



MISSOURI QUALITY JOBS PROGRAM

ATTACHMENTS

- **Memorandum of Understanding (MOU)** - A copy of the executed MOU (electronically signed by company & DHS-USCIS) between the company / organization and the Department of Homeland Security, United States Citizenship and Immigration Services (DHS-USCIS) and the Social Security Administration must be on file for the company(ies) participating in the project.
- **Department of Revenue (DOR) Tax Clearance Certificate** - To obtain DOR tax clearance, submit Form 943 "Request for Tax Clearance" to DOR. Form 943 can be found on DOR's website at www.dor.mo.gov.
- **Company Health Plan** - Attach a copy of the company's health benefit plan including documentation that the company pays at least 50% of the premiums. Documentation should include the name of the health plan offered to employees, the percentage the employer pays compared to the employee and when the employee becomes eligible for the company's health plan.
- **Organization Chart** – Attach a copy of the complete organization chart illustrating the qualified company's ownership as well as other subsidiaries owned by the same parent company or by the qualified company.

IMPORTANT - The Base Employment Calculation package is required. To simplify the process and ensure reporting of the correct timeframe, the Department will contact the company with the appropriate forms upon the Company's submission of the Notice of Intent. **Timely response by the Company will be required.**

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 written support that releasing the information would endanger the competitiveness of the business.

Notice: Tax credits may be claimed against taxes imposed by Chapters 143 (state income tax, excluding withholding tax) and 148 RSMo (financial institution tax) and may not be carried forward; but shall be claimed within one year of the close of the taxable year for which they were issued.

The tax credits may be transferred, sold or assigned; or the company can receive a refund in the amount exceeding the company's income tax liability.

Contact information:

Missouri Department of Economic Development, BCS, Business & Community Finance
301 W. High Street, Room 770, P.O. Box 118, Jefferson City, MO 65102-0118

Phone: 573-751-4539 • Fax: 573-522-4322

www.ded.mo.gov

E-mail: dedfin@ded.mo.gov



MISSOURI QUALITY JOBS PROGRAM – NOTICE OF INTENT

Section 620.1875 – 620.1890, RSMO

Name of Qualified Company or Parent Company			Federal ID No. (FEIN)	
Project Facility Address			Missouri Tax ID No.(MITS)	
City	County	MISSOURI	Zip Code + 4	
Will this be the company’s permanent facility? If no, please provide further explanation on an additional sheet.			Yes	No
Will more than one facility be considered the “project facility” for program purposes? (Must meet certain criteria to qualify.) If yes, provide addresses for other facilities below or submit an additional page with the required information.			Yes	No
Does more than one company work from this project facility and are they to be considered part of the project?			Yes	No
If yes, are the companies wholly-owned subsidiaries?			Yes	No
Name of Additional Qualified Company or Additional Facility			Federal ID No. (FEIN)	
Project Facility Address			Missouri Tax ID No. (MITS)	
City	County	MISSOURI	Zip Code + 4	
Name of Additional Qualified Company or Additional Facility			Federal ID No. (FEIN)	
Project Facility Address			Missouri Tax ID No. (MITS)	
City	County	MISSOURI	Zip Code + 4	
Name of Additional Qualified Company or Additional Facility			Federal ID No. (FEIN)	
Project Facility Address			Missouri Tax ID No. (MITS)	
City	County	MISSOURI	Zip Code + 4	
Name of Additional Qualified Company or Additional Facility			Federal ID No. (FEIN)	
Project Facility Address			Missouri Tax ID No. (MITS)	
City	County	MISSOURI	Zip Code - + 4	

Additional qualified companies and/or project facilities should be listed on a separate page and include all information required above.

Contact Information

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

Additional Facility Addresses (attach additional sheet for additional facilities in Missouri, if needed)			
Headquarters Address (if different than <i>Project Facility</i>)	City	State	Zip Code
1. Other Missouri Facility Address	City	State	Zip Code
2. Other Missouri Facility Address	City	State	Zip Code
3. Other Missouri Facility Address	City	State	Zip Code
Response to the question below will be used to evaluate if any of the additional facilities or companies may be considered related for program purposes.			
Are any other facilities owned or operated by the qualified company in the State of Missouri reliant upon each other for products and/or services?			Yes No
Type of Business			
<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp	<input type="checkbox"/> Non-Profit Corp	<input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Fiduciary <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____
Is the company publicly traded? If yes, what symbol? _____			Yes No
Are any employees of the company also shareholders and members of the Board of Directors or in control of salary levels for employees?			Yes No
If the taxpayer is a Partnership, S Corporation, or other entity, which has a flow through tax treatment, identify the names, social security numbers and proportionate share of ownership of each Beneficiary, Partner or Shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.			
Name(s)	Social Security Number	% Ownership at Year End	
		%	
		%	
		%	
		%	
		%	
Is the firm owned 51% or more by women?			Yes No
Missouri Total Employment			
Total Number of Employees at ALL Facilities in Missouri			
List all other federal and state programs for which this project facility is applying or is currently utilizing:			
Company Description			
Project Facility's NAICS Code: _____ NAICS codes are assigned by the Missouri Division of Employment Security and will be used for verification of eligibility. See the Guidelines for more information.			
Describe the business activities to be conducted at this facility (Be specific):			
Facility Description – Check all that apply			
<input type="checkbox"/>	Start-Up Company		
<input type="checkbox"/>	New Facility		
<input type="checkbox"/>	Replacement Facility (a new facility which replaces an old facility)		
<input type="checkbox"/>	Expansion Facility		
<input type="checkbox"/>	Moving from _____ County to _____ County		

Project Description:

The information in the chart below should represent the years the company will be receiving program benefits. DED will use the projection to estimate & reserve program benefits. Year 1 should contain, at a minimum, the number of jobs required for the MQJ program type & the cumulative number of new jobs estimated for each of the years following. Average wage & investment numbers should be consistent with the new jobs estimated for each year. Small/Expanding and Technology projects have 2 years to meet the program thresholds (Year 1 on chart), and High Impact projects have 1 year to create the first new job, and 2 years after the first new job to meet the 100 new job threshold.

