

APPLICATION INCENTIVE REQUEST

It is the practice of the York County Economic Development Authority (EDA) to only consider funding requests that are accompanied by this completed Incentive Request Application. Please fill out this form completely to the best of your knowledge.

COMPANY INFORMATION

Company Name: _____ Phone: _____

Mailing Address: _____

Contact Person: _____ Email: _____

Type of Business: _____

Briefly Describe Your Main Service/Product: _____

Year Established: _____ Current York County Business? Yes No

INCENTIVE REQUEST *Maximum grant amount is typically equal to 30 months' tax impact.*

Amount Requested: _____ Type of Incentive: _____

Reason/Use for Incentive: _____

CAPITAL INVESTMENT & TAX IMPACT

Estimated Capital Investment in York County

Within 1 Year: _____ Within 2 Years: _____ Within 3 Years: _____

Investment Estimates *to help staff determine the project's estimated annual tax impact*

Real Estate: _____ Annual Sales (Local Portion): _____

Business Personal Property _____ Annual Meals/Occupancy: _____

Machinery/Tools: _____ BPOL: _____



EMPLOYMENT

Current Number of Employees : _____ Full Time: _____ Part Time: _____

Estimated Number of New Employees:

Within 1 Year: _____ Full Time: _____ Part Time: _____

Within 2 Years: _____ Full Time: _____ Part Time: _____

Within 3 Years: _____ Full Time: _____ Part Time: _____

Average Employee Education Level: Full Time: _____ Part Time: _____

Average Employee Salary & Benefits: Full Time: _____ Part Time: _____

Total Annual Payroll : _____

QUALITY OF LIFE FACTORS

Describe any environmental impacts your company or this project will trigger: _____

Will this project eliminate and/or redevelop a currently blighted property? Please describe: _____

MISCELLANEOUS FISCAL IMPACTS

1a. Will this project result in speculative space that will be available for lease or sale? _____

If so: 1b. how much? _____ 1c. List the estimated lease rate/sales price: _____

2a. Will this project provide improvements to public infrastructure that would benefit other properties? _____

2b. If so, please describe: _____

3a. Would any of your suppliers likely relocate to York County as a direct result of this project? _____

3b. If so, please describe/estimate the following:

Type of business(s): _____

Relocation time frame(s): _____

Relocation likelihood: _____

Number of Employees: _____



ADDITIONAL INFORMATION

1. Please tell us why the EDA should consider your funding request and give any other pertinent details and information about your proposal, business, and/or products:

2. Are you considering any other locations? If so, where?

REQUIRED SIGNATURE

Owner or Authorized Company Representative: _____

Title: _____ Date: _____

QUESTIONS

Please contact the Department of Economic & Tourism Development at 757-890-3317 or econdev@yorkcounty.gov with any questions regarding this application.

ECONOMIC DEVELOPMENT STAFF SECTION ONLY

Staff Comments:

Staff Recommendations:

