



**AMATEUR SPORTING TAX CREDIT PROGRAM
PROJECT PROPOSAL FORM**

1a. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME OF INDIVIDUAL OR ENTITY

1b. TYPE OF ENTITY

IF APPLICANT IS A BUSINESS ENTITY:				IF APPLICANT IS AN INDIVIDUAL TAXPAYER:	
Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited		Corporation <input type="checkbox"/> Regular <input type="checkbox"/> Subchapter S <input type="checkbox"/> Trust <input type="checkbox"/> LLC		<input type="checkbox"/> Property Owner <input type="checkbox"/> Other (specify) _____	
NAME OF AUTHORIZED COMPANY OFFICIAL		TITLE		MAILING ADDRESS	
BUSINESS ADDRESS				CITY/TOWN	
CITY/TOWN		STATE	ZIP CODE	STATE	ZIP CODE
TELEPHONE		FAX		TELEPHONE	FAX
TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)				SOCIAL SECURITY NUMBER	
NAICS CODE (See Definitions in Guidelines)		BUSINESS SIZE (Number of Employees Including Company Owners)		SPOUSE SOCIAL SECURITY NUMBER (if applicable)	
EMAIL ADDRESS				EMAIL ADDRESS	

HAS THE ENTITY/INDIVIDUAL (1a) EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF **ANY STATE** AND, OR FEDERAL LAW?
 YES NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

2. PROJECT CONTACT

Applicant Owner Other (Consultant, etc.)

NAME

ADDRESS

CITY/TOWN		STATE	ZIP CODE
TELEPHONE	EMAIL ADDRESS	FAX	

HAS THE 'CONTACT' EVER BEEN CONVICTED OF A VIOLATION OF THE LAWS OF **ANY STATE** AND, OR FEDERAL LAW?
 YES NO

IF YES, PROVIDE THE DATE, THE COURT, THE CHARGES AT DISPOSITION AND THE CASE NUMBER.

3. SPORTING EVENT INFORMATION (ATTACH ADDITIONAL PAGES IF NECESSARY)

TYPE OF EVENT		
EVENT ADDRESS		
CITY/TOWN	STATE	ZIP CODE
COUNTY		
EVENT DATE (Include Beginning Date and Ending Date)		

4. ECONOMIC IMPACT

Presumed Economic Impact – Certified Sponsor is (or will be): (check one and provide name)

- NCAA
 An NCAA Member Conference, University, or Institution
 NAIA
 USOC
 NGB, or International Federation of Sport as Recognized by the USOC
 USGA
 USTA
 ASA

IF ANY BOX IS CHECKED UNDER PRESUMED ECONOMIC IMPACT, PROCEED TO QUESTION #11

Proven Economic Impact –Certified Sponsor is (or will be): (check one and provide name)

- Major Regional, National, and International Sports Association
 Amateur Organization
 Major Regional, National, and International Organization

IF ANY BOX IS CHECKED UNDER PROVEN ECONOMIC BENEFIT, PROCEED TO QUESTION #5

Proven Economic Impact Category Applicants Only: Questions 5 – 10 provides information necessary to analyze the economic impact and cost benefit of the Sporting Event proposal for Applicants whose events do not fall under the Presumed Economic Impact category. The information includes costs that may or may not be tax credit eligible, but are designed to provide a complete depiction of the expenditures and activities that cause economic impact in the State. Please attach any documentation or historical information that may support your estimates and responses.

5. EXPECTED MISSOURI VENUE PREPERATION ACTIVITES (ATTACH ADDITIONAL PAGES IF NECESSARY)

DATES OF VENUE PREPARATION	
TOTAL ESIMTATED COSTS OF VENUE PREPARATION (To the extent feasible, please break out the total costs into the relevant categories provided below)	TOTAL AMOUNT
MAINTENANCE COSTS	AMOUNT
CONSTRUCTION COSTS	AMOUNT
RENTAL SERVICES	AMOUNT
PROFESSIONAL SERVICES (LOCAL ADVERTISING)	AMOUNT
PROFESSIONAL SERVICES (LOCAL LEGAL COSTS)	AMOUNT
PROFESSIONAL SERVICES (LOCAL FINANCIAL COSTS)	AMOUNT
PROFESSIONAL SERVICES (OTHER)	AMOUNT
OTHER	AMOUNT
OTHER	AMOUNT

6. EXPECTED EVENT COSTS (ATTACH ADDITIONAL PAGES IF NECESSARY)	
TOTAL ESTIMATED EVENT COSTS (To the extent feasible, please break out the total costs into the relevant categories provided below)	TOTAL AMOUNT
SECURITY	AMOUNT
RENTAL SERVICES (TYPE)	AMOUNT
RENTAL SERVICES (TYPE)	AMOUNT
PARKING	AMOUNT
OTHER	AMOUNT
OTHER	AMOUNT
7. EXPECTED EVENT TICKET AND ATTENDANCE INFORMATION	
EXPECTED ATTENDANCE	ESTIMATED LOCAL ATTENDEES
ESTIMATED OUT-OF-STATE ATTENDEES	PROJECTED AVERAGE TICKET SALES PRICE
ESTIMATED TICKETS SOLD AT FACE VALUE	
8. USE OF PROPERTY	
NUMBER OF JOBS CREATED AS A RESULT OF TAX CREDITS	NEW CONSTRUCTION JOBS

9. EXPECTED VISITOR SPORTING EVENT SPENDING	
FOOD AND BEVERAGE	AMOUNT
MERCHANDISE	AMOUNT
OTHER	AMOUNT
TOTAL	AMOUNT

10. EXPECTED VISITOR SPENDING (OUTSIDE OF THE SPORTING EVENT) – Optional- Complete Only if Response is Supported by Third Party Documentation	
RESTAURANTS	AMOUNT
HOTELS OR LOGING	AMOUNT
TRANSPORTATION (CAR RENTALS, GAS, ETC)	AMOUNT
OTHER ENTERTAINMENT	AMOUNT
OTHER	AMOUNT
TOTAL	AMOUNT

