a proposal by DED.

PROJECT CATEGORY—RETENTION					
Program Category	Threshold Number of Existing Jobs	Minimum New Private Capital Investment	Minimum Average Wage for Retained Jobs	Health Insurance Offered and Paid at Least 50%	Program Benefits
Retention Works	50 Retained	50% or more of amount of incentives	90% of County Average Wage	Yes	Retention of WH for a period of up to 10 years
Retention Works- Auto Manufacturing	N/A	\$500,000,000 within 3 Years of NOI approval	N/A	Yes	Tax Credits based on amount outlined in proposal

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](mailto:dedfin@ded.mo.gov)



# RETENTION WORKS PROGRAM - APPLICATION

Applicant Company Information						
Qualified Company or Parent Company			Federal Tax ID No. (FEIN)		MITS/Missouri ID No.	
Address of Project / Primary Facility						
City		County	<b>Missouri</b>		Zip Code +4	
Tax year of Company?	<input type="checkbox"/> Calendar	<input type="checkbox"/> Other (Please Describe)	Beginning: MM/DD	Ending: MM/DD		
CONTACT INFORMATION (Please provide two (2) people 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			
OTHER PROJECT FACILITY ADDRESS(ES) (Attach additional sheet(s) if needed)						
Headquarters Address (if different than above)		City, State		Zip Code	FEIN	Current # of FT employees
1. Other Missouri Facility Address		City		Zip Code	FEIN	Current # of FT employees
2. Other Missouri Facility Address		City		Zip Code	FEIN	Current # of FT employees
3. Other Missouri Facility Address		City		Zip Code	FEIN	Current # of FT employees
COMPANY PROJECT INFORMATION						
Does more than one company work from the project facility?					YES	NO
If yes, is the other company considered part of the project?					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
Does the company offer health benefits to all full-time employees at all facilities in MO and pay at least 50% of the premium?					YES	NO
					Percentage that is employer paid	%

**TYPE OF BUSINESS**

Fiduciary	C Corp	S Corp	LLC	Sole Proprietor	Partnership	Non-Profit	Other_____
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**Ownership of Company:** Aggregate proportionate shares or percent of total ownership for **ALL TYPES OF BUSINESSES** must total 100%. Attach a separate sheet if necessary. Date of Birth (DOB) only needed if not provided at Proposal stage.

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

Is this company owned 51% or more by women?	YES	NO	Is the company publicly traded?	YES	NO	Symbol
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Facility's NAICS Code:		NAICS codes are assigned by the Missouri Division of Employment Security
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**FACILITY PROJECT INFORMATION (Choose one.)**

Describe the business activities conducted at the facility (Be specific):	
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List all other federal and state programs for which this facility is applying or is currently utilizing.	
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List any other state programs the company is utilizing involving the retention of withholding tax? (e.g. Tax Increment Financing, Missouri One Start, MODESA)	
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Total number of employees at ALL facilities in Missouri		Total Number of facilities located in MO	
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**For the jobs and investment table below, Year 1 is the first year for which benefits will be received. (Must be within 3 years of the approval of the NOI)**

	New Capital Investment (cumulative number)	Retained Jobs	Average Wage
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Year 6			
Year 7			
Year 8			
Year 9			
Year 10			

Does the qualified company meet the following statutory requirement? (See below) 620.2015.1 RSMO states that retention benefits may be provided only where “there is a significant probability that the qualified company would relocate to another state in the absence of incentives”.	<b>YES</b>	<b>NO</b>
If yes, please describe the specific circumstances of the company that comply with this section of law in the space below.		

**OTHER FACILITY(ies) IN MISSOURI THAT ARE NOT A PART OF THE PROJECT (Attach additional sheet(s) if needed)**

1. Other Missouri Facility Address	City	Zip Code	FEIN	Current # of FT employees	
2. Other Missouri Facility Address	City	Zip Code	FEIN	Current # of FT employees	
3. Other Missouri Facility Address	City	Zip Code	FEIN	Current # of FT employees	
Are any facilities owned or operated by the qualified company in the State of Missouri NOT included in the Project Location reliant upon each other for products and / or services?				<b>YES</b>	<b>NO</b>
Are operations of the facilities substantially similar to the operations of the project facility?				<b>YES</b>	<b>NO</b>
Will there be a decrease in the number of full-time employees at any other facilities or companies in Missouri?				<b>YES</b>	<b>NO</b>

**EMPLOYMENT INFORMATION (The following information MUST be submitted in Excel format)**

Create two tabs (where applicable):

1. Current Employees at Project Location including all owner-employees;. Please note that owners are not eligible for benefits unless their ownership is due to a Company ESOP.
2. Current Employees at Other Facilities in Missouri (sort by facility).