	New Capital Investment (cumulative over 5 years)	New Jobs (cumulative over 5 years beginning in the year the new job threshold is met)	Average Wage
Year 1	\$		\$
Year 2	\$		\$
Year 3	\$		\$
Year 4	\$		\$
Year 5	\$		\$

The questions below address statutory requirements, and each should be answered. Some questions may require additional information, and the company may add pages to this Notice to provide the response.

Will the company add the 1 st new job within 12 months of the approval of this Notice of Intent?	Yes	No
Will full-time employees scheduled to work at least 35 hours a week fill the new jobs?	Yes	No
Does the company participate in an employee stock ownership plan?	Yes	No
Is the facility located in a disaster area declared by the federal government? If yes, where? _____	Yes	No
Will there be a decrease in the number of full-time employees at any of the other related facilities or related companies?	Yes	No
Date company expects to meet the new job requirement threshold (must be in statutory timeframe for project type)		
Is the company utilizing other state programs involving the retention of withholding tax? (TIF, New Jobs Training, MODESA or MORESA) If yes, which program and project? _____	Yes	No
Is the applicant delinquent in the payment of any non-protested taxes or any other amounts due the state or federal government or any other political subdivision of this state?	Yes	No
Has the applicant filed for or publicly announced its intention to file for bankruptcy protection?	Yes	No
Does the company offer health insurance to all full-time employees at all facilities in Missouri?	Yes	No
Do the health benefits for full-time employees begin immediately upon hiring? If not, explain when health insurance is offered. _____	Yes	No
Does the company pay at least 50% of the cost of such insurance premiums for all full-time employees at all facilities in Missouri?	Yes	No
What percentage of the health insurance premium is paid by the company for full-time employees at the project facility?		
Is the company's tax year January – December? If no, indicate the tax year: (Month)_____ to (Month)_____	Yes	No

Select the project type:

Small/Expanding	
	Rural Area – 20 or more new jobs within two years of DED approval of this Notice of Intent.
	Non-Rural Area – 40 or more new jobs within two years of DED approval of this Notice of Intent.
Technology Business	– 10 or more new jobs within two years of DED approval of this Notice of Intent.
High Impact	– 100 or more new jobs within two years of hiring the first new job (complete Local Incentives section).

Local Incentives - High Impact Projects	
Amount of Local Incentives provided to the project over 10 years: (Attach supporting document)	\$
Amount of New Local Tax Revenue derived from the project over 10 years. (Attach Supporting document)	\$
Percentage of Local Incentive (= Local Incentives/New Local Tax Revenue)	%

Mail all claims for tax benefits and all related inquiries to:

Business and Community Finance
Missouri Department of Economic Development
301 W. High Street, Room 770
P.O. Box 118
Jefferson City, MO 65102

Effective August 28, 2005, and pursuant to Section 620.1900, RSMo, this tax credit program is subject to a fee of 2.5% of the amount of tax credits issued. Applicants will be invoiced for the fee after the tax credit application has been approved. Tax credits will be issued upon receipt of the fee. This fee applies to tax credits only, not retention of withholding taxes.

IMPORTANT - The Base Employment Calculation package is required. To simplify the process and ensure reporting of the correct timeframe, the Department will contact the company with the appropriate forms upon the Company's submission of the Notice of Intent. **Timely response by the Company will be required.**

CERTIFICATION

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

- The information submitted by the Company to 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 Company hereby authorizes DED to verify such information from any source;
- Neither the Company nor any person identified in the application:
 - a) Has committed a felony, is currently under indictment for 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 about to file) for bankruptcy, unless otherwise disclosed to DED; or
 - d) Has 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 Company or any person identified on the application which is likely to have a material impact on the Company's viability;
- Neither the operations of the Project itself nor the receipt of incentives for the Project would violate any existing agreement;
- The Company 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 the Department of Economic Development 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 the subcontractor under the 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 the Department of Economic Development and Department of Revenue access to documentation demonstrating compliance with this requirement.
- 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 attest that I have read and understand the Missouri Quality Jobs Program guidelines.
- I hereby agree to allow representatives of the Department of Economic Development (DED), Department of Revenue, or either of their designated representatives, access to the property and applicable records as may be necessary for the administration of this program.
- The Company agrees that if, at any point during the benefit period, threshold levels for the number of new jobs fall below the program minimum on average for the tax year, or any other program requirement is not met or maintained, the Company will notify DED immediately. In addition, the Company will stop retaining the state withholding tax in conjunction with the benefits of this program and will remit the state withholding tax to the Missouri Department of Revenue.
- 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 Company and have the proper authority to execute this document on behalf of the Company and that I am authorized to make the statement of affirmation contained herein. I also realize that failure to disclose material information regarding the Company, any owners or individuals engaged in the management of the Company, 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 company and acknowledged to me that he or she executed the same for the purposes therein stated.

_____ Notary Public My commission expires _____

ATTACH A CORPORATE RESOLUTION AUTHORIZING APPROVAL OF THIS AGREEMENT & AUTHORIZING THE ABOVE NAMED PERSON TO SIGN ON BEHALF OF COMPANY. If more than one representative signs, use a copy of this page for each signatory