11. TOTAL NUMBER OF REQUESTED TAX CREDITS		
ELIGIBLE COSTS		AMOUNT
ESTIMATED TICKETS SOLD AT FACE VALUE (SECTION 6 ABOVE)	NUMBER OF TICKETS MULTIPLIED BY \$5	AMOUNT
MAXIMUM TAX CREDITS		AMOUNT

12. PARTICIPATING IN THE E-VERIFY PROGRAM?

IS THE APPLICANT (BUSINESS ENTITY) ENROLLED AND PARTICIPATING IN THE E-VERIFY PROGRAM?

YES NO

Missouri statutes (Section 285.525-285.555, RSMo) require any business entity receiving a state-administered tax credit to participate in a federal work authorization program, which enables employers to electronically verify employment eligibility with respect to employees working in connection with the activities that qualify the applicant for this program.

To access the E-Verify website, go to: <https://e-verify.uscis.gov/enroll>

13. ADDITIONAL DOCUMENTS REQUIRED

PLEASE SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS:

- A copy of the Support Contract for the Sporting Event, if available
- Back-up documentation showing how the estimates for Sections 4 – 8 were arrived at. This documentation could include historical figures from previous events, historical data regarding average sales, and studies and research on the economic impact of a sporting event on an area.
- A copy of the Memorandum of Understanding for the E-Verify Program

14. OTHER INCENTIVES USED

ARE THERE OTHER LOCAL, FEDERAL, STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD THIS PROJECT?

YES NO

IF YES, WHICH FEDERAL OR STATE PROGRAM? (SPECIFY AMOUNT IN SPACE PROVIDED.)

- | | |
|---|---|
| <input type="checkbox"/> Missouri Housing Development Commission \$ _____ | <input type="checkbox"/> Brownfield \$ _____ |
| <input type="checkbox"/> Enterprise Zone \$ _____ | <input type="checkbox"/> New Business Facility \$ _____ |
| <input type="checkbox"/> Federal Historic Preservation \$ _____ | <input type="checkbox"/> Neighborhood Assistance \$ _____ |
| <input type="checkbox"/> Neighborhood Preservation \$ _____ | <input type="checkbox"/> Youth Opportunity \$ _____ |
| <input type="checkbox"/> Local Community Development Block Grant \$ _____ | <input type="checkbox"/> Community Development Block Grant \$ _____ |
| <input type="checkbox"/> Sporting Contribution Tax Credit \$ _____ | |
| <input type="checkbox"/> Other (please specify program(s) and amount) | |

15. ASTCP – APPLICANT CERTIFICATION

- 1. I certify that I am an authorized representative of the applicant and, as such, am authorized to make the statement of affirmation contained herein.**
- 2. The information submitted by the applicant to DED in connection with this application 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.**
- 3. Neither the applicant, nor any individual with an ownership interest in the applicant:**
 - a. Has committed a felony, is currently under indictment or charged with a felony, or is currently on parole or probation;**
 - b. Is delinquent with respect to any non-protested federal, state or local taxes or fees;**
 - c. Has filed, or is preparing to file, for bankruptcy, unless otherwise disclosed to DED; or**
 - d. Has failed to fulfill any obligation under any other state or federal program, including a failure to pay as agreed any accrual upon which tax credits were issued.**
- 4. I will inform DED, if at any time before project completion, there is any change to the certifications made in paragraphs 3(a) through 3(d) of this statement of affirmation.**
- 5. The applicant, and any vendors the applicant will utilize to perform the work associated with the project, are registered and in good standing with the Missouri Secretary of State's Office.**
- 6. The applicant agrees to comply with any and all agreements made pursuant to the project, upon which tax credits are issued.**
- 7. 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.**
- 8. I certify that 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 to 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.**
- 9. The applicant understands that, pursuant to section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under sections 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.**
- 10. I understand that if the applicant is found to have employed an unauthorized alien, applicant may be subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo.**

11. I certify that (check the applicable box):

I have included a copy of the executed E-Verify Program for Employment Verification Memorandum of Understanding between the company/organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and Social Security Administration.

I am not a business entity as defined in Section 285.525 (1) RSMo. Section 285.525(1) defines business entity as “any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage or livelihood. The term “business entity” shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term “business entity” shall include any business entity that possesses a business permit, license, or tax certificate, issued by the state, any business entity that is exempt by law from obtaining such a business permit, any business entity that is operating unlawfully without such a business permit. The term “business entity” shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.”

12. By submitting this application, I acknowledge that the applicant shall comply with Amateur Sporting Events Tax Credit Program requirements. I further acknowledge that the applicant’s failure to comply with the Program requirements shall result in the return to DED of any remaining unexpended tax credit proceeds and repayment to DED the monetary value of any expended tax credit proceeds.

13. I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge. I also realize that failure to disclose material information regarding the applicant, its owners, or any other pertinent facts may result in criminal prosecution.

APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE
NOTARY PUBLIC EMBOSSER SEAL	On this ____ day of _____, 20____, appeared _____ to me personally known to be the person who executed the above certification, and acknowledges and states on his/her oath to me that he/she executed the same for the purpose therein stated.		
	STATE OF _____		COUNTY _____
	NOTARY PUBLIC NAME _____	MY COMMISSION EXPIRES _____	USE RUBBER STAMP IN AREA BELOW
	NOTARY PUBLIC SIGNATURE _____		