**Base employment information can be sent to the department via email, or you may contact DED to have a secure site created. Actual program benefits will be based upon the W-2 Box 16 Wages of Retained Payroll.**

Name	Employee ID	Hire Date	Job Title	Status Category	Company Name	Facility Address	Annualized Gross Pay	W-2 Box 16 Wages	Annual # of Hours Scheduled to Work
<b>DEFINITIONS</b>									
<b>Name</b>	The last name, first name (or first & middle initials) of the employee. Provide all employee information up to the date of the NOI.								
<b>Employee ID</b>	Either the last 4 digits of the employee’s SSN or their internal Employee ID.								
<b>Hire Date</b>	The date the employee began employment for the company at the facility.								
<b>Job Title</b>	The job or position title the employee holds.								
<b>Status Category</b>	Identify if the employee is Active, on FMLA, Leave of Absence, Active military leave, etc.								
<b>Company Name</b>	If only one company is located at the project location; this information can be listed at the top. If more than one – e.g. parent company and wholly-owned subsidiaries – then also identify the entity at which the employee is assigned.								
<b>Facility Address</b>	If only one facility is included in the project location; this information can be listed at the top. If more than one facility address is considered a part of the project location, then identify which address the employee works.								
<b>Annualized Gross Pay</b>	Annualized wages for full-time employees at the facility on the date of the NOI.								
<b>W-2 Box 16 Wages</b>	State taxable wages paid to ALL employees at the facility in the 12 months prior to the date of the NOI.								

<b>Annual # of Hours Scheduled to Work</b>	The annual number of hours the full-time employees at the facility are scheduled to work in the 12 months prior to the date of the NOI. (2,080 hours=40 hours/week; 1,820 hours=35 hours/week).
<b>Note:</b> A Qualified Company receiving discretionary benefits will be required to enter into a written agreement with DED detailing performance requirements and repayment penalties in the event of non-performance.	
Use this space for any notes needed for additional explanation of the company and/or project.	

## 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 the 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 a Corporate Officer/Member 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
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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 acknowledge to me that he or she executed the same for the purposes therein stated.

\_\_\_\_\_ Notary Public My commission expires \_\_\_\_\_

## REQUIRED ATTACHMENTS

CHECK BOX	ATTACHMENTS
	<b><u>Diversity Hiring Plan</u></b> — 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 with 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.
	<b><u>E-Verify Memorandum of Understanding (MOU)</u></b> - 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 <a href="https://e-verify.uscis.gov/enroll/">https://e-verify.uscis.gov/enroll/</a> . <b>Must be electronically signed by Company &amp; DHS-USCIS.</b>
	<b><u>Health Insurance</u></b> – Please attach a copy of the employer paid health insurance plan that is provided to new hires. Cannot be a reimbursement or stipend paid to employee for coverage obtained through and ACA Exchange.
	<b><u>Multiple Worksite Report</u></b> – If applicant has multiple facilities within the state, please complete the <a href="#">Multiple Worksite Report (MWR) – BLS 3020</a> for the duration of the program benefits, including the twelve (12) months prior to the date the Notice of Intent is received by DED.
	<b><u>Organization Chart</u></b> – Attach a complete organizational chart illustrating the <i>Qualified Company's</i> ownership to include any subsidiaries owned by the parent company or by the <i>Qualified Company</i> .
	<b><u>Project Facility Current Employees</u></b> at facility(ies) where benefits are being requested in Excel format.
	<b><u>Related Facilities Current Employees</u></b> at all other (related) project facilities within the state of Missouri (sort by facility) in Excel format.
	<b><u>Tax Clearance</u></b> – 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.

**If this application package contains any materials 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 competitiveness 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.**