



# INCENTIVES APPLICATION FORM



The County of El Paso and the City of El Paso require the following information in order to process an application for incentives. Customarily, this information is protected by the State of Texas through the Texas Government code § 552.131 and is not subject to public disclosure until the incentive agreement is executed. An application does not guarantee an incentive grant until it is reviewed and approved by the County and City of El Paso.

The Applicant acknowledges that the County and City of El Paso are governmental bodies subject to the Texas Public Information Act (PIA) and thus may be required to release information in accordance with the PIA. Any information the Applicant considers to be proprietary, trade secret, or otherwise confidential in its application or other information furnished to the County and City to facilitate the procedures for notice to third party under the PIA should be marked and noted.

## SECTION A. COMPANY CONTACT INFORMATION

1. Applicant company: \_\_\_\_\_
2. Applicant headquarters address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Name of contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
4. Ownership: ☐ Private ☐ Public
5. Business Structure: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other

## SECTION B. COMPANY INFORMATION

### 6. IS YOUR COMPANY CLASSIFIED AS ANY OF THE FOLLOWING:

1. SMALL BUSINESS ENTERPRISE (SBE)? \_\_\_\_ YES \_\_\_\_ NO
2. MINORITY BUSINESS ENTERPRISE (MBE)? \_\_\_\_ YES \_\_\_\_ NO
  - A. AFRICAN AMERICAN (\_\_\_\_)
  - B. AMERICAN INDIAN OR ALASKAN NATIVE (\_\_\_\_)
  - C. ASIAN (\_\_\_\_)
  - D. HISPANIC (\_\_\_\_)
  - E. PACIFIC ISLANDER (\_\_\_\_)
3. DISADVANTAGED BUSINESS ENTERPRISE (DBE)? \_\_\_\_ YES \_\_\_\_ NO
4. LESBIAN, GAY, BISEXUAL, TRANSGENDER BUSINESS ENTERPRISE (LGBTBE)? \_\_\_\_ YES \_\_\_\_ NO

## SECTION C. PROJECT DETAILS

7. Proposed location address: \_\_\_\_\_ PID #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Building: ☐ New Construction ☐ Expansion ☐ Improvements
9. Acquisition: ☐ Purchased ☐ Leased  
If applicable, indicate date of acquisition: \_\_\_\_\_
10. Company NAICS code: \_\_\_\_\_
11. Specify industry: ☐ Defense and Aerospace ☐ Advanced Logistics  
☐ Life Sciences ☐ Business Support Services  
☐ Tourism ☐ Retail / Destination / Hotel  
☐ Advanced Manufacturing ☐ Other
- If other, please explain: \_\_\_\_\_
12. List other communities considered for this project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION C. PROJECT DETAILS continued**

13. Has the company previously received incentives from the following taxing entities?

☐ County of El Paso    ☐ City of El Paso    ☐ State of Texas

14. Reason for incentive request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION D. JOB WAGE AND BENEFITS INFORMATION**

15. Provide number of **FULL-TIME** jobs, with hourly wage/salary, to be created or retained. (Fringe benefits are not to be included in these calculations.) Include current employment numbers if applicable. **Attach additional sheets if necessary.**

Title or Occupation Code	Number of Employees	Hourly Wage per employee	Annual Salary

16. Please include the number of **PART-TIME** jobs, with hourly wage/salary, to be created or retained. (Fringe benefits not included in calculations).

Title or Occupation Code	Number of Employees	Hourly Wage per employee	Annual Salary

17. Total company workforce (global / national workforce): \_\_\_\_\_

18. If available, include the expected number of construction jobs: \_\_\_\_\_

19. Total local jobs to be created (part time, full time, construction): \_\_\_\_\_

20. Provide total annual payroll years 1-5, as required, **excluding** benefits.

	Year 1 (20__)	Year 2 (20__)	Year 3 (20__)	Year 4 (20__)	Year 5 (20__)
Existing jobs					
New Jobs					
Total Annual Payroll					

21. What percentage of health care benefits is covered by the employer: \_\_\_\_%

## SECTION E. INVESTMENT INFORMATION

22. Total dollar investment for proposed project:

Real Property	
Land	\$
Existing Building Improvements	\$
New Building Improvements	\$
<u>Total</u>	\$
Personal Property	
Equipment	
Computers	\$
Machinery	\$
Furniture and Fixtures	\$
<u>Total</u>	\$
<b><u>GRAND TOTAL</u></b>	\$

23. Please provide yearly investment breakdown:

Capital Investment	
Year 1 (20 )	\$
Year 2 (20 )	\$
Year 3 (20 )	\$
Year 4 (20 )	\$
Year 5 (20 )	\$
Training Investment	
Year 1 (20 )	\$
Year 2 (20 )	\$
Year 3 (20 )	\$
Year 4 (20 )	\$
Year 5 (20 )	\$

## SECTION F. NEW CONSTRUCTION DETAILS

- |                              |                              |
|------------------------------|------------------------------|
| 24. Wall Height: _____       | 29. Fire Suppressant: _____  |
| 25. Construction Type: _____ | 30. Occupancy: _____         |
| 26. General Shape: _____     | 31. Exterior Walls: _____    |
| 27. HVAC: _____              | 32. Parking Area: _____      |
| 28. Lighting: _____          | 33. Loading Dock Area: _____ |

## SECTION G. LEGAL ENTITIES TO A 380/381 INCENTIVE AGREEMENT

34. Please list all applicant subsidiaries that would be a party to the incentive agreement:

Affiliate 1: _____	Relationship to applicant: _____
Affiliate 2: _____	Relationship to applicant: _____
Affiliate 3: _____	Relationship to applicant: _____

## SECTION H. ADDITIONAL COMPANY INFORMATION

35. Please include the following attachments:

- ☐ Company insurance
- ☐ Health insurance benefits
- ☐ Financial statements 3-year or prior year report
- ☐ Property information:
  - Metes and bounds
  - Site survey/renderings showing the location of existing and proposed improvements
  - Legal description
- ☐ If this project is in the Retail / Destination / Hotel Industry, please provide projected sales

## SECTION I. CERTIFICATION

I hereby certify that I am familiar with the provisions contained in the current incentive policy and guidelines, and that the information provided in this application may become part of an incentive agreement with the County and City of El Paso. I also certify that I am authorized to sign this application and that the information provided here is true and correct, and that knowingly providing false information may result in voiding this application and termination of any incentive agreement.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit the following application and additional documents (i.e. Section H) to:**

City of El Paso  
Economic and International Development Department  
123 W Mills Ave. Suite 111  
El Paso, TX 79901  
O: 915.212.0094

County of El Paso  
Economic Development Department  
500 E. San Antonio Avenue, Room 312  
El Paso, TX 79901  
O: 915.546.2177

## SECTION J. ADDITIONAL INFORMATION (FOR INTERNAL STAFF USE ONLY)

☐ City tax information (*if expansion*)

☐ Texas Secretary of State legal standing status

Applicant is eligible for: ☐ FTZ incentives

☐ State incentives

County precinct: \_\_\_\_\_

City council district: \_\_\_\_\_

School district: \_\_\_\_\_

Proposed property zoning: \_\_\_\_\_

What is the current year appraisal value as per the Central Appraisal District:

Real property: \$ \_\_\_\_\_

Personal property: \$ \_\_\_\_\_